

Mr Murphy Cole

Regional Care Peterborough

Inspection report

Unit 4, Orton Enterprise Centre
Bakewell Road
Peterborough
PE2 6XU

Tel: 01733838380

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Regional Care Peterborough is a domiciliary care agency providing personal care to 80 older and younger adults at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The provider and manager had put new processes and procedures in place to make the necessary improvements in response to the previous inspection. This included regular audits and asking people about the service they were receiving on a regular basis. This piece of work was still in progress and not all of the improvements had been embedded and not all of the issues we identified during this inspection had been identified by the provider.

Although improvements had been made, risks to people were not always identified, managed or reviewed to ensure people were safe and protected from harm. Medication administration risk assessments were not in place for all people. Not all staff had completed the necessary medication administration training before carrying out competency assessments for other staff.

Feedback about the service people received was mixed. Some people told us that they or their family members were not always treated in a dignified manner. For example, some people told us that staff sometimes talked to each other in a different language that they did not understand when supporting the person with personal care.

The complaints log did not include information about all complaints and what action had been taken in response.

Care plans were being changed into a new more detailed and person-centred format so that staff had the information they needed. Staff felt supported and spoke highly about the provider and new manager. Staff felt that the training they were provided with ensured they had the skills and knowledge they needed to carry out their roles effectively.

People were mostly supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was inadequate (report published October 2022). 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 the provider remained in breach of some regulations.

This service has been in Special Measures since 26 July 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

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 changed from Inadequate to requires improvement based on the findings of this inspection.

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

Enforcement

We have identified breaches in relation to providing safe care, treating people with dignity and respect, responding to complaints and identifying areas for improvement at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Regional Care Peterborough

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

One inspection manager, one inspector and one Expert by Experience carried out this inspection.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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. A new manager had also been employed to take over the role of the registered manager from the provider. We will refer to them as the manager in this report.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 4 people who used the service and the family members of 8 people who used the service. We spoke with the provider who is also the registered manager, the newly appointed manager, office manager, several office staff and 4 care staff.

We reviewed a range of records. We looked at 3 people's care plans, various medicine administration records. We looked at 6 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed, including training records, complaints, compliments, quality assurance processes and various policies and procedures.

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant that although some improvements had been made some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 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

- Not all risks to people had been reduced where possible. This put people at risk of harm.
- Relevant risk assessments were not always in place according to people's needs. For example, staff were taking one person's blood sugar levels each day. However, there was no information about what their blood sugar level should be, what action to take if it was different or what symptoms to look out for if the person was unwell due to their diabetes.
- Medication risk assessments were not always in place for people who were supported to take their medication. This meant that the potential risks had not been assessed or actions taken where possible to reduce risks to people.
- Staff had received medication administration training and competency assessments. However not all staff completing the competency assessments had completed their training to ensure they were completing the checks appropriately
- Although improvements had been made to the monitoring of the medication administration records, they did not always include the information required. Information for staff about when 'as required' medication should be administered was not always detailed enough.

We found no evidence that people had been harmed. However, the service had not ensured thorough risk assessments were in place to ensure people received safe care and treatment. This is a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The majority of people told us they felt safe when staff were supporting them. Some people told us that staff turnover meant that they did not feel staff knew them well and understood all their needs.
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally, such as to the local authority, police and the Care Quality Commission (CQC). Staff had received safeguarding training to ensure they had up to date information about the protection of people.
- The new manager stated that they had learnt from making mistakes about referring safeguarding concerns. They demonstrated an understanding of their safeguarding role and responsibilities and how they explained the importance of working closely with service commissioners, the local authority and relevant health and social care professionals. This was on an on-going basis to ensure improvements were sustained.

Staffing and recruitment; Learning lessons when things go wrong

At our last inspection the provider had failed to ensure the right people were recruited. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Staff were recruited safely. Appropriate checks including Disclosure and Barring checks (DBS) had been made to ensure staff were safe to work with people. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- At the previous inspection there had been issues with missed care call visits. Action had been taken by the provider and management team to ensure that processes were in place to monitor any late or missed calls so that action could be taken immediately. Feedback was mainly positive with people telling us that staff normally arrived on time and stayed the correct amount of time.
- Staff confirmed that people's needs were met and that they had time to travel between people. Learning had been undertaken since our previous inspection and this had been shared across the staff team where this was deemed appropriate.

