

Courage Limited

# Courage Limited

## Inspection report

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## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

This inspection took place on 30 and 31 August 2017 and was announced. This is the first inspection of this service since first registered in March 2016. As part of the inspection process we contacted people and staff for feedback on the 31 August 2017. Courage Limited is a domiciliary care service which provides personal care and support to people in their own homes. The service was supporting 7 people at the time of our inspection.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People and their relatives were positive about the service they received. However we found that the systems and processes that were in place to manage the safety and quality of the service were ineffective. We found risks to people's safety and wellbeing were not consistently well managed. The staff team did not have the necessary skills and knowledge to enable them to support people safely.

People's medicines were not always managed safely. The registered manager told us staff had received safeguarding training but staff members were not able to demonstrate to us they knew how to identify and manage potential abuse concerns. The recruitment process was not followed to ensure pre-employment checks were properly completed in accordance with the company's recruitment policy so we could not be assured that staff were of good character and suitable for the roles they were employed. There were no systems in place to monitor staff arrival or departure times. However people told us staff did usually arrive at the agreed time and stayed for the duration of the visit.

People told us the staff were kind and caring and they received care that was consistent. The provider was not able to give us any evidence that people were involved in the development or review of their care plans. People's likes and dislikes and personal information were not included in care records.

We saw that risk assessments were basic and lacked the level of details to inform staff how to manage risks effectively. Consent was not routinely obtained or recorded on people's care records and staff did not understand when we asked them about the arrangements for obtaining consent and also did not understand how this related to the principles of The Mental Capacity Act (2005).

There was no evidence of staff induction or training and staff were unable to demonstrate that they had the knowledge and skills to support people safely and effectively. There was no evidence of any competency checks. There were no systems in place to monitor and check the training and skills of staff. The registered manager told us staff received supervision although they were unable to provide any evidence of this at the inspection. Staff told us they did speak with the registered manager regularly but this was not always documented.

Where required people were supported to eat and drink sufficient amounts to remain healthy. We could not check if people were supported to maintain their health as this information was not included in the care plans we reviewed.

We could not be assured that complaints were acted upon or that when feedback was received that it was acted upon. We found the provider had a limited understanding of how they should be meeting the regulations and also in relation to our regulatory role.

The provider did not have any quality monitoring processes in place and therefore had not identified shortfalls found during our inspection. The registered manager had not always informed the CQC of significant events in a timely way which meant we could not check that appropriate action had been taken. The provider was not able to show us any completed audits in place to ensure the service was operating effectively and safely.

## 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 consistently safe.

Staff were not able to demonstrate a clear understanding of how to identify and report safeguarding concerns.

People's medicines were not always managed safely.

Safe and effective recruitment practices were not followed to make sure that staff were of good character and suitable to work in this type of service.

Risks to people's safety and wellbeing were not consistently managed.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff had not received an induction and had only partial training but had not had their knowledge or competencies checked.

Staff did not receive regular support by the management team.

Staff had not completed training in relation to the Mental Capacity Act 2005 (MCA) and were not clear on their responsibilities and people's rights under the Act.

People and their relatives told us that the care and support provided was appropriate to meet people's needs.

Where required people were supported to eat and drink sufficient amounts to maintain their health.

Where required people were supported to access healthcare professionals such as their GP.

**Requires Improvement** ●

### Is the service caring?

The service was not consistently caring.

**Requires Improvement** ●

People's care plans were not personalised or detailed enough to inform staff how to support people in an individualised way.

There was no evidence that people had been involved in the review of their care plans.

People who used the service had developed positive and meaningful relationships with the staff who supported them.

People's personal records were stored in a lockable office to ensure their privacy and confidentiality was maintained.

### **Is the service responsive?**

The service was not consistently responsive.

People's care plans did not demonstrate that their care was personalised and responsive to their needs.

There were sufficient staff available to meet people's needs however this did not include the registered manager and provider working full time to meet people's needs.

There were no complaints recorded and therefore we could not assess if the complaints policy was being adhered to.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not well-led.

Record keeping was not always effective or robust.

The provider had no quality monitoring systems in place.

The registered manager had not informed the CQC of events that were reportable.

The registered manager did not provide effective supervision for staff.

