

Provision Care 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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Provision Care Limited in Leicester, provides care and support for people in their own homes. The service was supporting 8 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

There were systems in place to monitor incidents, accidents and safeguarding concerns and staff understood how to report these. Individualised risk assessments were in place, but they lacked detail to ensure safe care. The provider did not carry out safe pre-employment checks in line with organisational policy. Topical medications (creams) and 'when required' medicines were not managed safely, and the provider could not evidence staff had been assessed as competent to administer medications.

Support plans were in place but lacked detail on people's needs. Staff were provided with training, but some training needs had not been identified. People were supported to make their own food and drink choices. There was evidence the provider worked collaboratively with external professionals, but feedback from professionals was mixed.

The provider responded to the views and wishes of people using the service, and feedback from relatives was positive. One relative said, "We'd like to say a big thank you, can't praise them enough". Staff told us they protect people's dignity and they were knowledgeable about the people they support and how to promote independence.

The provider was responsive to people's changing needs. However, complaints were not recorded, and the registered manager lacked knowledge on their responsibilities in this area. Support plans were found to be lacking information related to end of life care.

Management frequently visited people and delivered care. Staff told us management were approachable and supportive. There was a lack of robust and effective quality assurance processes in place to monitor the quality of the service. Organisational policies were not robust or tailored to the service and the training matrix was not fit for purpose.

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.

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 14 November 2017)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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 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 of regulation in relation to medicines, pre-employment checks, support planning and quality assurance systems at this inspection.

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 continue to monitor information we receive about the service until we 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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Provision Care Ltd

Detailed findings

Background to this inspection

The inspection

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

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

The inspection was carried out by two inspectors.

Service and service type

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

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 a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager 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 partner agencies. 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.

During the inspection

We spoke with three relatives of people using the service, five members of staff including the registered manager, deputy manager and support workers. We also sought feedback from two external professionals who worked in collaboration with the service. We reviewed a range of records. This included four people's care records and one person's medicine 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 were reviewed including incidents and complaints, quality monitoring and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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.

Using medicines safely

- People were at risk of not receiving 'when required' medicines safely as there was no guidance available for staff. For example, one person required medicine to be offered when displaying specific behaviours, however, there was no written guidance available for staff. This put the person at risk of not receiving their 'when required' medicines as prescribed.
- Topical medicines (creams) were not managed safely. Creams were applied by staff during personal care, but staff did not record when and where these creams were applied. There was also no guidance for what these creams were needed for, and where they needed applying. This risked staff applying creams incorrectly.

Assessing risk, safety monitoring and management

- Individualised risk assessments were in place, however, at times they lacked information to ensure safe care. For example, one risk assessment did not provide guidance for staff on how to check a piece of mobility equipment prior to use. This put people at risk of physical injury should the equipment fail.

Unsafe medication management and a lack of robust risk assessment processes was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a system in place to record accidents and incidents. Care staff understood their responsibilities for reporting incidents and told us information was shared with them by management when an incident occurred.

Staffing and recruitment

- The provider did not carry out pre-employment disclosure and barring service checks in line with organisational policy and procedure. Two staff members were found to have started work without the provider completing new disclosure and barring service checks. This put people at risk of receiving support from staff who had not received safe criminal record screening. The provider responded to these concerns by completing new disclosure and barring service checks for the identified staff members.
- The provider completed reference checks for new staff. However, one staff member had started employment before a reference check had been returned. This meant the provider was not assured of the staff members suitability prior to employment.
- The provider did not consistently check staff employment histories in line with the requirements of the Health and Care Act 2008. Two staff files were found to have incomplete employment history checks.

A lack of robust pre-employment checks was a breach of Regulation 19, (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- There was a system in place to monitor and record safeguarding incidents, however, no incidents had been recorded. The registered manager told us there had been no safeguarding incidents since the last CQC inspection. The inspectors found no evidence to contradict this.
- Staff had received safeguarding training and understood how to report concerns.
- Relatives of people using the service did not raise any concerns about the safety of delivered care, when we spoke with them as part of the inspection. One relative said "The carers are excellent; they are lovely with my mother, they treat her very well and she is very happy with them as am I."

