

Mr Peter Paul Hunter

Caring for You

Inspection report

The Old Bakery, 158 Bridge Road
Horbury
Wakefield
West Yorkshire
WF4 5NR

Tel: 01924271132

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18 March 2022

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Caring for You is a domiciliary care agency which provides care to people in their own homes. Not everyone who uses this service receives 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. At the time of our inspection 10 people were receiving the regulated activity of personal care.

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

Staff had appropriate knowledge of safeguarding people from abuse. However, systems and processes were not robustly in place to show how people would be protected from financial abuse and how staff are protected against allegations. There was some conflicting information as to whether staff handled people's money, such as for shopping. People did not receive a scale of charges or a contract to show how much they paid for their care. We made a recommendation for the provider to improve transparency in communicating costs to people, and for risk assessments to be in place where people need staff support with making purchases.

People said they felt very safe being supported by care staff. Relatives were happy staff supported their loved ones safely.

Care plans were in the process of being improved using new person-centred documentation. Information was clearer than at the last inspection, regarding people's health and how to support them safely. This was work in progress at the time of the inspection.

People felt they received safe support with their medicines and there were more regular checks/audits of medicine records. However recording of medicines needed to be improved and the medicines policy needed to be more detailed.

Recruitment procedures were more robust to ensure staff's suitability to work with vulnerable people. Staff training had improved as had the induction process, competency checks and staff supervision. All staff spoken with felt very well supported in their role to be able to provide care safely.

Daily notes were detailed and person-centred, but closer monitoring was still needed with regard to reviewing daily notes. These were stated as being audited monthly, yet the records we reviewed showed no management oversight of these since the end of December 2021. The provider said this was addressed immediately after our visit. Some gaps in care records suggested care had not been provided at times identified; the provider explained this was in part down to poor internet connection and they were working to improve this.

Policies and procedures were still being updated and we made a recommendation the provider seeks further advice for developing these so they become meaningful documents and support how the service is

run.

Roles and responsibilities were more clearly defined and consultant staff had been employed to help drive improvements in the service. Staff understood the lines of accountability and knew who to refer to with any queries or concerns. People and relatives were confident in how the service was run and they were complimentary about the quality of the care they received. Questionnaires were due to be sent to people by the end of March 2022 and the provider agreed to share the results of these with CQC.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 16 August 2021). 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 been made and the provider had taken steps to address the breaches of regulations. There was still a breach of regulation 17 (good governance) because although the provider had made some improvements, records were still in the process of being improved to demonstrate the safe management of people's care.

This service has been in Special Measures since 16 August 2021. 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

We previously carried out an unannounced focused inspection of this service on 4 June 2021, breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve: Safe Care and Treatment; Safeguarding service users from abuse and improper treatment; Good governance; Staffing; Fit and proper persons employed; Requirements where the service provider is an individual or partnership.

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

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

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

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a continued breach at this inspection in relation to record keeping to show how well the service is run.

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

Follow up

We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Caring for You

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. 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.

The service is not required to have a manager registered with the Care Quality Commission because the registered provider runs the service. This means the registered provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 9 March 2022 and ended on 31 March 2022. We visited the location's office on 9 March 2022 and made telephone calls to people and relatives on 18 March 2022.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and partner agencies.

The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and

improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and five relatives on the telephone, about their experience of care provided. We spoke with the registered provider who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with a part-time consultant and one of the care managers on site, and a further six members of staff by telephone. We reviewed a range of records, including three people's care records. We looked at three staff files in relation to recruitment. We reviewed records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff recruitment and training data, policies and procedures and requested further information in relation to the running of the service.

Is the service safe?

Our findings

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

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

Staffing and recruitment

At our last inspection the registered provider did not have in place safe systems of staff recruitment. This was a breach of regulation 19 (Fit and proper persons employed) 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.

- More robust staff recruitment processes were now in place to ensure staff were recruited to the service in a safe way; new processes were in place to ensure staff had the necessary safety checks in place before starting work. The provider had checked all staff files following the last inspection to ensure checks were made and recorded.
- The registered provider told us staff recruitment had been a key item for action since the last inspection and no new staff had been recruited, although some staff had left due to a reduction in the number of people being supported.
- The registered provider said, "Getting our house in order is the priority and [consultant name] has done an incredible job on recruitment and checking all the elements of what should be in place, and putting together interview notes; we have reflected on what we need and the issues from the past have been addressed."
- There were enough staff employed to meet people's assessed needs.

