Voice2Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

About the service
Voice2Care Ltd is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection the service was providing personal care to 2 people, this included older people and people living with physical disabilities.

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
Risks to people's safety were not adequately assessed, monitored or managed. This included risks associated with people's skin integrity, their home environment, and their mobility. Medicines were not always managed safely, and the service was not clear about its role in relation to the administration of medicines. Safe recruitment practices were not always followed when employing new staff, which meant the provider could not ensure people employed were of good character and safe to work with vulnerable people. Systems and processes had not been fully established, to learn lessons when things go wrong.

Staff were not adequately trained and did not always receive ongoing support through supervisions and appraisals. People's needs were assessed prior to their care and support commencing, but the assessment process was not effective. Care records contained no evidence people, and their relatives were involved in decisions about their care.

The provider had failed to ensure people were involved in the assessment of their needs, or that care was person-centred and reflected people's preferences. Care plans did not always identify or record people's communication needs. End of life care for people did not always reflect their individual preferences.

We have made a recommendation about involving people in decisions about their care and meeting people's communication needs.

Leaders did not have the necessary skills or experience to deliver a safe service. The provider had failed to establish effective quality assurance processes or a system of quality performance checks to support staff. This meant opportunities to drive improvements in the service were missed. The provider had also failed to establish effective systems for gathering views from people, their relatives and staff.

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; but the policies and systems in the service did not always support this practice. The service had not ensured it obtained people's consent to their care.

Relatives told us they felt the service was safe. There were enough staff employed to meet people's needs

and provide continuity of care. There were systems in place to prevent and control the spread of infection. Relatives told us staff were kind and caring, and respected people's privacy and dignity and promoted their independence when possible. Staff we spoke with told us they enjoyed their jobs and relatives spoke positively of the approachability of staff.

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

Rating at last inspection
This service was registered with us on 31 August 2021 and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations
We have identified breaches in relation to person-centred care, safe care and treatment, good governance, staffing and recruitment.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Details are in our safe findings below.

Inadequate

Is the service effective?

The service was not effective.

Details are in our effective findings below.

Inadequate

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement

Is the service responsive?

The service was not responsive.

Details are in our responsive findings below.

Inadequate

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate

Voice2Care 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 Health and Social Care Act 2008.

Inspection team
This inspection was carried out by 2 inspectors.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection
We gave the service short notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 21 February 2023 and ended on 2 March 2023. We visited the location's office on 1 March 2023.

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 and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 17 March 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection
We spoke with 2 relatives about their experience of the care provided. We also spoke with 4 members of staff including; the nominated individual, the manager and 2 support workers. 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 2 people's care records and 2 staff files in relation to recruitment and staff supervision.

Inadequate

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management
• Risks to people's safety were not adequately assessed, monitored or managed.
• People's care records did not always contain risk assessments or information for staff on how to support people safely. For example, we reviewed 1 person's care plan which identified their home environment was a fire risk. However, there was no associated risk assessment in place, or guidance for staff on how to manage the risk.
• Risk assessments and care records contained conflicting information. For example, 1 person's care plan stated they required 1 piece of moving and handling equipment, but their risk assessment stated they required a different piece of moving and handling equipment. This meant the risks associated with this person's moving and handling equipment had not been adequately assessed.
• Risks associated with people's skin integrity were not assessed or managed. For example, 1 person's care records stated they needed to be repositioned regularly. However, there was no risk assessment or repositioning records and although their daily notes referred to repositioning, it was not on a consistent basis. This placed this person at risk of further pressure damage.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service This placed people at risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely
• Medicines were not always managed safely.
• We could not be assured people received their medicines as prescribed. For example, we reviewed 1 person's care records and daily notes, which referred to the administration of medication. However, the person's medication administration record (MAR) did not record the medicines the person was prescribed.
• Staff were not always given guidance on how to safely administer people's prescribed creams. For example, we reviewed 1 person's daily notes and found staff were administering creams for this person. However, their care records did not contain any information for staff on how, when or why they should administer the creams.
• Audits of MARs were being carried out, but not on a consistent basis, and they were not effective as the issues we found at this inspection were not identified.

Systems were not robust enough to ensure the proper and safe management of medicines. This placed people at risk of harm. This was a further breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staffing and recruitment
• Safe recruitment practices were not always followed when employing new staff.
• When employing new staff, the provider had failed to complete thorough checks, to help ensure people employed were of good character and safe to work with vulnerable people. This included staff who had been recruited to senior management positions.
• We reviewed 2 recruitment files and found the provider could not evidence they had interviewed either of those staff members or obtained references for them.
• Following our inspection, the provider gave us further recruitment records for these staff members, but we found they post-dated our inspection. This meant these records were not in place at the time of our visit to the service.