Preventing and controlling infection

- The provider had made improvements to ensure government guidance was followed to prevent and control the spread of infections.
- We were assured that the provider was using PPE effectively and safely. We were assured that the provider was responding effectively to risks and signs of infection.



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. At this inspection the rating remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally 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. We checked whether the service was working within the principles of the MCA.

- Staff received training in the MCA and had a good knowledge of what this meant supporting people.
- Action was being taken to ensure that when needed people had their capacity assessed and best interest decisions were in place. This was work in progress and not all decisions had been recorded. For example, one person needed an MCA and best interest decision regarding the administration of medication.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed to ensure the service was suitable and could meet their needs. New assessments were in place to ensure they contained all of the necessary information. Care plans indicated the level of support people required and how this was provided.
- Staff prepared food and drink for people when requested. Care plans explained to staff what foods people liked and how to offer choices to people.
- People at an increased risk of malnutrition had details in their care plan as to how this was minimised.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure the people received support to carry out their role effectively. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18

- People were supported by staff who had complete their refresher training to keep up to date with changes in best practice guidance and refresh their knowledge. Staff confirmed in the main that they had completed competency assessments.
- Newly recruited staff had completed an induction and online training. They also completed shadow shifts and were introduced to people.
- Staff feedback was positive about the support they received from both the registered manager and the new manager.

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

- People's care plans contained information about healthcare professionals who should be contacted with any concerns.
- People were supported when needed to see health professionals, such as a Speech and Language Therapist, GP or community nurses. Records show that when needed healthcare professionals had been involved.
- Staff supported people to stay healthy in areas such as nutrition, good standards of hygiene and safe use of equipment related to people's care.



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 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

- Feedback about how people were treated by staff was a mixture of both positive and negative comments.
- Two people told us that some staff didn't take their coats off and 1 person had been assisted with a shower whilst the care assistant was still wearing their coat. Another person told us, "My only comment is them [care staff] talking to each other and I can't understand a word. Washing me on the bed and talking to each other in their own language and I don't know what they are saying. I have mentioned this to the office, they say they can't do much about it. When I want them to do something, I have to make it very clear to make sure they understand what I am saying – sometimes they don't, and they just walk away." Another person told us, "[Staff] have no time for casual talking. They leave when they have done what they need to do, if I asked them to stay the length of time they are supposed to, they just sit on the sofa and watch TV." This meant people were not treated with dignity or respect which could affect their well being.
- Records were not always written in a way that promoted people's dignity. For example, one care plan referred to a person needing help to clean their bowel region.

The provider had failed to ensure that people were treated with respect and dignity. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We asked people if they thought staff treated them with respect. One person told us, "Yes they do all the personal care and yes they are very respectful." Another person told us, "Yes, they do, they only come to me in the bathroom if I [ask them to]."
- Staff told us how they always asked people for permission before undertaking any personal care. They also told us that they tried to keep people covered up with towels when possible when assisting with personal care.

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

- People told us that they had been involved in planning and reviewing their care.
- Office staff visited people to review their care plans and ask them about the quality of the support they were receiving.

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 has remained requires improvement. This meant people's needs were at risk of not always being met.

Improving care quality in response to complaints or concerns

At our last inspection the it was not clear if all complaints had been recorded and responded to appropriately. This was a breach of regulation 16 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 16.

- People and relative's feedback about the response to complaints was mixed. One person told us, "I have the emergency number and they usually respond. There were a few problems last year but since then it's been ok." Another person told us, "I know who to ring, the office, they always answer and respond ok. Overall, I'm happy with the service." However, one person told us, "9 times out of 10 when you phone up to complain – they just pass you to a [staff member] and you struggle to get your point across and you know nothing will be done." Another person told us, "I would ring the office [if they needed to complain] and the way they respond is hit and miss."
- Processes had been put in place to ensure any complaints were discussed at the daily office meeting so that appropriate action could be taken. However, not all complaints had been recorded appropriately and it was not always clear what action had been taken. For example, one person had complained that they had money missing from their house. However, this was not recorded in the complaints log and it was not clear what, if any, action had been taken.