The provider did not have a process in place to obtain feedback or the views and opinions of people who used the service.□

**Inadequate** ●

# Courage Limited

## **Detailed findings**

### Background to this 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 was planned to check 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.

This inspection took place on 30 and 31 August 2017 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in."

The inspection was undertaken by one inspector.

Before our inspection we reviewed information we held about the service. This included a provider information return (PIR). This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we spoke with three people who used the service and two relatives to obtain their feedback on how people were supported to live their lives. We spoke with five staff members, the registered manager and the provider.

We reviewed care records relating to two people who used the service and two recruitment files. We reviewed medication records and other documents relating to the service.

# Is the service safe?

## Our findings

People did not always receive care that was safe. Risks were not properly assessed or managed effectively. We found that risk assessments were only partially completed and were of a tick box nature. They did not explain individual risks to people or inform staff how to mitigate or manage the risks. We found that the risk assessment for one person stated '[Name] is at risk of 'absconding''. However this was not appropriate use of language and also did not clearly identify what the risks to the person were or how they could be mitigated.

We saw the risk assessment record for a person who required specialist equipment to assist them with moving and handling. The record stated that they required a 'hoist' to transfer' but did not provide specific guidance about how staff should do this task safely. In the case of another person who was a heavy smoker, the registered manager told us the person had had a fire in their property following a discarded cigarette. This was not recorded in the risk assessment and did not inform staff how to manage the risk appropriately to keep both the service user and the staff safe.

The registered manager told us they had provided staff with training in moving and handling, but there was no record of this. Staff told us they had watched 'something on the laptop' and then had 'practical' training in a client's home. This training was specific to the person's needs and not a more generic approach to moving and handling people safely. There was no evidence that staff had their knowledge assessed or their competency checked. This and the lack of information recorded in risk assessments put people at risk.

Staff did not fully understand their responsibility to protect people from harm. One staff member told us "I don't really understand this, can you tell me again" when asked about their responsibilities to safeguard people from abuse. Another staff member told us that safeguarding meant not neglecting people, this staff member could not describe what they looked for or how they identified potential abuse, but said "if I have any worries, I report to manager". A third member of staff could not remember having safeguarding training and could not describe what abuse was. This meant that staff did not have the understanding or knowledge required to keep people safe".

People's medicines were not always managed safely. We reviewed a medicines administration record (MAR) for one person and saw that although five different types of medicine were recorded neither had the dosage, the route for administration or the amount to be administered were recorded. We saw that a MAR chart did not contain the person's name or the correct dates. For example, the MAR chart was dated June 2017. The days were numbered 1-31 and had been signed every day as staff having administered the medication. However, the care plan stated that the person was supported three days a week only. We spoke with the registered manager about this and they told us, "Another agency goes in on the other days but sometimes we helped them out so we must have gone in on those dates and done the medication. This meant that we could not be assured medicines were administered in accordance with the prescriber's instructions.

The risk assessment for one person stated that they required 'prompting' with their medicines. However there was no record of what medicines they were being prompted to take or any details about the times it should be taken. No audits or checks were in place to demonstrate that people were receiving their

medicines safely.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed two current staff files for staff members and found that the provider's recruitment process had not been followed. In both files we found that application forms were incomplete. There were gaps in staff employment history and dates of employment were not recorded. There was no evidence that gaps in employment history had been explored. References were not taken up in accordance with the provider's recruitment policy. We found in one recruitment file we checked contained only two 'personal' references. The registered manager told us the person had never worked before. However one of the personal references said that they had 'seen the person working in the community'. We asked the registered manager why they had not explored this further with a view to obtaining a reference from a previous employer but they said it was 'unpaid work'. However this would have provided an opportunity to learn about the potential staff member. In the second file the one reference did not correspond with the person's work history and this had not been investigated. The provider was unable to give us any assurances that staff had been appropriately assessed as suitable to provide care to people.

