Assured Care (Stockport) Ltd

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Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Assured Care (Stockport) Limited is a domiciliary care agency providing personal care to 214 people 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 had not always ensured detailed individual risk management plans were in place to guide staff on how to provide care to people with specific needs in the safest way possible. Care documentation was not always reviewed in a timely way to reflect people's current care needs.

The provider had not ensured staff had the necessary, up to date training in place before providing care and support to people. Also, the provider had not satisfied themselves on an ongoing basis that staff providing care and support were competent to do so.

People were 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. However, we found concerns regarding legal safeguards around decision making for people in the form of Lasting Power of Attorney (LPA).

We have made a recommendation around the lawful use of LPAs.

We received mainly positive feedback from people who used the service about the care they received and about the care staff. People felt safe and they told us staff read their care plan and staff always wore personal protective equipment (PPE) when visiting them.

Policies, procedures and audits were in place. However, they had not always been followed and audits had not identified the concerns we found on this inspection. Staff mostly felt supported in their role and felt they could report concerns to the senior staff.

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

Rating at last inspection
The last rating for this service was good (published 18 July 2019).

Why we inspected

The inspection was prompted due to concerns received about the management of and escalation of people's individual risks to their health, staff training levels and non-notification of safeguarding incidents. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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

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

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

Enforcement
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 continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the management of people's individual risks, staff training and governance of the service.

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

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 well-led? The service was not always well-led.	**Requires Improvement**

Assured Care (Stockport) Ltd

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 Care Act 2014.

Inspection team
This inspection was carried out by one inspector and one 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 June 2021 and ended on 5 July 2021. We visited the office location on 29 June 2021.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection
We spoke with 18 people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, assistant manager, and care workers. The nominated individual were not available at the time of the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and training records were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Assessing risk, safety monitoring and management

- The provider had not always ensured appropriate risk management plans were in place to mitigate risks to service users.
- People had risk assessments in care files. However, where a person had a specific risk or condition, they did not always include risk management plans detailing information on how to safely manage these individual risks.
- One person had pressure sores and there was no risk management plan, care plan or positional charts in place to ensure staff provided safe and appropriate care. The service's pressure care policy detailed how to safely manage risks to people's skin; however, this had not been followed.
- Risk assessments were not always reviewed and updated as people's needs changed to reflect current care needs. The registered manager told us risk assessments were reviewed every three or six months for people with moving and handling needs. However, we did not find this system in place in the care files we reviewed.

We found no evidence that people had been harmed however, people's individual risks were not always safely managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The assistant manager told us during the inspection they had now introduced positional charts for people who required them.

Staffing and recruitment

- We were unable to ascertain if safe recruitment practices had always been followed to ensure that suitable staff had been employed to care for vulnerable people. We reviewed information in staff files to check the necessary safety checks were in place before starting work. We found two out of the three staff reviewed did not have professional references nor have a full employment history. We requested this was followed up and we received confirmation. However, we did not receive the requested follow up evidence.
- Staff told us they felt they had enough time during care calls to provide safe care and treatment.
- People we spoke with told us they felt safe during their calls. One person told us, "I feel safe with them. I see regular people and they are nice to talk with [staff]." People were positive and complimentary about care staff. One person told us, "Over time, the carers have become friends."

Using medicines safely

● There was a medicines policy in place and audits were carried out of medicines administration records (MARs). Where any errors in MAR recordings had been identified, actions were recorded to reduce the risk of reoccurrence.
● Medicines were not always administered by staff who had received up to date training. Annual medicines training was provided online and the training information provided showed us many staff had not completed this.
● The service's medication policy stated staff competencies should be checked at least annually. However, no checks had been carried out to ensure staff were competent to safely administer medicines. The National Institute for Clinical Excellence (NICE) recommend that learning for community-based staff is refreshed and knowledge and competence assessed at least annually and additional training such as how to administer specific medicines such as patches, creams, inhalers, eye drops and liquids should be provided. We did not see where staff had undergone any additional training for specific medicines.
● People told us they received their medicines when they should. One person told us, "The carers help and they are very good."

