

Humble Healthcare Limited

# Humble Healthcare Limited

## Inspection report

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### Ratings

Overall rating for this service

Inadequate 

Is the service safe?

**Inadequate** 

Is the service effective?

**Requires Improvement** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Inadequate** 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Humble Healthcare Limited is a care agency based in the London Borough of Hounslow providing care and support to people living in their own homes. They care for adults and children, including people with learning disabilities, autism, physical disabilities, older people and people with dementia. The company is privately owned, and this is the only branch.

At the time of our inspection 41 people were using the service. 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

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

### Right Support

The provider did not always assess the risks people were exposed to. This meant there were no plans to manage these risks and to help keep people safe. The staff sometimes restrained people but there were no plans for this, the staff had not been trained to do so safely and the provider did not investigate, reflect on or analyse these incidents. Staff supported people to make decisions and to have control over their lives, although some of the records to describe people's mental capacity and regarding their choices and consent were incomplete. The provider had helped people access other health and social care resources when needed. The staff supported people to take their medicines, but some of the information about these was unclear so we could not be assured people always received their medicines safely and as prescribed.

### Right Care

People were involved in planning their own care and making decisions, but these were not always well recorded and there was not always enough information for staff. The staff did not always have the right skills to care for people safely. There was not enough information about people's communication needs to help staff understand how to communicate well with them when they could not communicate with speech. When it was part of people's commissioned care, the staff supported them to pursue different activities which reflected their interests and needs.

### Right culture

The provider's systems for monitoring and improving the service were not always implemented effectively. They had sometimes failed to identify and plan for risks people were exposed to. They had not provided enough skilled and knowledgeable staff to safely meet people's needs. The staff did not always have thorough inductions or supervision. The provider did not check on them enough to make sure they were providing consistent, safe and good care. People using the service and their relatives liked their individual care workers. They also felt their needs were being met and they had good support from the agency and management team.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Why we inspected

We carried out an inspection of this service on 5 October 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person-centred care, safe care and treatment, safeguarding service users from abuse and improper treatment, good governance, staffing and fit and proper person's employed .

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to inadequate. This is based on the findings at this inspection.

### Enforcement

We have identified continuing breaches in relation to person-centre care, safe care and treatment, good governance, staffing and fit and proper person's employed at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

### Special Measures

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?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Details are in our effective findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-led findings below.

# Humble Healthcare Limited

## 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

The inspection was carried out by 1 inspector. An Expert by Experience supported the inspection by making phone calls to people who used the service and their relatives. 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 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 a registered manager in post.

#### 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.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make.

We looked at all the information we held about the provider. This included their action plan following the last inspection, reports from one of the commissioning authorities who had carried out their own audits and notifications of significant events.

During the inspection

We spoke with 9 people who used the service and the relatives of 7 other people. We met the registered manager and other staff working in the agency offices. We looked at the care records for 8 people who used the service, records for 6 members of staff and other records the provider used for managing the service, which included information about medicines, meeting minutes and information about staff training.

# Is the service safe?

## Our findings

### Our findings

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

At our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection, we identified that risks were not always well managed. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider remained in breach of Regulation 12.

- There was not enough information about some risks people were exposed to or how these should be managed. For example, one person regularly became physically aggressive causing harm to themselves, staff and others. There was limited information about this and no strategies to manage the risks. Staff had not been appropriately trained to support the person safely when they were aggressive.
- Some people had complex health conditions. These included epilepsy, a condition which causes seizures. There were either no risk assessments with no management plans for these or the risk assessments were generic and not specifically about the people being cared for. Staff had not had the necessary training to support people with some of these conditions.
- Some people were at risk of choking and required modified texture food and drinks. There was not enough information about this, and the risks had not been thoroughly assessed or planned for.
- Staff supported some people to move, including using equipment such as hoists and frames. There was no record of training for staff to understand about safely moving people. The registered manager told us they showed staff how to use equipment at people's houses. However, their competencies, skills and knowledge had not been tested and therefore there was a risk they would provide unsafe care.

Failure to assess and plan for risks was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had assessed people's home environments to consider any risks within these for the person or staff.

### Using medicines safely

At our last inspection, we identified that medicines were not always safely managed. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



At this inspection, not enough improvement had been made and the provider remained in breach of Regulation 12.

- Not all staff who supported people with their medicines were trained to do so.
- The medicines assessments were incomplete and did not give enough detail about risks or how these should be managed for each individual.
- Some people we spoke with explained they were supported with their medicines and care plans made reference to this. However, there were no records to show when or how their medicines had been administered.
- There were no records to show staff how to and where to apply the medicated creams people were prescribed. There were no records to show these had been applied as prescribed.

