

Factual accuracy check form for the draft inspection report



Complete this form and return your submission to:

- email: HSCA_Compliance@cqc.org.uk or
- post: CQC HSCA Compliance, Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA

*Inspection number	INS2-65534737755
*Location/organisation ID	1-5811023834
Location name	Kells Domiciliary Care Ltd

***This is on your letter with the draft inspection report. You must record these details correctly so we can identify you and consider your comments**

What does your factual accuracy challenge relate to?	Use	Select section
Typographical/numerical errors	Section A	<input type="checkbox"/>
Accuracy of the evidence	Section B	<input checked="" type="checkbox"/>
Additional or omitted information we should consider – ‘completeness’	Section C	<input checked="" type="checkbox"/>

Completed by name (see our privacy notice)	Kelly Marashi
Position	Provider
Date	03/05/2019

CQC use only

Response prepared by name	Bibi Allyjaun
Position	Adult social care Inspector
Date	13/05/2019

Response reviewed by name	Martin Haines
Position	Inspection Manager
Date	14/05/2019

Section A: Typographical/numerical errors in the draft inspection report

What to list here

- typographical or numerical errors

How to complete this section

- list each error on a separate line
- if the same error is repeated, identify the first time it appears and add 'throughout the report'
- each point is limited to 975 characters, this is about 150 words
- if you cannot make your point using one row, continue in the one below

Point	Hospitals only: Location or core service	Page no	Correction	For CQC use	
				Decision	Response
A1				Select	
A2				Select	
A3				Select	
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A5				Select	
A6				Select	
A7				Select	
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A25				Select	

If you wish to add more points and need extra rows, place the cursor in the last row in the table and click on '+' where it appears to the right of the table

Section B: Accuracy of the evidence in the draft inspection report

What to list here

- corrections to factually inaccurate evidence used in your inspection report
- this must relate to the position **at the time of your inspection**

How to complete this section

- list each correction point on a separate line
- each point is limited to 975 characters, this is about 150 words
- if you cannot make your point using one row, continue in the one below
- for each point, **you must specify exactly** where we can find the information that supports your correction (you cannot hyperlink or embed it into this form)

Point	Hospitals only: Location or core service	Page no	Correction	For CQC use	
				Decision	Response
B1		7	Is the service safe: Person-specific information, was in the process of being completed. We took over the care as well as the staff from the previous provider in October 2018 we had no prior knowledge as to what has not been carried out appropriately as we had no prior access to such information. We had to implement systems from the start as there were none previously. As a new provider we would have implemented all our systems at the same time as we increase and develop our activities. We had no knowledge and no way of finding out the way the previous provider were operating.	No	Thank you for the comment. In our report we acknowledged that there were general risk assessments in place however these did not contain person-specific information. We discussed this in detail with the registered manager who informed us they would meet with the individual concerned and review the relevant risk assessments. They sent us confirmation of this after the inspection, which we have reflected in our report.
B2			Recruitment procedure: we took over an existing service, the audit of missing details of staff cannot be done overnight. As we are chasing for information. Yes we could have terminated or stopped the staff from operating until all the required information were completed but the service user would have suffered. It is not possible to expect all such details to be done during the short period of time for existing staff since we started. At the time of the inspection we had sufficient evidence to confirm our action. As well as all our new recruited staff details are up to date.	No	At the time of our inspection, we checked the recruitment records for six staff members. Out of the six records, only two staff members had transferred from the previous provider. The other four staff were newly recruited by Kells Domiciliary Care Ltd. We would expect all employment checks to be carried out as required at the time of employment. We discussed this with the registered manager and office administrator who confirmed that the records had previously been checked, however the checks did not identify the concerns we found.

