

Certain 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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Certain Care Ltd is a domiciliary care agency. It provides personal care to 10 people living in their own homes in the community. Certain Care Ltd supports people with a range of health and social care needs, such as people with a physical disability, sensory impairment or people living with dementia. Support was tailored according to people's assessed needs within the context of people's individual preferences and lifestyles to help people to live and maintain independence in their homes. 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

Certain Care Ltd provides a service to people living in the areas of Buckinghamshire and other parts of the country. On the whole, people were happy with their care.

At the last inspection, we found significant risks to people's safety and identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvement had been made and the provider was no longer in breach of the Regulations.

The provider had implemented new systems and processes to ensure that staff were routinely tested for COVID-19, and that the appropriate checks were made before staff started work. The provider had implemented new systems and learning around safeguarding people from abuse, to ensure that any potential incidents of abuse were recognised, reported appropriately, and kept people safe. A relative told us, "Not at any point have I felt that [my relative] is unsafe or that anything untoward has happened, not even once."

At the last inspection, the provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement. However, these systems had not ensured the areas of improvement identified at the last inspection had been acted upon and prevented. Subsequently, the provider had recruited further staff to assist with the management of the service. They also engaged with a care consultant to develop and implement new systems of quality monitoring and drive improvement.

We saw that these changes had been implemented and improvements had been made. However, these new systems and processes developed by the provider were not fully in place and needed time to embed and be fully effective.

People's medicines were managed appropriately, and they told us they were happy with the care they received and their needs were met. One person told us, "They've never let me down, someone is always here." 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 Requires Improvement (published 11 September 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. These actions related to the key questions of Safe and Well-led.

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 remained Requires Improvement. This is based on the findings at this inspection.

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

Follow up

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 well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Certain Care 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 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

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 (CQC). Registered managers 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

The inspection was announced. The provider was given short notice of inspection. This was because the location provides a domiciliary care service and we wanted to be sure that someone would be in to speak with us.

What we did

On this occasion we did not ask the provider to send us the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We used this information to plan our inspection.

During the inspection

We reviewed a range of records. This included risk assessments, infection control recording, training records, and other documentation relating to the management of the service. We also viewed a variety of policies and procedures and quality assurance processes developed and implemented by the provider. We spoke with the registered manager at their office, and two people and one relative over the telephone.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested further documentation and assurances around care delivery.

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 Inadequate. We identified a breach of regulations 12 (Safe care and treatment), 13 (Safeguarding service users from abuse and improper treatment) and 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 these regulations. Changes had been implemented and improvements had been made. However, these new systems and processes developed by the provider were not fully in place and needed time to embed and be effective. Nobody using the service was placed at risk, however, we have identified this as an area of practice that needs improvement. The rating of this key question has improved 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.

Preventing and controlling infection

- At the last inspection we identified significant safety concerns for people and staff. This was because the provider had no formal systems in place to routinely test staff for COVID-19.
- At the time of the last inspection, when we raised these issues with the provider, they immediately put a system of testing in place.
- At this inspection, we saw that further improvements had been made. The registered manager had developed a system of staff testing, in which staff were routinely supplied with COVID-19 testing kits and the results were recorded.
- Contingency planning had been put in place to monitor results and re-allocate staff, should staff test positive and need to self-isolate.
- The provider was now following published government guidelines and ensured that all staff test themselves weekly to confirm they were safe to work with vulnerable people.
- There was a good supply of personal protective equipment (PPE) such as aprons, masks and gloves available for staff to help keep people safe.
- People we spoke with during the inspection told us staff wore PPE when assisting them in their home. Policies and procedures for controlling infection were relevant and up to date.

Staffing and recruitment

- At the last inspection we identified concerns, as appropriate recruitment processes had not been followed. Staff had not routinely been recruited in line with safe practices.
- We saw that improvements had been made and the registered manager had retrospectively obtained confirmation and documentation that staff employed were safe to work in the care sector.
- Furthermore, the registered manager had implemented an electronic recruitment system that prompted staff to gather the required pre-employment checks and store them accurately and securely. We also saw that the registered manager had contacted the appropriate organisations when they were concerned about staff's fitness to work with vulnerable people.
- Enough skilled and experienced staff were employed. Feedback from people and relatives stated they felt

the service had enough staff to meet their needs. One person told us, "They've never let me down, someone is always here."

