

Precise Healthcare Solutions Limited

Precise Healthcare Solutions

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Requires Improvement 

Is the service responsive?

Inadequate 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

The inspection site visit to the office took place on the 18 July 2018 and was announced by giving the provider 48 hours. Two additional days, 26 and 27 July 2018 were arranged so we could have telephone conversations with people who used the service and care staff. This was the first inspection since the service was registered with the Care Quality Commission (CQC) in December 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to younger and older adults with a range of physical or mental health needs. It also provides a service to people who may be living with dementia or who have a learning disability. At the time of the inspection, the service was providing personal care to four people who lived in North Yorkshire.

Not everyone who could use Precise Healthcare Solutions would receive a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a registered manager. A registered manager is a person who has registered with CQC 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.

Before the inspection, the local authority quality assurance and contracting team for North Yorkshire visited the service and raised concerns with CQC about how it was managed. We decided to bring forward the inspection. During the inspection, we found multiple breaches of regulations. These related to; assessment, care planning and review, risk management, limited knowledge of safeguarding procedures, a lack of understanding and implementation of the Mental Capacity Act 2005, staff recruitment, training and supervision, records, complaints management, poor quality monitoring and poor governance. During the inspection, a director of the company told us that following the visit by local authority staff, they had sought the advice and support of a consultancy agency to guide them in making the required improvements.

Because of our concerns, the overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. CQC is considering its regulatory response. 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.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our

enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their 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 registered manager and directors of the service lacked knowledge and specific skills required for their roles. There was no structured quality monitoring in place to identify shortfalls and for learning to take place. Records were not accurate and up to date; we were told by a director that some staff recruitment records had been shredded so we were unable to see them. This was not in line with the provider's retention of records policy.

Risk management required improvement. People who used the service had risks identified in their initial assessment completed by the local authority but no risk assessment had been completed to guide staff. Some people who used the service had basic assessments for some areas of risk but these required more information to help staff minimise risk. There was limited environmental risk assessments to look at areas within people's homes, which may be hazardous to them or staff.

There was no detailed initial assessment completed by a competent person to establish if the service could meet people's needs. The care plans did not provide enough information to guide staff in how to support people in the way they preferred. The care plans contained inaccurate information and information belonging to other people.

The staff were recruited in London and provided with accommodation approximately an hour away from the area where people required support. They were driven to the calls by directors. As there were several calls to attend, this meant there were times when staff were late for care calls.

Staff were not recruited safely and important employment checks were missing from the staff files. The staff who carried out the initial assessments and wrote the care plans had no recruitment documents or evidence of their training.

Staff had completed a medicines management course and records stated they had also completed various on-line courses; however, there were no certificates to evidence these. An over-reliance on on-line training limited staff's opportunity to seek clarification or discuss issues to test their comprehension.

Although there was a policy and procedure for the management of medicines, the registered manager told us staff did not administer them. We found staff did apply prescribed products, such as creams and sprays. Staff had, on at least one occasion, recorded they had given a person some pain relief medication. Staff did not have medication administration records to record when they gave people medicines or applied skin products such as creams and sprays.

Records stated staff had completed on-line training in how to safeguard people from the risk of abuse. In

discussions, staff did not understand safeguarding or what constituted abuse. The registered manager was aware they would have to raise alerts with the local safeguarding team in North Yorkshire if they became aware of concerns. However, they had no contact details to hand for this. Nor was the information included in policies and procedures.

The provider had a complaints policy and procedure. There had been two complaints made to the service but these had not been documented and investigated in line with the procedure.

People were not provided with enough information about the service. We have made a recommendation about this.

People told us staff were kind and spoke with them in a nice way.

Staff told us they would contact relatives, the person's GP or emergency services should the need arise. So far, staff had not experienced any emergency situations.

Staff told us they would support people to prepare a meal when required.

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.

Staff recruitment practices were not robust; full employment checks were not in place before staff started delivering support to people. Staffing arrangements were insufficient to ensure they attended calls on time.