B3		8	Using medicines safely: Assessments and audits were also in the process of been actioned as part of our audit training and inspection. Our manager has been with us since 17 th December 2018 and as we had taken over the care and staff of an existing business it is not practically possible to expect all such issues to be put in place in such short time.	No	At the time of our inspection, the registered manager informed us that only one person was supported with their medication. The registered manager also confirmed that the records are brought to the office on a monthly basis, however these were not checked. The medicine administration record template in use at the time of the inspection still had the previous providers' details. After the inspection the registered manager confirmed that they had carried out checks required and updated the template, which we have reflected in our report.
B4		13	Is the service well- led: In fact we are working to remove the old culture that was created by the previous providers, where we discovered they had no systems in place, no training and no supervision, yet they were allowed to continue to operate. Now we feel we are been punished for their breaches rather than to be complimented for working towards full compliance.	No	Kells Domiciliary Care Ltd registered with CQC on the 28/09/2018. The inspection took place on 27, 28 March and 1 April 2019, six months after registration. The registered manager has been in post since December 2018 and there were only four people receiving the regulated activity, we would expect the required checks and systems to be in place to ensure people receive safe care and treatment. Although some checks were being carried out, they were not effective in identifying the concerns we found.
B5			The service did not have effective systems: also is not correct, we have created all the systems that are now in place and continue to do so , due to the fact that we needed to correct what was carried out perviously and make sure all systems to be followed. As evident all our new staff are following such systems.	No	We acknowledged that some new systems had been put in place whilst other systems were yet to be implemented. For example, audits and checks to check care records, including risk assessments, staff records, daily care notes and medicine administration records. This has been reflected in our report.
B6			Risk assessments, all audited systems need time to be put in place and we do not think it reasonable to expect us to have all of this done in such a short space of time, especially when we needed to correct and get rid off the old culture.	No	We inspect newly registered locations within 12 months of registration and would expect that the required checks and systems are in place to ensure people are receiving safe care and treatment. At the time of our inspection, we found that effective systems were not in place as the concerns we found had not been previously identified by the registered manager.

B7			The provider at the time was not accurately registered: also not correct as you had already confirmed the registration, otherwise your authorisation would not have been issued. As for the TDDI activity, it was confirmed that we were not even registered for such activity as it was confirmed in your email of 1 st April 2019.	No	At the time of our inspection, the service was not accurately registered and there was no registered manager for the regulated activity (RA) of TDDI. I brought this to the attention of the registered manager and discussed with you on the day of the inspection. An application to remove the RA of TDDI was submitted, which was processed by the registration team.
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Section C: Additional or omitted information we should consider – 'completeness' in the draft report

What to list here

- additional information or information omitted from the draft report you think we should consider to inform our judgement of your service
- this must relate to the position **at the time of your inspection**

How to complete this section

- list each piece of information on a separate line
- each point is limited to 975 characters, this is about 150 words
- if you cannot make your point using one row, continue in the one below
- for each point, **you must specify exactly** where we can find the information that supports it (you cannot hyperlink or embed it into this form)

Point	Hospitals only:	Page no	Additional/omitted information	For CQC use	
				Decision	Response

	Location or core service				
C1			<p>You must take into consideration that we took over care and staff for a number of clients when we started in late October 2018. One week later we lost our manager. We made sure none of our service users or staff would be at risk. Our current manager joined us on 17th Dec 2018. We discovered the previous provider had not followed any system and were shocked to see how they were allowed to continue to operate as they had no administration system in place. We were not allowed to discover such issues prior to taking over as it is the prerogative of the previous provider. Now we are fighting to make sure all compliance is put in place and as the previous provider were running the business for under 30 years it would not be reasonable to expect us to put all their breaches right within 5 months. Your inspection was too soon and your decision is too harsh and unjustified.</p>	No	<p>We inspect newly registered locations within 12 months of registration, regardless of the previous providers' history. We expect compliance from all locations with the regulations to ensure people receive safe care and high quality service at all times. Our judgement is based on the evidence we found at the time of the inspection. We have considered the registered manager's comments and that they were in the process of establishing new systems to improve the quality of service. We have reflected this in our report.</p>
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