This was a breach of Regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

## Is the service effective?

### Our findings

People did not always receive care that was effective. We could not be assured that staff were competent to deliver care to people. There were no records of staff induction or on-going training. Staff told us, "[Name] showed me about care on the laptop". When asked what this covered, the staff member told us, "How to care for people". When asked specifically about safeguarding, moving and handling and the safe administration of medicines. The staff member told us, "I had training on the laptop and then we went to [Name] house to doing moving and handling". Another staff member told us, "I can't remember about safeguarding, can you tell me again" While a third staff member told us "We went to [Name] home and did the medicines training". The registered manager told that they delivered the training however they were unable to provide evidence that they had the qualifications to deliver this training. They did have a train the trainer qualification but not a moving and handling or administration of medicines train the trainer qualification.

We saw training question and answer sheets which had been completed by staff in relation to safeguarding and administration of medicines. They were not dated so we could not tell if they were current. These had not been assessed to see if staff had answered the questions correctly. We spoke to the registered manager to ask why these had not been checked and no certificates had been issued. The registered manager had not realised that they had to be sent back to the training provider for assessment. The document provided instructions to say 'If the candidate passed the assessment a certificate would be issued'. No certificates had been issued which suggesting that staff had not met the threshold required to be deemed competent in the topic. The provider was unable to provide evidence of any competency checks to ensure that staff were competent to carry out their roles safely and effectively.

Staff did not receive supervision or regular support. The provider told us that, "I see the staff all the time and we have a chat about anything". When asked about supervision, staff were unable to say what the frequency was or what they were able to discuss. There were no records to demonstrate that staff supervision had taken place. The registered manager also did not receive supervision to provide management guidance or to review any possible development they required. The registered manager was unable to demonstrate they had the skills to manage care staff effectively.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The Mental Capacity Act (2005) provides a legal framework for making particular decisions on behalf of people who may lack 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. Where 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. We checked whether the service was working in line with the principles of the MCA and found that they were not aware of MCA requirements.

Peoples consent was not obtained always before staff supported them. The registered manager and care

staff were unable to demonstrate an understanding of consent in relation to people who may have fluctuating capacity or in relation to the Mental Capacity Act (MCA) 2005. Staff spoken to did not understand when asked about the process for obtaining consent.

We noted that consent had been obtained from the relative of a person who it was recorded 'lacked capacity to make day to day decisions'. We asked the registered manager if the person had had a mental capacity assessment (MCA) or how they had determined that the person lacked capacity. The registered manager told us they had not completed a MCA for the person, but that a family member had told them that the person lacked capacity. This meant that the support they received may not have been provided in accordance with their wishes or in their best interest.

This was a breach of: Regulation 11 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where required people were supported to eat and drink sufficient amounts to maintain their health.

People were supported to access healthcare professionals such as their GP when required.

## Is the service caring?

### Our findings

People's care plans were not personalised or detailed enough to inform staff how to support people in an individualised way. However people we spoke with gave positive feedback about the way they were supported. Care plans contained little information in relation to people life history, how they were to be supported or their routines and preferences. For example one care plan we reviewed stated a person had experienced a stroke and had osteoarthritis in their legs and needed encouragement with personal care. The care plan did not detail whether personal care was a wash, shower or bath and how staff should encourage them.

On the same care plan it stated under the heading of recent medical treatment, "had their eyes syringed because they could not hear". This information was incorrect and this had not been identified by the registered manager. It also said that the person was 'incontinent but refused to wear pads' but did not inform staff how to manage this area of personal care. Throughout the care plan the person was not named but stated 'he' or 'she' which did not support a personal approach.

People or their relatives had not been involved with making decisions about their care. The registered manager told us that they had only been supporting people for a short time so people had not yet had their care reviewed so there was no evidence of people's involvement.

People who used the service were positive about the relationships they had formed with staff and the care they received. One person told us, "They all are really nice to me, they always arrive on time and if they are running a bit late they call me to let me know. Another person told us "I am 100% happy from the first day they came to me I was impressed". A third person told us, "They are the best I have had, in the past I have very unreliable support but since Courage have been coming to me they are much better". A relative of a person who used the service told us, "The staff are very good they are such a small team and I feel we get good consistency, so they know the person and their routine".

People and their relatives told us staff were respectful and protected and maintained people`s privacy and dignity when offering care and support. One person told us, "[Name] make sure my dignity is maintained when they help me with bathing". One staff member told us, "I try to think about how I would feel and make sure I keep people covered up and I close curtains and bedroom door." This helped to demonstrate staff were aware and mindful about protecting people's dignity and respecting their privacy.