Areas of identified risk had not been managed to ensure staff had full guidance to help minimise the potential for accidents and incidents.

Staff lacked understanding and knowledge about safeguarding and local arrangements for referral procedures.

There were shortfalls in the arrangements for staff to record when medicines were administered or skin products applied such as creams and sprays.

Is the service effective?

Inadequate ●

The service was not effective.

Training induction and supervision arrangements were not effective in ensuring staff had the appropriate skills and knowledge to support people safely.

There was limited staff understanding and knowledge about mental capacity legislation, which had the potential for staff to use restrictions without consideration to least restrictive options.

Staff supported people to meet their nutritional needs when required. Staff also told us they would contact family or health professionals if needed.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People who used the service were not always provided with information they may need to contact the service.

Calls had been late and people who used the service were not contacted to let them know.

There were positive comments about staff approach when they supported people who used the service. People told us staff were respectful and spoke to them in a nice way.

Records were stored in locked cabinets and computers were password protected.

Is the service responsive?

Inadequate ●

The service was not responsive.

People who used the service had assessments of their needs completed by the local authority staff; attempts were made by senior staff in the service to seek additional information for the assessments they completed. However, these could be improved.

The care plans contained inaccurate information about people and would not provide staff with sufficient guidance to support them in an individual way. Staff had not seen the care plans.

Staff had not followed the provider's complaints policy and procedure when complaints were received. Documentation relating to the management of complaints was poor.

Is the service well-led?

Inadequate ●

The service was not well-led.

There was no clear organisational structure which meant staff and people who used the service were unsure who managed the service. The registered manager had not been given the opportunity or direction to manage the service.

Communication between the directors and the registered manager was poor.

There was no quality monitoring and record keeping was poor.

Precise Healthcare Solutions

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 was planned to check 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.

The inspection site visit to the office took place on 18 July 2018 and was announced. We gave the provider 48 hours' notice as we wanted to make sure there would be someone in the office to speak to us. On the 26 and 27 July 2018, we arranged to speak with staff, people who used the service and their relatives by telephone. The inspection was completed by one inspector.

Before the inspection, we spoke with the local safeguarding and commissioning teams. We had brought the inspection forward by a few months following a visit, and concerns raised, by a local authority quality assurance and contracts team.

As the inspection was brought forward, the provider had not been asked to complete a Provider Information Return. This is information we require providers to send us, at least annually, to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection dates, we had telephone conversations with one person who received a service from Precise Healthcare Solutions and two of their relatives/carers. We also spoke with the registered manager, two directors, a quality manager and four care staff. Following the inspection, we received information from a social care professional.

We looked at the care records for three people who used the service. We also looked at a selection of documentation used for the management of the service. These included training and supervision records, staff rotas, complaints management, six staff recruitment files, policies and procedures and the quality

monitoring system. We checked the office environment to ensure it was suitable for its purpose.

Is the service safe?

Our findings

The provider had a policy and procedure to safeguard people from the risk of abuse. This was a standard purchased procedure and did not include local arrangements for contacting safeguarding teams. The provider's office was based in Hull but at the time of the inspection, the support provided to people took place in North Yorkshire. The areas covered by the service could vary depending whether packages of care were commissioned from different local authorities. The policy and procedure would need to include instructions for contacting various local authorities.

We spoke with three members of staff about safeguarding arrangements. Two of the staff had very little knowledge of safeguarding; one did not know what safeguarding was and the second person had no recollection of completing any safeguarding training. The third member of staff stated they had completed on-line safeguarding training and could identify two types of abuse. They said they would report any concerns to one of the directors. The registered manager had completed safeguarding training with a previous employer and knew they had to report issues of concern to local safeguarding teams. They knew to find alert forms in the policy and procedure manual but did not have the telephone numbers or fax numbers of local safeguarding teams. The registered manager told us they would ensure these were included in the procedures.