Preventing and controlling infection
● Not all staff had received up to date training in infection control. However, staff we spoke with understood their responsibilities and told us they wore appropriate personal protective equipment (PPE) in line with national guidance to minimise the risk of infection.
● People confirmed staff wore PPE and washed their hands when making care calls. One person told us, "Yes, they wear all that [PPE]. Always."

Learning lessons when things go wrong
● Staff understood their responsibilities to report any concerns. They told us they would report to the senior care staff or assistant manager.
● The service had an accident policy in place that stated all accidents and incidents both staff and services users should be recorded, reported and fully investigated. We reviewed accident recordings and found that only accidents by staff were recorded in this file and nothing had been recorded since 2018. We did not see where accidents or incidents had been investigated.

Systems and processes to safeguard people from the risk of abuse
● There was a safeguarding policy and procedure in place. Not all staff had received up-to-date training about how to protect people from harm and abuse.
● Staff we spoke with demonstrated an understanding of the signs of abuse and had knew who to inform and what action to take if they had any concerns.
● People and their relatives we spoke with told us they felt safe. One person told us, "I am very comfortable with all the carers, they are very nice and I feel safe with them."
● Since the last inspection, the registered manager had not always informed us about safeguarding incidents where people had been placed at the risk of harm.

Requires Improvement

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had not ensured all staff had the training, knowledge and skills to provide safe and effective care. We found staff had not always received the required training and competency checks before providing care and support to people.
- The training matrix demonstrated not all care staff had completed the provider's mandatory training. For example, some staff were providing moving and handling assistance without having up to date training. Staff told us they prepared food for people. All workers involved in the handling, preparation or provision of food are required by law to have received appropriate training in how to handle food safely. However, we found only a very small number of staff had training in food hygiene.
- We were unable to ascertain the level of staff supervision as the information supplied to us was not up to date. We requested current supervision information be supplied to us, but this was not received. We received mixed feedback from staff about the quality of the training provided.
- No medicines competency checks were carried out by the service. The registered manager told us general spot checks had not been carried out for some time due to the pandemic. These spot checks were carried out by the two senior carers. We were also told the senior staff showed care staff how to use moving and handling equipment in people's homes as the moving and handling training provided was online theory only. However, the senior carers did not have up to date mandatory training in place.
- We spoke with the registered manager and recommended they access information from Skills for Care to ensure their training programme ensured staff provided safe and effective care.

We found no evidence that people had been harmed however, staff were providing care to people without the necessary training and competency checks in place. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We found people had basic nutrition and hydration care plans, which included what assistance was required with meals. However, we found one person was extremely high risk of malnutrition and was also suffering from pressure sores. Nutrition assessment and screening is an integral part of pressure sore risk assessment and screening and this need is outlined in the service's own policy. However, we found there was no nutritional screening tool used for this person and staff had not escalated malnutrition concerns to medical professionals.

● Staff told us they felt they had time to assist people with their meals. Staff told us they would report concerns with a person's eating and drinking to senior staff, family or GP. However, we found this had not always been actioned.
● People we spoke with told us staff provided assistance with food and drink. One person told us, "They [staff] ask me if I'd like a drink and they leave one if I want one."

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty 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
● People had signed consent to care and support forms in their care files. People we spoke with told us staff gained consent before providing care. One person told us, "Yes, no problems. I tell them [staff] what to do if they are new." Another person told us, I've got a really nice relationship with the carers."
● Staff we spoke with told us they asked for consent before providing care. However, not all staff had received training in the MCA, and we received mixed responses from staff about their understanding of the MCA.
● We found information in people's care plans about family members having Lasting Power of Attorney (LPA) to make decisions on behalf of the person. However, the information did not state what the LPA was for and there was no evidence the LPA had been produced. Staff we spoke with told us relatives of people they cared for had told them verbally they had an LPA in place, but they did not know what it is was for. This meant there was a risk that decisions could be made for a person without the legal authority in place.