At our last inspection staff were not always supported with an induction, supervision and role specific training, to ensure they had the knowledge and skills to safely support people. This was a breach of regulation 18 (Staffing) 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.

- Staff were now required to complete a period of induction and a new induction checklist was in place. The induction checklist was comprehensive and included ensuring staff completed a period of shadowing and observation prior to working alone.
- A supervision matrix was in place and we saw evidence of historical meetings, with dates planned for the future, in the staff personnel files we looked at. There was now a new supervision agenda template to

provide managers with a framework to help them and staff to structure supervision discussions.

- The providers' action plan identified staff supervision and training as a priority area for improvement. The training matrix had been reviewed and updated to reflect current staff employed and the training being carried out by all staff. This included mandatory training such as safeguarding and medication awareness and additional training such as end of life care and stoma care. Staff competency assessments had been completed for those who administered medicines.

Systems and processes to safeguard people from the risk of abuse

At our last inspection people were not safeguarded from the risk of abuse. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff training in safeguarding adults had improved and policies and procedures were in the process of being revised. The registered provider had enlisted the support of a consultant to help with this.
- At the last inspection there were no individual care plans or risk assessments in place for people if they needed support with shopping or any other financial support. At this inspection the registered provider told us, "If someone wants to go shopping, we [staff] take them, but staff do not handle any payment cards or money, and do not deal with any bills. By removing this activity, this protects staff and people." We received conflicting information about how staff supported people with shopping; relatives and staff said regular shopping was done for two people and staff explained how receipts and money were recorded. The management consultant told us they were assessing all risks as part of their ongoing improvements to care records, and would ensure this work included any shopping done.
- The registered provider confirmed people did not have a signed contract of care, or agreement of care, which would set out terms and conditions of the service provided; this meant people might not be sure what the service could and could not do.
- The registered provider told us people were not formally made aware of their fees, but this was discussed verbally. They told us, "There is nothing legally binding [in relation to agreed charges for care], but we generally say to people and their relatives, we do weekly rotas and these are issued on Wednesday or Thursday for the following week and within reason they [people] would be charged."

We recommend that the service finds out more about developing a formal contract of engagement between people and the service and ensures risk assessments are completed where staff support people with financial transactions, such as shopping.

Assessing risk, safety monitoring and management

At our last inspection practice, systems and processes did not ensure risks were assessed or mitigated so that people received safe care and support. This was a breach of regulation 12 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Potential risks arising from unsafe recruitment had been addressed and all staff now had Disclosure and Barring Service (DBS) checks; these provide information including details about convictions and cautions

held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Risks to individual people's health were more clearly recorded in their care plans so staff had better guidance in how to support people safely. The management consultant said this was work in progress and they were systematically updating each person's record.
- Staff said they felt there was clearer information in people's care records to help them provide appropriate support.

Using medicines safely

- Staff said they felt confident to support people with medicines and there was clearer documentation around this to help guide them.
- Updated information in care records included sections such as 'how I take my medication' and 'other medical conditions' written in the first person to show people's preferences and health needs.
- Protocols were in place for staff to know how to safely support people with medicines 'as required'. People's medicine administration records were clearly documented, although where one person's MAR chart was handwritten, this was done by only one member of staff. Two members of staff checking this record would ensure the transcription of the medicine was accurate. We discussed this with the management consultant who said they would address this.
- People and their relatives said they were properly supported with their medicines. One relative said, "The carers give [my relative] their medication. This is in a locked box, [my relative] has all the support they need." Another relative said "They [staff] do all the medication. They are wonderful."

Learning lessons when things go wrong

- There was evidence of action being taken to address issues identified at the last inspection. An updated action plan was in place, last reviewed in November 2021, which tracked progress against any outstanding issues.
- The action plan identified areas where actions taken to improve the service had been met, partially met or not met; this helped the provider to maintain a focus on the prioritised areas for improvement.