Not ensuring all staff were aware of their individual responsibilities regarding safeguarding was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management of risk was poor. Assessments of people's needs completed by the local authority and provided to the service before care packages commenced, had identified areas of risk. These included, the risk of choking, seizure activity, loss of weight, fragile skin, urinary tract infections, catheter management, falls and the use of equipment such as bedrails and hoists. There were limited risk assessments to guide staff in how to minimise risk. When risk assessments were in the care files, they contained inaccurate information, had the names of other people on them and referred to other people's risks. There was mention of risks, for example seizure activity, in one person's care plan. However, it did not include the action staff would have to take should the person have a seizure during personal care visits. A risk assessment for mobility for one person had control measures of 'to ensure they are supported whilst moving and handling'. There was no reference to the use of a hoist, transfers for bed to chair, standing ability, other equipment used and number of staff required. There was no signature and date on the risk assessment. The care file for the third person referred to fragile skin issues several times in daily records but there was no risk assessment in place.

A risk assessment of one person's home environment had been ticked as completed. This was a large document and covered the interior, exterior and facilities such as electrical appliances. Every area was ticked as low risk; there were no explanations why it was ticked as low risk and no comments when the risk area was not applicable. There were inconsistencies in the document, for example, it referred to the safety of the staircase but the person lived in a bungalow. The document was signed as completed by the registered

manager but they confirmed in discussion, they had not been to the person's bungalow.

Not ensuring risk was assessed and steps taken to mitigate risk was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff recruitment processes were poor. Documentation did not evidence all employment checks were in place before staff started working with people in their own homes. For example, out of the six care staff recruitment files we looked at, each of them had various documentation missing. The missing items included references from previous employers, application forms not fully completed and not signed, gaps in employment history not explored, interview records not always dated and signed, and blank terms and conditions. One member of staff told us their interview was conducted over the phone; the record was signed by the interviewer but not the member of staff. Another member of staff said their interview took place in London and was conducted by the person employed to deliver training.

In one recruitment file, the photograph of the member of staff did not match the photograph on their work permit/residence card; we have contacted other agencies about this. One member of staff, who was related to a director of the service, completed assessments of people's needs; they had a disclosure and barring service check from their previous employer but they had no application form, no form of identification, no references, no interview record, no contract and no job description in place. Another member of staff who was related to a director of the service, told us they visited people to complete quality monitoring checks. They had no recruitment documentation at all on file. There was no recruitment documentation for the person employed to deliver training. Poor recruitment meant the provider could not be assured potential staff were suitable to work with people who may be vulnerable.

This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing arrangements were not sufficient to ensure the service was safe for people. Staff had been recruited in London and provided with tenancies in a rented property in Darlington. One member of staff told us they found their own tenancy in a separate house. People who used the service told us staff were transported from Darlington to their addresses by car to enable the care staff to deliver support. This journey took 45 minutes to an hour and as there were several calls to make, at times it resulted in calls being late. This had the potential for care to be missed or for people to risk carrying out their own care tasks when they had been assessed as requiring support with personal care or mobility. Comments from health and social care professionals included, "They were an hour late for the first visit and did not know how to use a hoist", "They have been late for the first two visits; the visit is supposed to be at 9am. Yesterday it was after 10.30am and today they had not been by 11am" and "My client commented that they seemed to be short [of staff] as managers seemed to make up the shortfall on a frequent basis." Comments from relatives included, "They were supposed to come at 8am but by 9am they still had not turned up. The lunch call was also late" and "They kept wanting to put them to bed at 2pm but we didn't want that."

The local authority had completed a visit to the service three weeks before the inspection and found concerns. They placed an embargo on further commissions of care packages and decided to move some care packages to other agencies. In light of the visit by the local authority and embargo, some staff had decided to leave and return to London. At the time of the inspection, we were told by the registered manager that there were three care staff employed by the service and there were packages of care for two people. Following the inspection, a director said this was inaccurate and there were four packages of care; there were communication shortfalls between the director and registered manager regarding when packages of care were commissioned.

