

Mr Najeeb Ahsan

Home Care Service Provider

Inspection report

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Date of inspection visit:
27 January 2020

Date of publication:
02 March 2020

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?

Inadequate 

Summary of findings

Overall summary

About the service

Homecare Service Provider is a domiciliary care service providing care and support to people in their own 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. At the time of the inspection there were 25 people receiving personal care support.

People's experience of using this service and what we found

Quality assurance checks were not robust or effective in identifying any of the concerns we found during this inspection. The provider failed to submit notifications to the CQC. There was a lack of learning from incidents, complaints and feedback surveys.

A number of the providers' policies were out of date and referenced old legislation. We have made a recommendation about this and will follow this up at our next inspection.

People using the service told us they felt safe. However, there were a number of areas of concern we identified which meant we could not be assured that people received care in a safe manner. People's medicines support plans were not clear. Safe recruitment procedures were not being followed, some staff had been employed without the necessary pre-employment checks taking place.

There was no effective system in place to monitor whether care workers were attending their calls in a timely manner. Risk to people were identified but did not always contain guidance for staff on how to manage the risk. Incidents and accidents were recorded but lessons learnt were not shared with the wider team. We have made a recommendation about these and will follow this up at our next inspection.

Staff did not receive an adequate induction or ongoing training relevant to the needs of people using the service. Care workers did not receive supervision or appraisals in line with the providers policy. People's care needs were assessed before they started to receive care and care plans developed accordingly. Any support needs in relation to nutrition and health were being met.

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.

Care plans were reviewed but were not comprehensive in scope. People's communication needs and end of life care preferences were not always recorded. We have made a recommendation about these and will follow this up at our next inspection.

Feedback from people was generally positive. They told us care workers were respectful and caring towards

them. They said their privacy and dignity was respected.

Rating at last inspection

The last rating for this service was Good (published 21 July 2017).

Enforcement

At this inspection we identified five breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around safe care and treatment, fit and proper persons employed, staff training and supervision, good governance and notifications. Details of action we have asked the provider to take can be found at the end of this report.

Why we inspected

This was a planned inspection based on the previous rating.

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.

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

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 well-led.

Details are in our well-Led findings below.

Inadequate ●

Home Care Service Provider

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 Care Act 2014.

Inspection team

This inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 27 January 2020 and ended on 29 January 2020. We visited the office location on 27 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in 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 used all of this information to plan our inspection.

During the inspection

We spoke with seven staff including the registered manager, the assistant manager, the finance manager and three care workers.

We reviewed a range of records. This included four care records and medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints and incident forms.

After the inspection

The Expert by Experience spoke with two people who used the service and five relatives about their experience of the care provided. We requested additional evidence to be sent to us after our inspection. This including the training and induction programme records and feedback survey results.

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 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 told us they were supported to take their medicines. One person said, "They do give my medication before they leave."
- Despite this, we found the provider was not recording the support that people needed in relation to their medicines appropriately. People's prescribed medicines were not being recorded. One person's care plan summary said they were to be prompted to take their medicines and assistance to be provided. However, their medicines support record was not completed appropriately. The medicines prescribed section was blank, the purpose/details of their prescribed medicines simply stated, 'mental health'. In another person's care plan, their support needs stated their medicines were to be crushed in their food and administered. However, in their assessment of needs the provider had recorded that no assistance in medicines was needed, their prescribed medicines were not recorded. There was also no guidance about how the medicines were to be crushed and administered or no recorded authorisation from a qualified clinician regarding the crushed medicines.

The above identified issues are a breach of Regulation 12 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Safe recruitment procedures were not being followed and we could not be assured that care workers were vetted in an appropriate manner to verify their suitability for the role.
- One person's application form included the name of a previous employer, but no address or other contact information to verify this. This application form did not contain details of any referees and their interview notes had not been completed by the interviewer. They had provided one character reference. A second staff file that we checked had similar gaps. There were no references in place, either professional or character and no interview notes completed.