We recommend the provider consults current Government guidance on the use of a Lasting Power of Attorney to ensure their lawful application.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● We saw that staff had made referrals to health and social care professionals. This included referrals to the local district nursing services.
● Staff told us they would contact a person's GP or family if they had concerns about a person's welfare. One staff member told us, "If the district nurses were already involved, we would get back in touch or we would ring the doctor."
● People we spoke with told us they felt staff would get medical attention for them if it was needed. One person told us, "If ever I needed one [doctor], I know that they would call for me."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs were assessed soon after the package of care had been commissioned and care plans were drawn up to direct staff on how to provide appropriate care and support. Care plans included

information about the person and their preferences for care delivery.

● People told us they were involved in their care plans and they had a copy in their home that was available for new staff to read. One person told us, "They [staff] do come in and read it if they are new."

Requires Improvement

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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

- Systems and processes to check the quality and safety of care delivery were not always completed effectively. The provider had not always ensured people had appropriate risk management plans in place that had been reviewed regularly to reflect current care needs.
- Some audits were in place; however, they had not identified and actioned the concerns found during this inspection.
- The provider had not ensured the service was provided in line with their own policies and procedures. For example, the medication, training and pressure care policies.
- The provider had not ensured staff were adequately trained and supervised and not satisfied themselves of the competency of staff.
- The registered manager acknowledged the shortfalls we found on inspection and explained it was due to the pandemic.

We found no evidence that people had been harmed due to our findings on inspection; however, people had been placed at the risk of harm from a lack of risk management plans and a lack of staff training. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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; Continuous learning and improving care

- We were not assured there were robust procedures in place to investigate and respond to concerns received. Opportunities to improve the service and outcomes for people had been missed.
- We did not see where accidents, incidents and safeguarding concerns were always recorded, thoroughly investigated and control measures implemented to reduce the risk of future occurrences.

We identified concerns regarding the lack of statutory notifications submitted to CQC as per registration requirements. We had been made aware of safeguarding investigations that had not been notified to CQC. We identified a potential breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009. This was because statutory notifications to inform us of allegations of abuse had not always been submitted to CQC as required.

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

● Service user feedback was sought on an annual basis in the form of a postal survey; however, we were unable to demonstrate how this feedback had resulted in changes or improvements to the service. The registered manager told us they had analysed feedback from the 2019 survey but was unable to provide us with this document.

● People and their relatives confirmed they were able to contact the office if they wished to discuss any aspect of their family member's care and support. We received mixed feedback from people and their relatives when they had raised a concern. One person told us they were happy with the responses and told us, "I made a complaint once and it was quickly dealt with." However, another person told us, "I've grumbled in the past and I don't want to get into trouble again."

● We received positive feedback from both people and staff regarding the senior members of staff. One person was particularly complimentary about the assistant manager and told us, "[Name] has really helped sort things out for my husband after his discharge from hospital." Staff we spoke with told us they did not have much interaction with the registered manager and they usually spoke with senior members of staff.

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

● The registered manager told us they work with families, the local authority and district nursing teams.

● The registered manager told us they had found running the service during the pandemic and working from home a challenge, but they had been supported by staff. They told us they kept up to date with current guidance and legislation through communications from CQC and the local authority. They told us they were proud of the staff team and told us, "We're a great team, we work great together. We are fair, accommodating and support staff."

● The registered manager told us their aspiration for the service was to grow and expand the business and take on more areas. They also told us they would like to provide more social activities for people. This had been an aspiration at the last inspection in 2019, but the registered manager told us this had not been put in place due to the pandemic and wished to put this plan back in place.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not always ensured appropriate and up to date risk management plans were in place to mitigate risks to service users. Regulation 12 (1) (2) (a) (b)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured the service was provided in line with their own policies and procedures. Systems and processes to check the quality and safety of care delivery were not always completed effectively. Audits had not identified and actioned the concerns found during this inspection. Regulation 17 (1) (2) (a) (b) (c) (e)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured all staff had the training, knowledge and skills to provide safe and effective care. Regulation 18 (1) (2) (a)