Not ensuring the deployment of staff was sufficient to meet people's assessed needs was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a policy and procedure for the management of medicines. This was a standard purchased procedure. The policy had a template medication administration record (MAR), however, there was no space to record allergies, no stock or checking record and the codes when medicines were omitted did not cover all the reasons why this could occur. The registered manager told us staff did not administer any medicines to people. We found staff did apply prescribed products such as barrier creams and sprays. There were no medication administration records in people's care files to record when creams or sprays were applied and no body map to identify where they were to be applied. When we checked the care plan for one person, it referred to the application of creams but not where they were applied. Staff recorded in daily communication books when they carried out any application of creams; this was confirmed in a discussion with staff and a relative. One member of staff confirmed they had given a person some of their medicine when they had complained of pain. There was no MAR for them to record this. Staff had received training in the administration of medicines.

Not having a robust system to record when medicines were administered or applied was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

There had been minimal training provided for staff before they started to support people in their own homes. Records identified staff had completed on-line management of medicines training, safeguarding, infection control and personal development in June 2018. Staff had started to support people in April and May 2018. Following a visit by a local authority quality officer, staff completed another on-line training course in moving and handling. Other essential training had not been completed prior to staff providing support to people, for example, fire safety, the Mental Capacity Act 2005 (MCA), food hygiene and first aid. Staff had not received practical training in how to use specific moving and handling equipment such as hoists but they were expected to use this equipment when supporting people to transfer from bed to chair.

A director told us they had purchased some on-line training for staff and they sent confirmation to the local authority that this was completed by all staff by 28 June 2018. However, the printout of completed training provided by the director during the inspection, did not match the information sent to the local authority and had several shortfalls. The director told us they had a member of staff who had completed a 'Train the Trainer' course so was able to deliver training to staff; when asked in what subject, they were unsure. Following the inspection, the director sent a list of on-line courses the trainer could facilitate staff to complete. In discussions with staff, they confirmed they had completed some on-line training such as health and safety and equality and diversity. Staff had limited knowledge about safeguarding and MCA. There was no training plan for the coming months to support staff with their development and to source specific training relevant to the assessed needs of people who used the service. The provider's statement of purpose detailed a list of the care and support services provided. These included, autism, cancer care, palliative care, epilepsy, brain injury, Parkinson's disease, stroke, speech impairment, respite care and independent living. Staff had not received any training in these conditions.

There were some completed competency sheets which referred to staff being competent in blood sugar monitoring, electric and manual hoist and the use of airflow mattresses. However, staff we spoke with were unaware of these. Some staff had a printout of completion of the Care Certificate. The Care Certificate was a set of nationally recognised standards that care staff were to complete as part of their induction. The set timeframe for completion was in the first 12 weeks of their employment. The certificates were dated 28 June 2018. There were no Care Certificates in place when the local authority visited and checked training records on 25 June 2018. Staff were unaware of the Care Certificate. One member of staff did state, "We completed a few courses all in one go and had an on-line test."

Staff provided support to a person who had a catheter but they had not received training in how to manage this. A person who used the service said, "When the staff first came, they didn't know what to do with it, you know turning the tap and fitting the night bag. They were okay after I trained them." A relative/carer stated, "One of the staff did not have much experience but they were willing to learn."

A social care professional said, "The staff seemed to lack skills. They were not assertive and not able to multi-task. For example, they were not able to offer choice, promote my clients sense of independence, undertake the work which was appropriate to maintain their safety, and meet their eligible assessed needs."

They spent more than two hours per morning during the visit with my client." They said this timeframe was above that which had been commissioned.

There was no formal structure for supervision meetings to enable staff to discuss issues or concern and identify their training needs. Staff told us they had conversations with the directors of the service and notes had been taken but they had not been asked to sign anything. Staff told us that when they first started they were not aware of who the registered manager was. One member of staff gave the name of the director as the person they thought was their manager. There were some completed and dated supervision forms with the name of the staff and the person who completed them. They were not signed by the member of staff and the meeting had not taken place. The provider told us the supervision records were an attempt to capture previous conversations with staff but realised this method was not a contemporaneous record of the discussions. Staff told us they felt able to speak to the directors if they had concerns. One member of staff told us they had not met the registered manager and did not know how to contact them.