Failure to safely manage medicines is a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had improved some medicines management systems and undertook regular audits of medicines administration records.

#### Staffing and recruitment

At our last inspection, we identified systems for recruiting and selecting staff were not always followed. This was a breach of Regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider remained in breach of Regulation 19.

- The provider had not always ensured thorough checks took place when staff were recruited. One staff file we viewed did not contain any application form, employment history or references. Other staff files had some information missing, such as employment histories, references or other essential information. Some of the references had not been verified as from previous employers.

Failure to undertake thorough recruitment checks on staff was a breach of Regulation 19 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Systems and processes to safeguard people from the risk of abuse

At our last inspection, we identified systems to safeguarding people from abuse were not always followed. This was a breach of Regulation 13 (safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, enough improvement had been made and the provider was no longer breaching Regulation 13.

- The provider had systems for safeguarding people from abuse. The staff had basic training in about this.
- The provider had systems to help ensure people's money was safe when they were supported with shopping tasks.
- The provider had worked with the local authority to investigate safeguarding concerns.

#### Learning lessons when things go wrong

- The provider did not always follow systems for learning when things went wrong. They recorded some incidents, but not all of these and did not record when staff used restraint or restrictive practices. Failure to record these meant the incidents were not investigated to make sure they were appropriate or learnt from.

Failure to implement these systems was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Preventing and controlling infection

- There were systems for preventing and controlling infection and staff understood these.
- People told us staff wore personal protective equipment (PPE), such as gloves and masks.
- People felt staff followed good infection control procedures.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed 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

- People were not always supported by staff who had the skills and experience to meet their needs. Some people had complex health conditions and the staff had not been trained to understand these. For example, some people had epilepsy, a condition which causes seizures. The staff had not had the training to understand how to support people in the event they had a seizure and there was only basic generic guidance within their care plans.
- Since July 2022, all health and social care providers have been required to ensure staff received training on learning disabilities and autism. This training had not taken place.
- Staff were not always given the supervision they needed to discuss their work and to ensure they had the knowledge and skills to care for people safely. Inductions did not always include enough information or time to support staff who did not have previous experience working in the care sector.
- Staff had not always had training about how to move people safely or how to use equipment. They had not always had training to understand how to safely manage medicines.

Failure to ensure there were sufficient numbers of suitably qualified and experienced staff to meet people's needs was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was planning to improve their office facilities to include a training room equipped with hoists and specialist beds.

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

- The provider had a process for assessing people's needs and choices, but this had not always been followed. The provider was supporting a child who started using the service 5 months before the inspection. The provider had not completed an assessment of their needs or risks they were exposed to.

Failure to assess people's needs and choices so their care could be planned was a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Information within assessments for other people were not always detailed, although these usually included information about people's known choices and how they wanted to be cared for.

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.

- The provider was supporting people to make choices and be involved with decisions about their care. They had designed records for people to sign their consent to care and treatment. However, these had not always been completed.
- When people lacked the mental capacity to make decisions about their care, the provider worked with their representatives to help make decisions in their best interests. People using the service and their relatives felt they were consulted, had made decisions and they told us they consented to their care. However, records did not always clearly show how decisions had been made or consent obtained.
- The provider was working with an external consultant to help make sure records in this area were improved.

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

- Where people were supported to eat and drink, they told us they were happy with this support.
- Care plans explained when people needed support with meals and drinks.

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

- People told us the provider had supported them to access other services when they needed.
- When people had become unwell the staff had acted appropriately, informing medical professionals if needed and liaising with people's families to make sure they received the right care and support.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

At our last inspection, we found people's care was not always planned in a personalised way. This was a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, not enough improvement had been made and the provider remained in breach of Regulation 9.

- Care plans were not always detailed enough about people's individual needs or how they should be cared for. For example, care plans stated people had certain health conditions, but there was no information about these or how staff should monitor or support them with these. Some people had complex care packages which involved staff supporting them overnight and over 24-hour periods. There was not enough information about their needs or how they should be supported.

Failure to plan personalised care was a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Notwithstanding this, people who spoke with us felt their needs were being met. They were generally supported by the same familiar staff and this meant they got to know each other. People felt staff were kind, responsive and caring.

- We found there had been improvements to some care plans. The provider had added information and more detail within some plans and these generally reflected assessments provided by the commissioners.

