Adina Home Care Services Ltd

Adina Home Care Services

Inspection report

Conex House
148 Field End Road
Pinner
HA5 1RJ

Tel: 02088614318
Website: www.adinahomecare.com

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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?	Requires Improvement

Summary of findings

Overall summary

About the service
Adina Home Care Services is a domiciliary care service which provides personal care and support to people in their own homes. At the time of the inspection there were 154 people using the service. 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 provider lacked oversight of the service. The provider was unaware of the issues identified during the inspection.

The provider did not consistently ensure that staff recruited were assessed as safe to work with people.

We were not assured that staff were provided with the necessary support and training to carry out their responsibilities effectively.

There were systems in place to ensure that medicines were managed appropriately. Daily records showed people had received their medicines as prescribed.

Systems were in place to ensure people and staff remained safe and protected from the spread of infection. There were policies on infection prevention and control and COVID-19 which were in line with national guidance.

People's communication needs were not consistently met. Some people felt a sense of disempowerment because some care workers did not communicate clearly in English.

We received variable feedback regarding whether people were listened to when they complained. Some people felt their concerns and complaints had not been appropriately addressed.

Risks to people's safety were assessed and plans put in place to minimise risk of harm and to provide safe support. Environmental and health and safety risk assessments had also been carried out.

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.

People were protected from the risk of harm and abuse. There were policies covering adult safeguarding, which were accessible to all staff. They outlined clearly who to go to for further guidance.

People were protected from the risks associated with poor infection control because the service had

processes in place to reduce the risk of infection and cross contamination.

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

Rating at last inspection
The last rating for this service was good (published 22 August 2018).

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

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to recruitment, staff support and training and a lack of an effective quality assurance system.

We made two recommendations on complaints handling and accessible communication.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

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 caring?

Good

The service was caring.

Details are in our caring 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?

Requires Improvement

The service was not always well-led.

Details are in our responsive findings below.

Adina Home Care Services

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 team consisted of two inspectors and two Experts 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 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.

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
The inspection was unannounced.

What we did before the inspection
Prior to the inspection we reviewed information and evidence we already held about this service, which had

been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. This information helps support our inspections.

During the inspection
We spoke with 14 relatives of people who used the service to help us understand the experience of people who could not speak with us. We also spoke with 14 people using the service. We spoke with the registered manager, two care coordinators, quality assurance officer, field supervisor and nine care workers. We reviewed the care records of 12 people using the service, personnel files of eight care workers and other records about the management of the service.

Requires Improvement

Is the service safe?

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 Good. At this inspection the rating has changed 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.

Staffing and recruitment
• The provider did not consistently ensure that staff recruited were assessed as safe to work with people. We reviewed eight recruitment records and found issues with all of them. In some records there were no clear records of references being sought prior to new employees commencing work with the service.
• There were inconsistencies in the checking and verifying of employment backgrounds, employment gaps in order to understand the gaps unaccounted for between jobs.
• One person had a criminal conviction, and the provider had carried some checks to make sure the person was suitable for the role. A formal risk assessment had been carried out but was not detailed. The extra measures for monitoring were not written and we did not see evidence of this during the inspection. Following the inspection, the provider sent us information, which showed the risk assessment had been updated.
• The provider had not always completed their own Disclosure and Barring Service (DBS) checks. Instead, they used DBS certificates from previous employers. DBS checks provide information including details about convictions and cautions held on the Police National Computer.
• Following the inspection, the service enlisted an external agency to review recruitment procedures. The registered manager confirmed the service was acting on the recommendations.

Recruitment practices were not safe. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• When we asked people if they felt safe, feedback was mixed. This was primarily because of late calls. One relative told us, "I have had missed calls a couple of times. In fact, I phoned up and there was no answer from the agency." The registered manager told us they had encountered staffing difficulties during the COVID-19 pandemic and told us there had been some improvements since.
• Following the inspection, the provider sought input from an external consultant and the registered manager confirmed they were acting on their recommendations. The registered manager informed us that a new plan for responding to missed or late visits had been put in place. We will check on their progress against these recommendations at our next inspection.