The above identified issues are a breach of Regulation 19 of the HSCA 2008 (Regulated Activities) Regulations 2014.

- Care workers told us they were given enough time to travel between each visit. However, we received mixed feedback from people and their relatives about the timeliness of care workers, especially where there were visits requiring two care workers. Comments included, "The two carers usually arrive together", "The second [carer] does not always arrive on time so the main one will make a start till she arrives" and "Yesterday one of the double hands did not arrive at all and the one carer was reluctant to do his care on her

own so my [family member] was in his 'pjs' all day."

- The provider told us that care workers completed timesheets which were signed by people and their relatives and they used this to check care visits were being carried out on time. However, there was no evidence that these were being verified or checked.

We recommend the provider reviews its process and introduces more robust mechanisms for verifying call visits. We will follow this up at the next inspection of this service.

Systems and processes to safeguard people from the risk of abuse

- Feedback from people and their relatives whether the service was safe. Comments included, "I've never felt that [family member] is not safe, we trust the live in carer we have never had a problem", "I know my relative is there as well and he would tell me if my [family member] was unsafe and "I think he is safe as they know him so well."
- Training records showed that staff received safeguarding training. They demonstrated an understanding of safeguarding procedures and how to identify potential forms of abuse.
- Records showed that the management did not always follow appropriate safeguarding procedures. We saw there were some concerns that had been raised which indicated a person using the service was harmed. Although the provider carried out an internal investigation they did not report the allegations to the local authority safeguarding team, who are the statutory body for investigating safeguarding concerns.

We recommend the provider reviews its safeguarding procedures to ensure any concerns are reported to the relevant authority.

Assessing risk, safety monitoring and management

- Risks to people were identified during their initial assessment.
- Care plans for people identified at risk were not always clear. For example, one person's risk and action plan identified a number of areas of support but had failed to include ways in which the risk could be managed. For example, one person's assessment for health or medical factors said there was an element of risk, some mobility risk, and there was a history of falls. However, there were no other detail given about what the risk was or how to manage it.
- In another person's care plan, the risks were identified and guidance was given about how the risk could be reduced.

We recommend the provider reviews its risk assessment and management procedures to ensure risk to people are clearly identified and ways in which the risk could be mitigated is recorded in a clear way. We will follow this up at the next inspection of this service.

Learning lessons when things go wrong

- Incidents and accidents were recorded and investigations carried out.

Preventing and controlling infection

- People and their relatives did not raise any concerns regarding poor infection control practice by care workers.
- Training records showed that staff received training in infection control and food hygiene.

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 deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Although people and their relatives did not raise any concerns about the competency of care workers, we found that the induction and training programme was not comprehensive enough to meet people's needs.
- The registered manager told us new care workers underwent an induction programme and shadowed a more experienced care worker prior to delivering care independently. However, staff files or other records did not demonstrate this. New care workers were not supported to complete the Care Certificate. This is an identified set of standards that health and social support workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new support workers.
- There were gaps in the training provision for staff and no clear guidance on how often training was to be renewed. For example, out of 16 care workers recorded on the provider's training matrix only two care workers had received training in dementia care, person centred care and equality and diversity. Only one care worker had received training in nutrition and no one had received training in the Mental Capacity Act 2015 (MCA). Other training had been delivered, however some of this had last been delivered in 2015 with no guidelines around when this was to be renewed.
- Although records showed care workers received supervision, this was not in line or frequency with the provider's policy which stated, "For ongoing work in community and residential services you are required to be annually appraised and quarterly (as a minimum) formal supervision." None of the staff received an annual appraisal.
- We could not be assured that care workers were receiving adequate training to enable them to carry out the duties they are employed to perform

The above identified issues are a breach of Regulation 18 of the HSCA 2008 (Regulated Activities) Regulations 2014.