Systems and processes to safeguard people from the risk of abuse

- At the last inspection we identified concerns, as people had been placed at risk of harm or abuse. The registered manager had not followed their own policies and procedures, acted on, or raised, potential incidents of abuse with the appropriate authorities.
- Improvements had been made and the registered manager had updated their policies and procedures in respect to recognising and acting on information of suspected abuse. Furthermore, they had retrospectively looked at potential incidents of abuse and raised them with the appropriate authorities.
- The registered manager had undertaken further safeguarding training to refresh and improve their knowledge. They had additionally provided all staff with up to date information and learning to recognise potential abuse and guide them on what to do.
- People said they felt safe and staff made them feel comfortable. A relative told us, "Not at any point have I felt that [my relative] is unsafe or that anything untoward has happened, not even once."

Using medicines safely

- Care staff were trained in the administration of medicines and people were supported to receive their medicines safely. We saw policies and procedures used by the provider to ensure medicines were managed and administered safely. A relative told us, "I've seen [care worker] do the medicines, there's never been a problem."
- Medicine risk assessments were completed to assess the level of support people required.
- Audits of medicine administration records (MAR) were undertaken to ensure they had been completed correctly, and any errors were investigated.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments had identified hazards and guided staff on how to reduce or eliminate the risk and keep people and staff safe.
- Staff understood the importance of recording all incidents and accidents. Documentation included information on the nature of the incident/accident and any further action that had taken place subsequently to mitigate the risk of re-occurrence and keep people safe.

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 Requires Improvement. We identified a breach of regulation 17 (Good governance) 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 this regulation. However, at this inspection we identified areas of practice that need further improvement and the rating of this key question remains 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 are clear about their roles, and understand quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection, we identified concerns, as systems of quality monitoring and governance had failed to identify and rectify significant issues in relation to infection prevention and control, safeguarding people from abuse or harm, and following appropriate recruitment procedures.
- Furthermore, the registered manager had not kept up to date with changes to legislation and guidance in respect to COVID-19. The providers own policy and procedures had not been followed, and documents and records requested had not been made available to us.
- Improvements had been made. Since the last inspection, the registered manager had engaged the services of a care consultant, who had implemented new systems and processes for the registered manager and staff to follow. The consultant was also carrying out routine audits of systems and quality to drive improvement and learning.
- The registered manager had invested in electronic systems of audit and recruitment, and sourced further training for themselves and staff around the issues identified at the last inspection.
- The registered manager had scheduled face to face reviews for people using the service, as well as spot-checks for care staff. Additionally, a further member of staff had been employed to work in the office to support the registered manager with administrative tasks, including accurate record keeping.
- We saw that these changes had been implemented and improvements had been made. However, these new systems and processes developed by the provider were not fully in place and needed time to embed and be effective. Nobody at the service was placed at risk, however, we have identified this as an area of practice that needs improvement.

Working in partnership with others; 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

- At the last inspection, we identified areas of practice that needed improvement, as the registered manager had not liaised adequately with other organisations. Furthermore, the registered manager had not always routinely followed their responsibilities under the Duty of Candour (DoC).
- Improvements had been made. The registered manager had contacted the relevant Local Authorities in respect to suspected incidents of abuse and was liaising effectively with them in any investigations that were

taking place.

- The registered manager was now aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

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

- People told us that on the whole they got on well with the care workers who came to see them and they thought the service was well led. One person told us, "They do what I need, they live with me and help me." A relative added, "There have been some issues previously, but I have faith in [registered manager], I think things will improve."
- The registered manager told us that the concerns identified at the last inspection had been a 'wakeup call' and that many of the issues had been caused by changes in the way they had worked due to the COVID-19 pandemic. They stated that they and their staff were now fully motivated to deliver high quality care. They went on to state that the changes to their systems and processes and the further training and learning that had taken place and been scheduled would allow them to do this.