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.

- People were not always supported with their communication needs. Some people could not use speech. The staff had not been trained to understand how to communicate effectively and people's care plans did not give enough information about how they communicated. Therefore, they were not always heard or understood by staff.

Failure to meet people's communication needs was a breach of Regulation 9 (person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider supported people who spoke a range of languages. They also employed staff who spoke different languages and could usually match staff who could communicate with people using their first languages.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider supported some people to take part in activities outside their home. These included escorting them on outings and to college. Some people also received support with activities at home, such as playing games. People told us they were happy with this support.

Improving care quality in response to complaints or concerns

- The provider had a suitable system for dealing with complaints and concerns. People told us they felt able to speak with the registered manager if they had a concern. People who had made complaints told us these had been resolved to their satisfaction.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection, we identified systems and processes for monitoring and improving quality, and for monitoring and mitigating risk were not always operated effectively. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found that not enough improvement had been made and the provider remained in breach of Regulation 17.

- The provider's systems and processes for identifying, monitoring and mitigating risks had not been operated effectively. Care records did not always include assessments for some of the risks people experienced. Where assessments were in place, they were not always detailed enough and did not include plans for managing the risks. Some people were known to be physically aggressive towards staff and others. There was not enough information about how to support people to make sure they and others were safe.
- The systems for ensuring safe practice were not always implemented because the provider had not given staff enough information, training or support to make sure they could meet people's needs. For example, we looked at the care plans for three people who had epilepsy (a condition that can cause seizures). The staff caring for these people had not been trained to understand about this condition or to support people safely if they had a seizure.
- The provider's systems for monitoring and improving quality had not always been operated effectively. Whilst we saw some improvements in records, we also found information about people's needs and risks they were exposed to was incomplete. Some monitoring records were inaccurate and therefore could not be relied upon. For example, records of spot checks on staff recorded their compliance with tasks they were not assigned to carry out with people they were caring for.
- At the last inspection, we identified breaches of legal requirements. The provider remained in breach of these legal requirements and therefore had not taken enough action to improve the service. The provider has been in breach of legal requirements at 8 of the 9 inspections we have undertaken since they were registered in 2014.

Failure to effectively operate systems and processes to improve the quality of the service and to manage risks was a continuing breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider carried out some audits and checks to gather feedback from people who used the service about their experience. They used information from these checks to help identify if improvements were needed.
- The registered managers were also the owners of the company. They had a good knowledge of the people using the service and staff. People said they were approachable, and they felt they had helped them to resolve problems.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider did not always ensure people's care was planned, assessed and their needs met in a personalised way. Staff did not always have the skills, training or knowledge to understand about meeting people's complex needs.
- People using the service and their relatives told us they felt happy with the service. They said they usually had the same regular care workers who they liked. They had regular contact with the management team. Some of their comments include, "Humble Healthcare is a good reliable all round company", "I like my main carer she is nice and patient", "They are friendly and treat me with dignity" and "The manager is helpful."

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 had a procedure regarding the duty of candour and was familiar with how they should apologise when things went wrong.
- The provider had notified CQC regarding significant events and incidents.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People using the service and their relatives told us they had opportunities to speak with managers about their experiences. They felt listened to. They completed satisfaction surveys and had given feedback through telephone monitoring calls.

Working in partnership with others

- The provider had worked with other care providers and consultancy firms to help improve their knowledge of the legal requirements. Following our inspection visit, they started working with a new consultancy firm and were hoping to address some of the issues we identified during our inspection.
- The registered manager told us they worked with health and social care teams to help identify and plan for some people's needs.



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 registered persons did not always ensure care and treatment of service users met their needs, was appropriate or reflected their preferences.  Regulation 9.

### The enforcement action we took:

We have imposed conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered persons did not always ensure the safe care and treatment of service users.  Regulation 12

### The enforcement action we took:

We have imposed conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered persons did not always effectively operate systems and processes to monitor and improve the quality of the service or to assess, monitor and mitigate risks.  Regulation 17

### The enforcement action we took:

We have imposed conditions on the provider's registration.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered person did not ensure persons employed for the purposes of carrying on a regulated activity had the qualifications, competence, skills and experience necessary for the work to be performed by them because you did not effectively operate recruitment procedures.

Regulation 19

**The enforcement action we took:**

We have imposed conditions on the providers registration.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered persons did not ensure nsufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed.</p> <p>Regulation 18</p>

**The enforcement action we took:**

We have imposed conditions on the provider's registration.