Learning lessons when things go wrong
• A system was in place to report, record and monitor incidents and accidents. However, it was not clear lessons learnt were disseminated to all relevant parties (both internal and external). Care workers could not remember having any discussions in relation to lessons learnt following incidents or complaints. For example, a medicines audit that was carried out in March, April and May had identified repeated gaps in

recording and probable missed doses of medicines. The provider reminded staff to "complete MAR (Medication Administration Record) chart every day", and there was no further details. The provider had not carried out a root cause analysis to ensure that the underlying as well as immediate causes of accidents and incidents were understood. Therefore, by not considering all factors, it meant opportunities for learning lessons were limited. Missed as well as late calls were not recorded as incidents, which also meant were not subjected to a process of analysis.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2018 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse
• People were protected from the risk of harm and abuse. There were policies covering adult safeguarding, which were accessible to all staff. They outlined clearly who to go to for further guidance.
• Staff received training on keeping people safe from abuse and avoidable harm and understood their responsibilities for reporting safeguarding incidents, if they suspected that someone was at risk of harm or abuse. They knew how to identify and report concerns. They were aware they could notify the local authority, the Care Quality Commission and the police when needed.

Assessing risk, safety monitoring and management
• Risks to people's safety were assessed and plans put in place to minimise risk of harm and to provide safe support. Environmental and health and safety risk assessments had also been carried out.
• Risk was regularly reviewed, and care plans were updated to reflect changes to the support required. In some examples, professionals had been involved in managing risks to people's safety.
• Staff we spoke with knew how to support people and were knowledgeable about the potential risks to people.

Using medicines safely
• People and their relatives told us they were happy with the support they received to take their medicines. There were systems in place to ensure that medicines were managed appropriately. Daily records showed people had received their medicines as prescribed. However, the provider's audits identified that at times care workers did not record on medicines records that medicines were administered. We established this was a recording issue.
• Care workers had received training in the safe administration of medicines and their competency was checked to ensure they had the knowledge and skills to administer medicines appropriately.
• Care workers were able to explain how they would record medicines only after they had administered it. They were also able explain the procedure if people refused to take medicines. One care worker told us "If they refuse, I will not force them. I will wait and try again. If they still refuse, I will document and inform the office."

Preventing and controlling infection
• Systems were in place to ensure people and staff remained safe and protected from the spread of infection. There were policies on infection prevention and control and COVID-19 which were in line with national guidance.
• Staff received training in infection control practices. Personal protective equipment (PPE) such as gloves, masks and aprons were provided for them. Staff told us they used PPE effectively and had access to an adequate supply.

Requires Improvement

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 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.

Staff support: induction, training, skills and experience
• We were not assured that staff were provided with the necessary support and training to carry out their responsibilities effectively.
• There was no evidence in staff files that showed they were offered training outside of the initial Care Certificate induction training. The Care Certificate is a method of inducting care staff in the fundamental skills and knowledge expected within a care environment.
• Apart from the Care Certificate induction, no information was retained to demonstrate that staff had received appropriate training to enable them to carry out their role and responsibilities. For example, one staff member had completed training in 25 different areas as part of their induction between 2 and 5 March 2020. There was no further evidence of any training offered. This was the case with all the records of 13 staff we looked at.
• Care workers did not receive regular spot checks and supervision. Records showed that not all staff were receiving regular one to one meetings with their line manager to identify and address any issues arising. One staff member said, "I haven't had a spot check in a while because we haven't had a supervisor. The last one might have been early this year."
• People and their relatives felt some care workers were not well-trained. One person told us, "The new [care workers] are not well trained. Our regular [care workers] are well trained, but we have noticed they are coming less often now. The new ones spend a lot of time on their phones." Limited use of English by some care workers was cited as a major concern.