Not having systems in place to ensure staff received appropriate training, supervision and development was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The 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. The director and registered manager had limited knowledge of MCA and how staff obtained consent to deliver care tasks. The staff had not completed training in MCA or deprivation of liberty safeguards (DoLS). The registered manager told us they had completed MCA/DoLS training some time ago with a previous employer.

One of the three care plans looked at had an assessment of capacity for the person regarding their ability to consent to their care plan. The assessment was ticked 'Yes' to both questions about the person lacking capacity and their inability to make decisions. However, there were no details as to how these decisions had been reached. There was no best interest documentation. There was a statement which said the relative consented to the care plan but there was no lasting power of attorney authorising the relative to consent on their behalf. There was a discrepancy in the care plan which referred to the person having fluctuating capacity.

The care plans for two people had information about the use of bedrails. There was no capacity assessment and best interest documentation to reflect these were the least restrictive option for people. The local authority assessment for one person stated a relative had lasting power of attorney and had authority to make health care decisions on the behalf of the person. The registered manager and director were unaware of this and had not seen the document so were unaware of the scope of the powers.

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. When people live in the community, applications to deprive people of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA; the registered manager and provider were not aware of DoLS and told us no applications had been made or considered. The registered manager told us that out of the two people who received a service, one of them had capacity and the other had fluctuating capacity. However, as mentioned above there was only an assessment for one person and this was not thorough. Following the inspection, we were told there were four people who received a service; the registered manager told us they

would assess people and make applications for DoLS as required and when people met the criteria. The lack of understanding about MCA and DoLS could place people at risk of potential restrictions without consideration to their consent.

This was a breach of Regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In discussions with staff, they told us they would contact the persons GP or family if they were unwell. However, they also confirmed they would need to obtain the information from the person themselves as relevant contact numbers were not readily available. Staff told us they had not seen written care plans. They said, "We were told verbally and there were bits and pieces of what you had to do in the file and a communication book" and "No, I did not get any information about people's GPs." Staff told us they would ring the directors if they needed information. One person's support planning document had the contact details for their relative but the box for their GP name and number stated, 'not applicable'.

Staff told us that if requested they would support people to prepare a meal or to heat food already prepared. However, their main support was to deliver personal care. At the time of the inspection, the two people who used the service did not receive support with meals. Staff said they would record in the communication book the tasks they completed for people and this would include any meal preparation. The registered manager had sourced information on menus and the importance of hydration, which they included in care files for future use.

Is the service caring?

Our findings

People we spoke with said care staff were kind to them, spoke in a nice way and respected their privacy. One person told us they had not been given a choice about the gender of care worker. Comments included, "[Names of two care workers] were very good but they only came for a few days. We were always promised [Name] but they never came back; we were never told which staff were to visit, you just take what comes" and "Yes, you couldn't fault that [privacy]." Relatives said, "One day they sent a male carer but they wanted a female carer; there were different staff initially but mum liked [Name]", "[Name] came most days and asked mum what she wanted; they wrote in a diary", "Yes, they treated mum very nicely" and "The staff were kind and caring and initially they didn't rush; later I had to tell them to do the task slowly."

People told us they were not provided with a lot of information prior to the start of the service. They said there was a communication book left in their home where staff recorded what support they had delivered to them. One person said, "No, we never got a care plan." A relative said, "There was a folder with daily notes but nothing else. I think communication could be improved." The policy and procedure documents had a 'service user handbook'. However, the registered manager told us people had not been provided with one yet. They said they were given an 'emergency sheet' with a contact number of the service on if needed.

We recommend the folders provided to people include appropriate documentation such as care plans, the complaints process and 'service user handbook'.

People told us care staff had sometimes been late and they had difficulty contacting the registered manager when they needed to speak with them. A relative said, "They roughly came on time; they were late once. They never rang to say they would be late." Another relative told us one member of staff who was late, did not understand the impact of this and how it had caused the person to be irritable.