Safe recruitment procedures had not been established or operated effectively. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• There were enough staff employed to meet people's needs and provide continuity of care. However, we received mixed feedback from relatives about staff punctuality.

Learning lessons when things go wrong
• Systems and processes had not been fully established, to learn lessons when things go wrong.
• Accidents and incidents were being audited on an annual basis. This meant opportunities may have been missed to identify ways of preventing future incidents, and exposed people to the risk of harm.

Systems and processes to safeguard people from the risk of abuse
• Relatives told us they felt the service was safe.
• The training matrix showed staff had received safeguarding training and staff we spoke with were aware of their responsibility to report concerns immediately.

Preventing and controlling infection
• There were systems in place to prevent and control the spread of infection.
• The training matrix showed staff were trained in infection prevention and control and the provider had an appropriate policy in place.

Inadequate

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.

This is the first inspection for this newly registered service. This key question has been rated Inadequate. This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Staff support: induction, training, skills and experience
• Staff were not adequately trained.
• The training matrix showed staff had completed over 30 modules of face to face training in 1 session, including the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
• We found no evidence of training certificates in staff files, aside from 1 staff member's Care Certificate. However, the staff member could not explain what training they had completed in order to receive the certificate.
• Staff did not always receive ongoing support through supervisions and appraisals.
• The provider did not have a system in place to ensure appraisals and supervisions were taking place consistently. Records of appraisals were not available and only 1 supervision record for 1 staff member was reviewed. We therefore could not be assured staff received supervisions and appraisals in line with the provider's policy of 4 per year.

The provider had failed to ensure all staff had received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were assessed prior to their care and support commencing. However, the assessment process was not effective as people's needs, and the support they required from staff, was not always clear.
• Care records lacked detailed information for staff to support people safely. For example, 1 person required the use of moving and handling equipment, but their care records did not clearly refer to the need for this equipment. This meant there was no guidance for staff on when or how to use the equipment safely, which placed the person at risk of harm.

Supporting people to eat and drink enough to maintain a balanced diet
• Not everyone required support with eating and drinking. People that did were largely happy with the support they received. However, people's care records contained limited information about people's needs around nutrition and hydration, including their food and drink preferences.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support
• Health and social care professionals were involved in people's care. However, this was not always consistently or clearly documented in people's care records.
• Relatives were confident that staff monitored people's health and would make referrals to other agencies.

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 MCA 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

• Systems and processes were not always in place to ensure people consented to their care.
• Care records demonstrated people's capacity was considered during the assessment process. However, people's records were not accompanied by consent forms.
• Staff we spoke with understood their responsibilities regarding obtaining consent and offering people choice when delivering care.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care
• Relatives told us they were largely satisfied with the care their relative received and were treated well by staff, who were kind and caring.
• Care records contained no evidence people and their relatives were involved in decisions about when and how people were supported by staff. A relative told us they had not been given an opportunity to be involved in developing their relative's care plan and had not seen a copy of it.

We recommend the provider seek advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their care, treatment and support.

Respecting and promoting people's privacy, dignity and independence
• Relatives told us staff respected people's privacy and dignity and promoted their independence when possible.
• Staff we spoke with gave examples of how they supported people in a dignified manner and to maintain their independence. A staff member told us, "I close the curtains and make sure I have done the tasks that the person wants and not what I think needs to be done."

Inadequate

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant services were not planned or delivered in ways that met people's needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People and their relatives were not always involved in the assessment or care planning process. For example, we reviewed 1 person's care plan and found it was prepared using only information from a health professional. This meant the care plan failed to record the person's individual wishes or preferences.
- Care records contained brief information about people's life histories, but there was no information about people's likes, dislikes, wishes or preferences. We spoke with 1 relative who told us they had not been consulted when the care plan was prepared, which meant care was not being delivered in line with the person's individual preferences.
- There was very limited information contained with people's care plans for staff to understand their specific needs, and there was no guidance for staff on how to support people in a personalised way. For example, we reviewed 1 person's care plan and found it contained only minimal task-based instructions.
- At the time of our inspection, 2 people were receiving end of life care. However, people's records did not contain any information about their end-of-life care wishes and preferences. We spoke with 1 relative who told us their relative had clear end of life wishes, which had been discussed, however this information was not recorded in the person's care plan. This meant people's end of life care did not always reflect their individual preferences.