Effective systems were not operated to ensure staff were suitably competent and had the support required for their roles, including access to training and supervision. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People's health needs were met. There was information about health professionals who were involved in people's care and their contact details. Processes were in place to support people to access health care professionals where required, to ensure they received the appropriate support.
• The service ensured people's healthcare needs were recorded. Assessments detailed people's medical histories and how their health conditions could affect their care needs.

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. 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.

• Whilst staff demonstrated limited knowledge of the MCA, we did not see the impact of this on people receiving care. People told us care workers obtained consent before they could proceed with any task at hand.

• People or their representative signed care plans. These showed consent to care and treatment had been obtained. Where people had been unable to consent to their care, best interest decisions had been made.

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

• People's needs were assessed before support plans and risk assessments were drawn up. Information collected during the initial assessment process was used to produce a care plan.

• Assessments considered people's protected characteristics under the Equalities Act 2010, such as age, gender, religion, marital status and ethnicity. For example, some people confirmed same gender care was supported. This meant people could request to be supported by a care worker of their own gender.

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

• There were arrangements to ensure people's nutritional needs were met. This included a nutrition and hydration policy to provide guidance to care workers on meeting people's dietary needs.

• People's relatives or friends mostly supported with food and eating. A relative told us, "I trust the [care workers]. They cook meals for my [relative]. Another relative said, "I do get help to make drinks and meals. [Care workers] make her a microwave meal or a sandwich."

Good

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 our last inspection we rated this key question Good. A The rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence
• People's privacy and dignity was respected. One relative told us, "The [care worker] treats us respectfully. I have no complaints." Another relative said, "The staff are kind. They shake [my relative's] hand [reassuringly] and they smile a lot."
• The care plans described how people should be supported so their privacy and dignity were upheld. For example, some people preferred to be supported by a care worker of their own sex, which was supported. One relative told us, "My relative has a rota so she knew who would come. Preferences for male and female workers are respected when expressed."
• Privacy and confidentiality were also maintained in the way information was handled. Care records were stored securely in locked cabinets in the office and, electronically. The service had updated its confidentiality policies to comply with General Data Protection Regulation (GDPR) law. Care workers knew about the importance of respecting people's confidentiality and not speaking about people to anyone other than those involved in their care.
• Care plans were written in a way which promoted people's independence. A staff member told us, "I try and promote as much independence as possible. Obviously the more you can keep them independent the better."

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.
• The service respected people's diversity. Staff completed equality, diversity and Human Rights training as part of their role. This helped staff understand what discriminatory behaviours and practices might look like and helped them make sure people were always treated fairly. However, we noted this was covered during induction and no standalone or refresher training had been offered to staff.
• People felt that care workers treated them fairly, regardless of age, gender or disability. As addressed earlier, relatives told us that people were supported with their religious and cultural needs. However, language was cited as an issue because some care workers could not speak clearly in English.
• Relevant policies were in place, including, equality and diversity and Equalities Act 2010. This ensured people's individual needs were understood and reflected in the delivery of their care.
• People's care plans were individualised and specific to their needs detailing their preferences, likes, dislikes and how they wished to be supported.
• People were supported to express their views and be involved in making decisions about their care where possible.
• People's initial assessments were focused on the individual person with support from their family if

appropriate. Care plans had been signed by people or their relatives to evidence that people were involved with the decisions made on their care.

Requires Improvement

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 Good. At this inspection the rating has changed to Requires Improvement. This meant people's needs were not always met.