Care staff confirmed that on the first day of their support to people, they were introduced to them by one of the directors. One said, "I was shown what to do and [Name] introduced me. I didn't have anything in writing but was told what I had to do." Two staff we spoke with were clear about how they promoted people's privacy and dignity. They spoke about ensuring people were covered up during personal care.

The care plans reminded staff to respect privacy and dignity when delivering personal care to people. However, staff did not have access to the care plans.

The care staff we spoke with discussed the need to develop good relationships with people and were compassionate in the way they spoke about people and their needs. They described how they supported people to be as independent as possible, by asking people what support they wanted and ensuring they had choices.

Staff were aware of the need to maintain confidentiality and comments included, "I wouldn't discuss people outside of work".

The care records of people who used the service were held in lockable filing cabinets in the office and only accessed by people who required them. Staff personnel records were held in the office. The registered manager confirmed computers were password protected.

The provider confirmed they had registered with the Information Commissioner's Office, which was a requirement when computerised records were maintained.

Is the service responsive?

Our findings

People had assessments of their care needs completed by the local authority before the start of the service. People who used the service confirmed they were visited by senior staff from the service to discuss their care needs. Comments included, "A lady came to see us and wrote down information; they asked us what we wanted." A relative said, "They came and talked to mum and made a list of all the things she required."

The assessments completed by senior staff were basic and did not consider the impact of people's health conditions on their daily lives and how this would affect the support required. For example, for one person, the assessment stated the person had vascular dementia and communication issues but not how these affected them. However, the service had received assessments completed by local authority staff and these had lots of information about people's needs.

We looked at three care plans produced from the assessment information. One was for a person no longer in receipt of a care service from Precise Healthcare Solutions and two were for people who used the service at the time of the inspection. The registered manager told us they had updated the two new care plans so they reflected people's needs more accurately. Information from the local authority assessment had been uplifted into the care plan, which would be helpful for staff. However, the two new care plans did not include sufficient information to enable staff to meet people's needs in an individual way and they both contained inaccurate information and details about other people who did not receive a service from Precise Healthcare Solutions.

For example, the first new care plan for one person referred to staff supporting them with personal care and the application of creams. There were no instructions about what the person could do for themselves, what creams had to be applied and where, and whether the person required assistance to dress. The care plan had no information about how to support the person with their specific health care needs, no risk assessment and no instructions should a seizure occur. Instead, the care plan had inaccurate information about the person's needs and referred to them having had a neck fracture and limited movement in the left shoulder. This description of needs was not reflected in the local authority assessment and referred to another person unconnected with Precise Healthcare Solutions. Other sections of the care plan, for example, one titled 'behaviour needs' again had the name of another person and instructions for staff that would not meet the person's needs.

The second new care plan had similar shortfalls and inaccuracies. It referred to the person having an indwelling catheter and increased calls to four times a day. This bore no resemblance to the needs identified in the local authority assessment, which had been included in the care plan. The person did not have an indwelling catheter and did not receive four calls a day. Other sections of the care plan referred to the person as unable to manoeuvre themselves in bed and was currently nursed in bed. These sections of the care plan had another person's name on who was also unconnected with Precise Healthcare Solutions.

The third old style care plan had more person-centred information such as the positioning of pillows and cushions when the person was seated. However, there was still insufficient information to guide staff in how

to support the person. There was no information about the person's preference for personal care, what type of creams to apply and where, what clothes the person preferred to wear and how many staff were required to support them with the use of a hoist.

Staff told us they did not have access to care plans and this was confirmed by the registered manager.

Not ensuring people's needs were assessed and plans of care developed to meet them was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The two new care plans had a section to document end of life care. However, the registered manager told us this information was not currently relevant. They told us when this became part of the care support plan, they would discuss this fully with family and health care professionals.