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

- People and their relatives said they were involved in planning their care. The registered manager carried out assessments in people's homes. People's needs were documented and a copy of their care plan given to them prior to care starting.
- Care records included correspondence from the referring bodies such as pre-existing supporting plans.
- People and their relatives were given time to consider the care plans that had been developed and agree to their content prior to care starting.

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

- There were no concerns raised by people and their relatives regarding support they received in relation to nutrition and hydration. They said, "My carer will always check that I've eaten and am well hydrated", "I am always here to see the carer and she will ask [family member] what she wants and make her a cup of tea" and "[Family member] doesn't eat at particular times so when they come they will always ask her if she is hungry and know where the food is kept so will make suggestions to her as to what to have and leave her with a drink."
- Care plans included any support needs that people had in relation to any nutritional support. This included any preferences or special instructions such as whether food needed to be softened.

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

- People and their relatives told us they were confident that care workers would notice if they or their family member was unwell and required any medical attention. One person said, "If I am feeling unwell we discuss it and decide if I should call my GP." A relative told us, "If they are concerned about anything they will text me like if he has a cough."
- People's relevant medical history and health diagnosis were recorded in their care records.
- Care plans included details of health professionals involved in people's care. This included their GP and district nurses.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- People and their relatives told us they were involved in the delivery of their care.
- Care workers were aware of the importance of asking people for their consent before supporting them with personal care.
- Care plans included information about people's cognitive ability and whether they were able to make their own decisions or needed support with doing so.

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.

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

- People and their relatives told us staff were kind and caring and they were treated with respect. Comments included, "My [relative] will make [person using the service] breakfast and the carer will feed him, she is patient with him and will work at his pace", "His carer is very patient with him they know him well", "I would not want to change anything about my care" and "I find them friendly warm and trustworthy, yes they are respectful."
- We were told that care workers spend time chatting to people, making them feel at ease. They said, "They will chat to mum, not to each other, which is respectful", "My [family member] would tell me if the staff were not kind and caring, he always seems happy", The regular carer in particular will chat to mum and seems to relate", "I am impressed, they seem to care about my [family member] and they seem interested."
- Although care workers did not receive training in equality and diversity, duty of care or person centred care, they demonstrated an understanding of these topics. They understood the importance of treating people equally without discrimination.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected when they were supported with personal care. Comments included, "I am not there when they give personal care but [family member] has never said they are not respectful of his privacy, I have every confidence that they did their best" and "I am always there when they give [family member] her bed bath they cover her with towels and close the blinds they are respectful."
- People gave examples in which their independence was encouraged. One person said, "I will assist my carer with breakfast we do it together."
- Care workers were aware of the importance of maintaining people's privacy when delivering personal care and gave us examples of how they did this in a respectful manner.

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

- People's preference were included in their care records. This included any wishes in relation to their food, how they were to be moved and transferred and preferences in relation to personal care.

Is the service responsive?

Our findings

At the last inspection this key question was rated as Good. At this inspection this key question has 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; Meeting people's communication needs

- People and their relatives told us the care they received reflected their needs and preferences. They said that care workers provided care according to how they wanted it.
- Copies of people's care plans were kept in their homes. Care plans we saw were reviewed on a regular basis by the registered manager. One person said, "I do have a care plan and it is up to date."

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.

- There were communication care plans but they did not always contain meaningful information. In one example, a person's communication care plan stated, "Makes noises that he is happy and cries if unhappy." It did not provide meaningful information about other effective communication methods such as the tone of language or other non-verbal ways of communication.

We recommend the provider reviews how it meets the AIS in a more responsive manner. We will follow this up at the next inspection of this service.

End of life care and support

- The service did not specifically provide end of life care. However, we discussed with the registered manager about having discussions with people about their end of life preferences and recording these in their care plans where appropriate.