Preventing and controlling infection

- Staff received training around infection control and had demonstrated knowledge to help prevent spread of infection.
- Personal Protective Equipment (PPE) was available to staff from the main office and in people's homes. Staff told us they wore PPE when delivering personal care.
- The provider demonstrated learning and development in this area during the pandemic.

Learning lessons when things go wrong

- There was evidence the provider learned lessons when things went wrong. For example, in response to an incident, the registered manager reviewed a person's support plans to tailor their approach. However, these support plans were found to be lacking information.
- Staff told us management tell them when an incident happens and share lessons learned.

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Support planning was not always effective. Personalised support plans were in place, however, they lacked detail about people's support needs. For example, one person required staff to respond in a specific way to certain behaviours, but there was limited guidance within the support plan. Staff had good knowledge of the person and their needs, however, without clear written guidance there was a risk the persons behavioural needs may not be met. One external professional raised concern about staff's ability to support this person effectively.
- Equipment was available in people's homes to enhance their care and promote their independence. For example; mobility aids and specialist beds.

Staff support: induction, training, skills and experience

- The provider failed to identify and provide training for staff to support people with specific needs or health conditions. For example; managing diabetes, de-escalation techniques and working with mental health. Feedback from professionals and staff confirmed staff would benefit from further training with de-escalation techniques and working with mental health.
- New staff completed classroom training covering a variety of training needs the provider had identified as mandatory. However, gaps in mandatory training such as medication administration were identified, indicating staff were not adequately trained to meet care needs.
- New staff completed a service induction with the registered manager before supporting people who used the service. As part of the induction process, new staff shadowed experienced staff to learn about people and their needs.

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

- There was evidence the provider worked collaboratively with other agencies to meet people's needs. For example, during the inspection the registered manager attended a meeting with other professionals to discuss a person's care and support. However, feedback from external professionals regarding the providers responsiveness was mixed. One professional told us "We've asked for certain things to take place such as doctors' appointments, and these had not been followed up, resulting in a further decline of the persons health".

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.

- The provider was not supporting anyone who had been deemed to lack capacity at the time of the inspection.
- The provider sought and responded to the views and wishes of people using the service and their families. One relative told us the registered manager did a thorough assessment of the person's needs before starting support. However, support plan reviews and other documentation did not consistently record this engagement.
- There was some evidence of signed consent, showing people had been involved with decisions about their care. People had signed their support plans to consent to receiving care, however, this was not always up to date.
- Staff had received training on the MCA and demonstrated knowledge and understanding in this area.

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

- People were supported to make their own food and drink choices. One staff member told us: "The person goes shopping with staff and chooses what they would like to eat".
- People were supported to cook and prepare food and staff demonstrated knowledge of people's abilities in this area.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Care staff respected people's right to refuse care and support. One person frequently declined support. Staff had good knowledge of this person and strategies were in place to maintain their safety whilst respecting their wishes.

Ensuring people are well treated and supported; respecting equality and diversity

- Feedback from relatives of people using the service was positive. One relative told us their family member gets on very well with the staff, they are very lovely, and they never rush. Another relative said "We'd like to say a big thank you, can't praise them enough".
- Staff received training on equality and diversity and information was available within care plans to ensure individual wishes were respected.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they protect people's privacy and dignity. One staff member said, "People's privacy and wellbeing is our main focus.". Another staff member said, "To protect their dignity, we treat them as we expect to be treated."
- Staff were knowledgeable about the people they supported and how to promote independence. For example, they supported a person to manage their medication independently in accordance with their wishes.

Is the service responsive?

Our findings

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

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 people's needs were not always met.

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

- Individualised support plans lacked detail and in some instances were contradictory. For example, one person's support plan stated they require support and observation when using a bath or shower due to a medical condition. However, in a different section of the plan this information was absent and different bathing guidance was offered.
- The provider was responsive to people's changing needs. In response to an incident, the provider had worked collaboratively with the local authority to reassess a person's needs and amend care strategies to ensure the persons needs were met.
- Staff understood people's needs and how to deliver person centred care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had not considered how to ensure the Accessible Information Standard was adhered to. There were no alternative versions of documents to ensure people with specific needs had access to information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider supported one person to access their community at the time of the inspection. This person was supported to access their community in accordance with their needs and wishes.