The provider had failed to ensure people were involved in the assessment of their needs, or that care was person-centred and reflected people's preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans did not always identify or record people's communication needs.
- The provider told us they could make information available for people in different formats, but no one required information to be provided in a different way.
- We spoke with 1 relative who told us their relative had a sight impairment, but staff, at times, placed drinks out of reach. We reviewed this person's care records and found it did not refer to the person's sight impairment or provide staff with information on how to support this person effectively.

We recommend the provider seek advice and guidance from a reputable source, about meeting the Accessible Information Standard.

Improving care quality in response to complaints or concerns
• At the time of our inspection, the provider told us they had not received any complaints. However, we received mixed feedback from relatives as to whether they felt able to raise concerns with the service.
• The provider had a complaints policy in place, however it directed people and relatives to a member of staff who no longer worked at the service.

Inadequate

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.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;
• Leaders did not have the necessary skills or experience to deliver a safe service.
• The service was without a registered manager and had been for several months. During that time, the nominated individual managed the service. However, we found the nominated individual could not demonstrate their oversight of the day to day running of the service and placed reliance on other staff members to do so.
• The provider had failed to establish effective quality assurance processes. We found evidence some audits were being carried out, but not consistently, and they failed to identify the issues we found during this inspection. The provider had also not implemented a system to check the quality of the audits being carried out, or the accuracy of people's care records. For example, every audit had a section at the end which needed to be verified by a second staff member, but most audits were blank.
• The provider had not established a system of quality performance checks, to support staff to deliver safe care to people. Staff were not always recruited safely, and staff supervision was not completed at an appropriate frequency to support staff.
• The provider's policies and procedures were not always specific to the service, reflective of practice or, in some instances, in place. For example, the provider could not evidence they had an emergency contingency plan in place. This meant we could not be assured adequate measures were in place to ensure people would receive safe care in the event of an emergency.

People were at risk of harm as governance systems and processes had not been fully established or operated effectively. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The provider had failed to establish effective systems for gathering views from people, their relatives and staff.
• The provider told us people and their relatives could provide feedback either by leaving a review online or by completing a comment slip. However, we found limited evidence feedback was provided on a regular basis. We also received mixed feedback from relatives as to whether they felt able to raise concerns, as there was a lack of communication from the service. This meant opportunities to improve people's experience of using the service had been missed.

• The provider did not have appropriate systems in place to engage with staff. For example, there had not been a staff meeting since November 2022 and supervisions were not taking place on a consistent or regular basis. This meant staff had limited opportunities to provide feedback about the service.

The provider failed to seek feedback from relevant people, for the purposes of continually evaluating and improving the service. This was a further breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• The provider did not always promote a positive, open or person-centred culture.
• Relatives we spoke with told us they were largely happy with the care their relative received and spoke positively of the approachability of the staff. However, they consistently told us they did not know who was managing the service. One relative told us, "I've never spoken to Voice2Care, I think that's an issue. You like to get to know the management, you want to know who runs it. The process isn't there for that."
• Staff we spoke with told us they enjoyed their jobs and felt able to raise concerns with the nominated individual, who was overseeing the service.

Working in partnership with others
•The nominated individual told us the service worked in partnership with other agencies who were involved in people's care and support. However, we found professional advice was not always documented in people's care records and therefore we could not be assured it was always followed. For example, the District Nurses had given advice regarding 1 person's pressure care. However, this person's care records did not specify how often they should be repositioned or document when they had been repositioned.

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 nominated individual told us they understood their responsibilities under the duty of candour and that there had been no incidents which required them to follow their duty of candour policy.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider had failed to ensure people were involved in the assessment of their needs, or that care was person-centred and reflected people's preferences. Regulation 9 (1) (3) (a) (b) (d) and (f)

The enforcement action we took:

We served a Notice of Proposal to cancel the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider was not doing all that was reasonably practicable to assess, monitor or manage risks to people's safety. Medicines were not being managed safely. Regulation 12 (1), (2) (a) (b) and (g)

The enforcement action we took:

We served a Notice of Proposal to cancel the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured there were effective systems and processes in place to assess, monitor and improve the quality and safety of the service or to assess, monitor and mitigate risks to service users. The provider failed to seek feedback from relevant people, for the purposes of continually evaluating and improving the service.

	Regulation 17 (1), (2) (a) (b) and (e).

The enforcement action we took:

We served a Notice of Proposal to cancel the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not operate safe recruitment practices when employing new staff. Regulation 19 (1), (2), (3) (a)

The enforcement action we took:

We served a Notice of Proposal to cancel the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure all staff had received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Regulation 18 (2) (a)

The enforcement action we took:

We served a Notice of Proposal to cancel the provider's registration.