Improving care quality in response to complaints or concerns

- People and their relatives told us the provider listened when they had concerns. Comments included, "I have names and numbers of people I can contact if I need anything or if I had a complaint" and "I was concerned about one carer at the start so I rang and she never came again."
- People and their relatives were given information on how to raise concerns and more formal complaints in their service user handbook.
- We reviewed the formal complaints that had been received. The provider recorded complaints and there was evidence that investigations took place.

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. At this inspection this key question has remained the same. 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

We recommend the provider reviews its processes and makes itself aware of which incidents CQC needs to be notified about. We will follow this up at the next inspection of this service.

- The quality assurance systems in place were not robust enough to identify and rectify the areas of improvement we identified during this inspection including staff recruitment, staff training, medicines support and care planning.
- Unannounced spot checks took place in people's homes. Care workers appearance and how they interacted with people and carried out their duties were looked at. However, these were not done with any level of consistency. One care worker who had Started in September 2018 had only received one spot check when they had first started and none thereafter. Another care worker who had started in July 2017 had only received three spot checks one in 2017, one in 2018 and one in 2019. A third care worker who had started in February 2018 did not have any recorded spot checks in their file.

The above identified issues are a breach of Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider did not fully understand or appreciate its regulatory responsibilities.
- Records showed that statutory notifications were not being submitted by the provider. During our inspections, we reviewed incidents and accidents and some complaints that had been received. The provider should have notified the CQC about some of these but had failed to do so. This included an allegation of abuse that had been made, an incident that had been reported to the police, and another one where a person had been admitted to hospital.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 Care Quality Commission (Registration) Regulations 2009.

- A number of the provider's policies were out of date and more importantly, referenced bodies and

legislation that was out of date. For example, the provider's complaints policy had not been updated since February 2010 and made reference to The General Social Care Council (GSCC). This was a non-departmental public body of the Department of Health in the United Kingdom which was the regulator of social workers and social work students in England between 2001 and 2012. This body had closed in July 2012. The providers' recruitment policy was dated February 2010 and stated, "Homecare Service Provider complies with all requirements set down within the Care Standards Act 2000" and did not make reference to the Health and Social Care Act 2008. The provider's medicines procedure referenced the Domiciliary Care Agencies Regulations 2002 which is an outdated piece of legislation.

- We spoke with the registered manager about these and about how he kept himself informed about any changes to legislation or regulatory practice. He acknowledged these were out of date and he was not aware of this.

We recommend the registered manager explores ways in which he can keep himself abreast of any changes in risks and regulatory requirements. We will follow this up at the next inspection of this service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- We received mixed feedback from people and their relatives regarding how easy it was to get in touch with the office staff. Comments included, "I rarely call the office because I deal with the carers direct", "The manager is very approachable but can be a bit slow at letting me know if they can't get a second carer", "I don't recall any meetings or questionnaires" and "I have tried to call them regarding my concerns over not always arriving but it's not always possible to get through on the phone so now I email them."

- Client and relatives feedback surveys took place on an annual basis. The most recent survey took place in 2019, respondents were asked a range of questions including the reliability of the service, the quality of care, competency of the care workers and the management of the service. Where the provider had scored less well, although there were actions identified these were not allocated to people to follow up or timescales for completion. Where people had given their names and rated the service low, there was no evidence their feedback was explored with them to identify why they had scored certain questions.

We recommend the provider implements a more robust system, to analyse and follow up any areas of improvement identified during feedback surveys. We will follow this up at the next inspection of this service.

- People's views about the service were explored during telephone monitoring checks. From the records we saw, these took place once a year.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person did not notify the Commission of some incidents whilst services were being provided in the carrying on of a regulated activity. Regulation 18 (1) (2) (e).
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The management of medicine was not proper. Regulation 12 (2) (g).
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity were not established and operated effectively. Regulation 17 (2) (a).
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures must be established and operated effectively. Regulation 19 (2).
Regulated activity	Regulation

Persons employed by the service provider in the provision of a regulated activity did not receive appropriate support, supervision and appraisal as is necessary to enable them to carry out their duties. Regulation 18 (2) (a).