Preventing and controlling infection

- At the last inspection, only two staff had completed infection prevention and control training. At this inspection nearly 87 percent of staff had completed this training.
- The office premises had a sign on the entrance door indicating a maximum of three people at any time were allowed in. Desks and chairs had enough space between them to ensure social distancing was maintained.
- There were plentiful supplies of personal protective equipment stored in the office premises, including gloves, aprons and hand gel.
- People and relatives told us staff wore PPE and practised good hygiene in their home. One relative said, "Yes I'm sure they take all precautions with Covid. They are very careful." and one person said, "She always wears an apron and I feel very safe."
- Staff understood how to prevent the risk of infection when providing personal care.

Is the service well-led?

Our findings

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

At 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

At our last inspection the registered provider did not have an effective system of governance in place to maintain and improve the quality and safety of the service and accurate and complete records were not always kept. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Some improvement had been made at this inspection although records did not fully demonstrate the safe management of people's care and were in the process of being updated and audited. This meant there was a continuing breach of regulation 17.

- Some audits had been undertaken since the last inspection, for example of staff recruitment, training and supervision.
- Daily notes were detailed and person-centred, but closer monitoring was still needed with regard to reviewing daily notes. These were stated as being audited monthly, yet the records we reviewed showed no management oversight of these since the end of December 2021. The registered provider said this was addressed immediately after our visit.
- Some gaps in care records suggested care had not been provided at times identified; the registered provider explained this was in part down to poor internet connection and they were working to improve recording where this occurred.
- The registered provider's policies were being updated at the time of the inspection, however, these lacked detail. One policy referred to a different organisation and there was no end of life care policy.

This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as complete records to demonstrate people's needs were being met were not fully in place.

- The provider's action plan had a section called 'lessons learnt and sustainability plan,' which identified what further action was needed to meet regulatory requirements. Those responsible for ensuring the action plan was completed were identified along with a target completion date. The management consultant was in the office two days a week and putting together the action plan.
- A more robust system was being considered to ensure the risk of financial abuse to service users was

assessed and mitigated.

- Staff were clear about the line of staff accountability and said they felt the team was well supported by the management, with more regular checks of practice. The registered provider said, "I am here in the office every day to support the staff team. Weekend cover is myself and [staff name]."

At our last inspection, the registered provider was not able to demonstrate the competency required to carry on and manage the regulated activity. This was a breach of regulation 4 (Requirements where the service provider is an individual or partnership) 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 4.

- The registered provider had undertaken training since the last inspection. They had also recognised the need to strengthen the management of the service by bringing in a management consultant with additional skills and experience to enhance the way the service was run.
- The consultant told us they welcomed CQC and saw this inspection as an opportunity to demonstrate the improvements made and said, "Not all things have been done, but it's a work in progress."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; 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 provider told us, "All clients got a copy of the last report and no one cancelled because of this."
- The office administrator told us the provider was due to send a questionnaire out to all people before the end of March 2022, and the findings would be sent to CQC.
- The registered provider was aware of their responsibilities under the duty of candour.
- No safeguarding alerts had been made by CQC since the last inspection, and other notifications had been submitted to the commission as required.
- People and their relatives were complimentary about the quality of the service and how it was run. One person said, "I think the company is very good. [Care manager's name] is wonderful. I have an email with my rota on and a board in the kitchen the [staff] put notes on. I did my care plan with the management. They do the care plan then ask me if I approve. They are re-vamping the care plans." One relative said, "We have great communication. I have no complaints." And another relative said, "I'd need an extra two hands for the amount of praise I'd give them."

Working in partnership with others

- The registered provider told us they worked closely with people and people's families to ensure care was appropriately delivered.
- The registered provider was aware of matters affecting the wider healthcare system and told us they worked closely with hospital staff to try to ensure people were safely discharged from hospital. They understood the local authority had systems in place for providers to access in support of caring for people, particularly during the COVID-19 pandemic. They said they did not always join in with scheduled partnership meetings, but always made sure they kept up to date with the minutes.
- Staff told us they were aware of the relevant health professionals associated with the people they

supported and they knew how to contact them if they had any concerns about people they cared for.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records to demonstrate how people's needs were safely met, and to demonstrate consistent management of the service, were not fully in place and were still being updated.