The complaints system was not always operating effectively to ensure that complaints and actions taken were clearly recorded and dealt with appropriately. This is a continued breach of Regulation 16 (Receiving and acting on complaints)) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure people received the support they needed in a way they preferred. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- The new manager told us that they were changing all of the existing care plans to a new format so that it contained more detailed information for staff.
- People had care plans in place, which mostly detailed preferences, health conditions and any care interventions the person needed support with. However, the impact of the health conditions, such as diabetes were not always expanded upon. The manager explained this was included in the new care plan format. We saw an example of a new care plan that had been completed it contained more information to ensure people's needs were met in the way they preferred.
- One person told us, "We are getting to know each other well, and we help each other, I teach [staff] some cooking – I've taught them how to make cheese on toast. It is always the same [staff], they tell me if it is going to be different." Another person told us, "I couldn't have a better team, I get on with them really well, they do what they are supposed to do and little extras."

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 (AIS). 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 carer's, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider understood their responsibility under the AIS.
- The provider told us they would adapt and provide information in accordance to people's needs. They said this would include reading any information to a person, if this was the best way for them to understand.
- Information about people's communication needs were detailed in their care plan.

End of life care and support

- The registered manager told us end of life care could be provided if needed although at the time of the inspection, no one was receiving this type of care.
- End of life care formed part of the provider's training plan for staff. They told us they would also gain information about the person needs from working alongside involved health care professionals. This included community nurses and local hospices.

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to identify what improvements were needed and to take the appropriate action. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although some improvements had been made the provider was still in breach of regulation 17.

- The provider had changed the office and management team and processes in place in order to make the required improvements from the previous inspection. These changes were still being embedded and some areas for improvement still remained as identified during this inspection.
- For example, there was a process in place to ensure that care staff had completed competency assessments before administering the medication. However, it had not been identified that the member of staff assessing staff competencies had not completed their training to do so.
- Although new care plans and assessments were in place the auditing system had failed to identify missing information. The medication auditing processes checked the electronic records however for some people there were also paper records in place and these had not always been checked to ensure medication was being administered as prescribed.
- The governance process in place had not identified that not all complaints were being recorded. This meant there was a risk actions would not always be identified or acted on.

The provider's oversight, governance and quality monitoring systems were not as effective as they should be. This is a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us that they had organised for an external auditor to carry out a regular inspection of the service to identify any ongoing or new areas for improvement. After the inspection feedback, the new manager told us about action they had taken in response to our findings.

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

- All of the staff we spoke to talked very positively about working with both the registered manager and new manager. The provider and new manager told us they were passionate about what they did. They had strong values and wanted to ensure that the service continued to improve.
- Staff told us that they really value the weekly online meeting with other carers. They explained that they could discuss any issues with people they supported, share ideas and update training. The care staff told us that they could add to the agenda, and if they could not attend then the minutes were shared. Staff told us that it was an open culture and they felt confident to raise any concerns.
- The registered manager understood the need to be open and honest when things went wrong and were knowledgeable about the incidents they needed to report to us. The service was also displaying their inspection rating in their office.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristic; Working in partnership with others

- The registered manager had put processes and staff in place to carry out frequent spot checks, quality assurance visits and phone calls to people so that they could give their views on the service being provided.
- The registered manager and new manager had engaged in monthly meetings with the local authority to monitor progress with improvements being made. As a result of the improvements the local authority had restarted placing people with the service.
- All staff told us they felt supported and listened to, that their feedback was taken on board and it was acted on.
- Health professionals, advocates, legal representatives and social workers were involved when needed and in the main guidance from them was implemented and adhered to.
- The registered manager understood their duty to cooperate with safeguarding authorities should the need arise.

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA RA Regulations 2014 Dignity and respect</p> <p>Systems in place did not ensure that people were always treated with dignity and respect.</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems in place did not always identify, assess and mitigate risks to people's safety.</p> <p>Regulation 12 (1)(2)(a)(b)</p>
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>There was not an effective system for the recording, handling and responding to complaints.</p> <p>Regulation 16 (2)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p>

The provider's oversight, governance and quality monitoring systems were not as effective as they should be. Opportunities were missed to identify improvements and what worked well.

Regulation 17(1)(2)