Improving care quality in response to complaints or concerns

- Complaints were not recorded. For example, the registered manager told us people had complained about care staff being late and using their phones during support, but there was no record of this. Lack of record keeping prohibited the provider from analysing complaints and improving care.
- The registered manager lacked knowledge on their provider responsibilities in relation to complaints. The inspectors sign posted the registered manager to CQC guidance on complaint management.

End of life care and support

- The provider was not delivering any end of life care at the time of inspection. However, support plans for one person were found to be lacking health information related to end of life care. We raised these concerns

with the registered manager.

- Staff were not trained in end of life care and lacked knowledge in this area. While no one at the service currently required end of life care, there was a risk their needs would not be met appropriately if their needs changed.

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.

Continuous learning and improving care; Working in partnership with others

- There was a lack of robust and effective quality assurance processes in place to monitor the quality of the service. Medication audits had not been consistently completed and support plan audits were not effective as they did not identify missing health and medication information within support plans. The registered manager acknowledged they have struggled to maintain quality assurance processes during the COVID-19 pandemic.
- There was no system or process in place to record or analyse times of care visits. This presented a potential risk of people not receiving their care at the time required. The registered manager has responded to these concerns and put in place a staff log for each person.
- Organisational policy and procedures were not robust or tailored to the service. The medication policy did not consider how the application of creams should be recorded or how medicines should be managed when two providers are sharing administration responsibilities, as was the case for one person during the inspection. In addition, the quality assurance policy did not state how often quality audits should take place.
- The training matrix was not fit for purpose. The provider used a training matrix to track the completion of training by staff, however, it did not detail when the training had been completed and therefore, did not identify when training needed to be renewed. Further inspection indicated the information on the training matrix was incorrect and misleading, as staff had not completed the training as detailed on the matrix. This lack of oversight presented a risk of staff not being adequately trained to deliver safe care.
- The provider was unable to evidence staff had been assessed as competent to administer medicines. The registered manager stated medication competency assessments were completed as part of the staff induction, but this was not adequately recorded. Staff confirmed the registered manager completed observations and competency checks.

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

- There was a lack of robust support monitoring systems. There were no staffing rotas or shift plans in place for many of the people being supported, to confirm and record which staff were scheduled to attend and provide care. We raised these concerns with the registered manager, and they responded by creating staffing rotas for each person.
- The registered manager lacked knowledge on safe management of topical medicines (creams). Topical medicines were being administered without safe monitoring and recording processes in place. The

registered manager was signposted to CQC guidance on topical medication administrations.

Poor quality assurance procedures and lack of governance oversight was a 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

- The registered manager demonstrated knowledge of their legal responsibilities in relation to duty of candour.
- The provider is legally required to notify CQC of certain events that occur at service. During the inspection, we identified one incident that had not been reported as required. We highlighted this to the registered manager, and they submitted the required notification.

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

- The provider sought feedback from people using the service. For example, in response to the COVID-19 pandemic, the provider completed a survey to gain feedback from people using the service. Areas for improvement were identified and changes to practice were put in place.
- The registered manager told us they gained input from support staff when completing support plans. Feedback from staff supported this.

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

- The management team were dedicated to ensuring the needs of the people using the service were met. The management team frequently visited people using the service and delivered care. One relative of a person using the service said, "The manager comes most visits, she is very approachable."
- Staff told us management were approachable and supportive. One staff member said, "If I have a problem and I call them, they are quick to respond, and they always know what to do."
- Feedback from external professionals was mixed, however, they agreed the registered manager was supportive. One professional told us the register manager made themselves available during the night when off duty to support people using the service and staff.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had failed to ensure topical medications (creams) and 'when required' medicines were managed safely and was unable to evidence staff had been assessed as competent to administer medications. Risk assessments did not identify or mitigate risk to ensure safe care. The provider did not carry out safe pre-employment checks in line with organisational policy.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>There was a lack of robust and effective quality assurance processes in place to monitor the quality of the service. Organisational policies were not robust or tailored to the service and the training matrix was not fit for purpose.</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to carry out pre-employment criminal record checks in line with organisational policy and procedure. The provider did not consistently complete safe pre-employment reference checks prior to start dates and did not consistently check staff employment histories in line with the requirements of the Health and Care Act 2008.</p>