The provider had a standard policy and procedure for the management of complaints. The complaints procedure had not been followed when two complaints were received by the service. There was no acknowledgement letter to the complainant and the complaints form had not been completed. This meant there was no record of who had complained, the nature of the complaint, what investigation took place, any action taken and whether the outcome was satisfactory to the complainant. The provider's statement of purpose stated, "You will receive a response in writing within 24 hours of the complaint being made, and a final reply within 28 days." This had not happened. For the first complaint, the only documentation was two statements from staff, one of which was not signed or dated. For the second complaint, the only documentation was a statement from a senior member of staff stating they had completed an investigation. It did not state what the complaint was about, how the investigation was completed, what the outcome was and whether the complainant was satisfied with the outcome.

Not having a robust system to manage complaints was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service well-led?

Our findings

We had concerns about the overall governance and management of the service. Because of breaches in Regulations 9, 11, 12, 13, 16, 17, 18 and 19, the provider is in breach of Regulation 8 (General). The Care Quality Commission (CQC) is considering its regulatory response. The local authority in North Yorkshire has suspended the provider from its 'Approved Provider' list for domiciliary care.

There was confusion about the structure of the organisation. At the start of the inspection, a director of the organisation described its structure. They said this included two directors, the registered manager and three care staff. They told us two staff had recently left the service following a suspension of placements after a quality monitoring visit completed by the local authority. The initial information about the structure of the organisation did not include other people we found were involved in the service. This included two people, related to one of the directors who had completed initial assessments of people's needs, formulated care plans and visited people's homes to monitor quality. These people were not included in the provider's structure within the statement of purpose and did not have recruitment documentation. The provider's statement of purpose stated a director was the nominated individual but CQC's certificate of registration stated the registered manager was the nominated individual. The registered manager told us they were unaware they were the organisation's nominated individual. A nominated individual is a person appointed by the provider to have general oversight of the management and direction of the service. Not having a clear organisational structure meant the registered manager was unclear about the scope of their role and staff were unclear about line management.

Staff told us they had electronic access to policies and procedures, and said they could contact the directors for advice when needed. However, there were some concerns voiced about the accessibility of management. Comments included, "There's not really any proper management and communication is an issue", "There are electronic procedures and if needed we could get them but it's a clumsy way and would take time", "Sometimes we had meetings with [Names of directors]" and "I feel comfortable talking to [Name of director]." We were told some meetings had taken place in the staff accommodation provided by the directors following their recruitment. This meant it was difficult for staff to separate work from their home environment.

The registered manager did not work in the office in Hull and only spent a small portion of their time in the completion of management tasks. They did not have a contract and had not received a salary since the provider was registered with CQC in January 2018. The registered manager had not completed people's initial assessments of needs and had not developed the care plans. They had not met all the staff, had not completed staff supervision with them and had not attended any staff meetings. Staff confirmed they had not met the registered manager and referred to one of the directors as the manager.

The registered manager told us communication between themselves and the directors had not been good. The registered manager told us there were two people currently in receipt of care provided by the service, the remainder having been found an alternative service by the local authority. The information about the number of care packages was inaccurate as following the inspection, we were told the service had four

packages of care. The registered manager said they had not always been made aware when contracts had been commissioned with the local authority. The registered manager had not received any supervision.

People who used the service and professionals told us they had difficulty accessing the registered manager. A person who used the service said, "I have had to ring them sometimes. I had the boss's number but I had a job getting hold of them." A relative told us they were unaware of who the registered manager was. Comments from professionals included, "I have concerns about how the service can be well-led when the registered manager is not available. On occasions it has been difficult to contact the service" and "I have left countless messages for the manager both on their mobile and on the head office phone and have had no return contact." Professionals also told us that when staff did answer the phone, this was not done in a professional way. There was an occasion when relatives left a planned assessment meeting scheduled for 15.30pm, as the person attending from Precise Healthcare Solutions had not attended by 16.20pm. These incidents did not instil confidence in the service and did not enable good relationships with other professionals and agencies to be developed.