Meeting people's communication needs; Planning personalised care to ensure people have choice and control and to meet their needs and preferences.
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.
• People did not consistently receive person centred care because their communication needs were not met. We received negative feedback about new care workers being hired who had no care experience and with limited use of English language. People highlighted language problems, both spoken and written. In one example, a relative had used google translation to converse with the care workers.
• People and their relatives told us, "The new [care workers] have [limited use of English]. I have written some notices and put them up. I would have expected them to have been trained properly before coming in", "I have written lots of checklists and put them around [my relative's] home in different languages. I am trying to help them" and "Some [care workers] come who cannot speak English, and I have to tell them all what to do."
• The staffing particularly in relation to communication issues at times meant people received care from staff who did not know them well.

We recommend the provider considers current guidance on person centred care, including accessible communication and update their practice accordingly.

• People had care and support plans that were personalised and reflected their needs and included likes, dislikes, routines and details on what people could do independently and what support was required with specific tasks.
• Staff told us they had access to care plans and peoples likes and dislikes. Four out of the five staff we spoke with could describe person centred care and how they followed peoples wishes

Improving care quality in response to complaints or concerns
• The provider had a complaints procedure in place and people knew how to make a complaint. We observed that concerns raised were recorded and responded to. However, it was not clear that these led to improvements.
• We received variable feedback regarding whether people were listened to when they complained. Some people felt their concerns and complaints had not been appropriately addressed. Another relative told us, "We have complained about care. They did suspend the care worker, but we have had some battles with [the service]."

• However, some people told us that they had complained about staff, lateness and issues with communication, but these concerns had not been addressed. The provider told us that following the inspection they had sought advice from an external agency to make improvements.

We recommend the provider considers current guidance on handling complaints, including identifying, receiving, recording, handling and responding to complaints, and update their practice accordingly.

End of life care and support
• The provider told us staff had completed end of life care training, but we did not see evidence of this. The registered manager explained there was no one receiving end of life care.
• The provider was receptive to our feedback that all care workers received relevant training and support that they needed to provide people with end of life care if the need arose.

Requires Improvement

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 Good. At this inspection the rating has changed to Requires Improvement. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

• The provider lacked oversight of the service. The provider was unaware of the issues identified during the inspection. For example, the provider's own audits had not identified issues relating to recruitment, training, supervision and appraisal.

• Some people felt a sense of disempowerment because some care workers did not communicate clearly in English. One person told us, "The use of [native] language is a problem. They talk to each other in their native language when they are adjusting me. I don't understand what they are saying, and I always tell them to speak in English."

• Some people we spoke with were not aware of who the manager was. This may leave people at risk of not being able to raise concerns and seek resolution. One person told us, "[I do not know the manager]. She has never introduced herself." Some referred to the care coordinator as the manager.

• People and their relatives had mixed views about the management of the service. As well as people telling us that the agency had "now got it right", some relatives we spoke with told us that communication with the management team was poor and this needed improvement.

• Whilst people and family members told us they felt empowered and able to raise issues or make a complaint, some told us their concerns were not addressed. A relative told us, "It's not always easy to get through to the office. We have had our battles with the management. They are very defensive of their staff. Sometimes the calls are not answered."

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate quality assurance and checks were effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2018 (Regulated Activities) Regulations 201.

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

• There were systems in place to monitor the quality of the service and to make improvements when needed, however, these were not used always effectively. There were areas of the service which required improvements, including recruitment, training and complaints handling. The provider told us that they had sought support form an external agency following the inspection.

• Field supervisors carried out unannounced 'spot checks' on care workers to make sure they provided

quality care to people.
• The provider sought feedback from people through surveys. Feedback from a survey that was carried out September 2022 were largely positive.
• The service worked in partnership with a range of health and social care agencies to provide care to people. These included, GPs, district nurses, pharmacists and occupational therapists.

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 told us they had complied with the duty of candour by being transparent with family members of people they supported. Duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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 17 HSCA RA Regulations 2014 Good governance The provider did not have systems and processes to identify where quality and/or safety were being compromised and to respond appropriately and without delay.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not operate robust recruitment procedures, including undertaking any relevant checks to make sure they employed appropriate staff.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider did not ensure staff 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.