Records were stored securely and staff understood the importance of respecting confidential information. They only disclosed it to people such as health and social care professionals on a need to know basis.

## Is the service responsive?

### Our findings

People's care plans did not demonstrate that their care was personalised and responsive to their needs. There was no system in place for escalating changes to people's requirements or that these would be responded to in order to make sure people's needs were being met. The provider was not able to show us any evidence to demonstrate that people's requests were considered or that people or their relatives were involved in the development or review of their care.

People were not routinely supported or offered the opportunity to share their views. So we could not be assured that people's views were taken into account or that anything changed as a result of feedback. People told us the service was flexible and responsive to their needs. One person told us, "If I need anything changed [Name] does it for me". However another person told us, "They are pretty good, but sometimes they don't get back to you to let you know what's happening and that is really frustrating".

There were sufficient staff available to meet people's needs however this did include the registered manager and provider working full time to meet people's needs. People's preferred visit times were recorded, however on one of the care plans we reviewed the visits were not being provided at the times stated on the care plan. For example one person's care plan stated the person had three visits per day but the registered manager told us they were only having two visits three days per week. This meant that the information contained within the care plan was not accurate. On the second care plan the times of visits were not recorded so we could not be assured the times of visits were meeting the persons assessed needs.

People were not supported to engage in activities or pursue hobbies or pastimes that were of interest to them as this had not been recorded as part of their assessed needs.

The provider had a complaints policy and procedure in place however, no complaints had been recorded. People told us they had not made a complaint but would know to call and speak to the registered manager if they did. One person told us, "I see [Name] most days so if anything was not right I would tell them".

We saw that compliments had been received and were recorded in people's care records.

# Is the service well-led?

## Our findings

The registered manager and provider did not have appropriate systems and processes in place to monitor and manage the safety and quality of the service to enable them to identify shortfalls and make improvements.

Records were not always accurate or updated. For example, support plans and medication records did not always contain people's names or a date so it was not possible to tell if they were relevant and current. Records requested during the inspection were not readily available and could not be located suggesting that the office administration was poorly managed.

Reviews were not always completed in accordance with the provider's system. The registered manager told us people's care and support plans were reviewed every four months or if a change happened. However, we found that this was not the case. Two people who had experienced falls had not had their care plan or their risk assessment updated. This meant that they may have been at risk of further falls.

There were no records of staff training, dates training had been completed or details of when they required refresher or training updates. There were no records in relation to any staff support arrangements. This meant that

The provider had an entire set of policies and procedures relevant to their service. These related to recruitment, safeguarding and complaints.

However we found that none of the processes were being followed including the quality assurance system to monitor and audit the service.

The provider did not have any quality monitoring processes in place and therefore had not identified many of the shortfalls we identified during our inspection. For example issues in relation to staff training, skills and knowledge and medicine records and completion of records such as people MAR charts. The lack of quality monitoring systems meant that improvements were not made.

There was no evidence of how the service was managed out of hours. The registered manager and provider told us they regularly worked providing care and support and were contactable at all times. When we called to give notice of our intended inspection the telephone was not answered. Although a message was left the registered manager contacted us four days later which would have placed people at risk if they were calling to inform the registered manager that their care worker had not arrived.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain significant events that happen. The registered manager had not always informed the CQC of significant events in a timely way which meant we could not check that appropriate action had been taken. For example the registered manager told us that two people had experienced falls and one person had been hospitalised for a long period of time however these incidents had not been reported to CQC. Another person whose medicines had not been administered appropriately should have been reported to safeguarding but this was not done. The registered manager told us they did not know how to report these

incidents.

We noted from records that the registered manager had provided staff with first aid training but did not have a qualification to do this. The registered manager and the provider were both experienced mental health nurses however this did not mean they had the necessary qualifications to provide this type of training.

There were no processes in place to obtain feedback from people who used the service or to monitor the overall quality and safety of the service. Our findings during the inspection demonstrated that the service lacked management direction and oversight. The registered manager recognised that they had neglected the 'management' of the service while being pre-occupied providing the 'hands on care' and had lost sight of their management responsibilities to develop systems and processes so that they could manage the service effectively

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.