A quality assurance file had been set up since the visit completed by the local authority in June 2018; there was minimal quality monitoring. For example, there was no audit of care plans, risk assessments, complaints, staff recruitment files, supervision records, staff induction and training documents. There were standard purchased procedures for quality monitoring which included tools to use when auditing records or making phone calls to people who used the service. The registered manager told us these tools had not been used yet. In one of the care files we looked at, we saw two of the directors had recorded phone calls to check people were happy with the service. We spoke with one member of staff who told us they completed visits to people to check if they were happy. However, there were no records of these visits. The quality monitoring file contained information about when staff collected personal protective equipment such as gloves and aprons and when people had been admitted to hospital. A relative/carer told us they initially had to provide staff with gloves and aprons as they came unprepared. The improvement plan devised because of the local authority visit had also been included in the file.

We looked at three staff assessments completed as part of quality monitoring. These were 'Lone worker risk assessment', 'Is the service safe - care worker risk assessment' and 'Shadowing/observation/assessment'. These had all been partially completed but did not have names of staff or their signatures on them. The 'Is the service safe document' was dated and all points ticked as no risk and no actions required but did not indicate which staff it referred to. The 'shadowing assessment' was dated and ticked as 'green' meaning no risk on the first page. It did not indicate which staff had been shadowed and with which person who used the service. It was ticked as staff having read care planning document upon arrival. However, staff confirmed they did not have care plans to work from.

Records management was poor. We were unable to see full recruitment documentation as the director told us they had shredded documents for some staff no longer employed by the service. This was not in line with the provider's policy and procedure on the retention of records which stated, "Employee records will be archived in a safe place, with the name of the employee recorded on the outer packaging, for a period of 20 years." One staff file had a photograph of the member of staff which was different from the photograph on their residency permit. When we showed this to the director who had completed their recruitment, they were unaware of the discrepancy and unable to account for the difference.

The recording of information about people who used the service was poor. Care plans and risk assessments contained inaccurate information and the names of other people unconnected with Precise Healthcare Solutions. Any new member of staff would not be able to use the care plans to support people in a safe way. Staff recorded the care delivered in communication books. Some entries gave a good picture of the support

provided but others used language that was inappropriate.

There was a large pile of records relating to people who previously used the service. These were all mixed together and required sorting and archiving in a neat order.

Not having management oversight, systems to assess, monitor and improve the quality of the service and accurate records was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 8 HSCA RA Regulations 2014 General The registered provider had failed to comply with specific regulations 9, 11, 12, 13, 16, 17, 18 and 19, and is therefore in breach of this overarching regulation.

The enforcement action we took:

We have decided to cancel the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered provider had not ensured people's needs were fully assessed and planned for so that staff had guidance in how to meet them in ways they preferred.

The enforcement action we took:

We have decided to cancel the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered provider had not worked within the Mental Capacity Act 2005. This had resulted in limited documentation regarding assessments of capacity, restrictions and decisions made on people's behalf.

The enforcement action we took:

We have decided to cancel the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider had not ensured care and treatment was provided in a safe way for service users by: -

12 (2) (a) (b) assessing and doing all that is reasonably practicable to mitigate risk, and (g) the proper and safe management of medicines.

The enforcement action we took:

We have decided to cancel the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The registered provider had failed to establish systems and processes to help protect service users from abuse.

The enforcement action we took:

We have decided to cancel the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The registered provider had failed to operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints.

The enforcement action we took:

We have decided to cancel the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered provider had failed to ensure adequate systems were in place to assess, monitor and improve practice.

The enforcement action we took:

We have decided to cancel the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider had failed to establish effective recruitment procedures by gathering all available information that would assure them staff employed were of good character.

The enforcement action we took:

We have decided to cancel the provider's registration.

Regulated activity	Regulation
Personal care	<p>Regulation 7 HSCA RA Regulations 2014</p> <p>Requirements relating to registered managers</p> <p>The registered manager was not able to properly perform tasks are intrinsic to their role.</p>

The enforcement action we took:

We have decided to cancel the manager's registration.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider had not ensured sufficient numbers of skilled and experienced staff were always on duty and had not supported their training need, supervision and development.</p>

The enforcement action we took:

We have decided to cancel the provider's registration.