

Hospiva Care & Associates Agency Ltd

Romford

Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

The service is based in the London Borough of Havering. The service provided personal care to adults living in their own homes and also at a supported living site. At the time of our inspection, the service provided personal care to 22 people.

People's experience of using this service:

Risks were not always robustly managed. We found care plans did not contain suitable and sufficient risk assessments to effectively manage risks to people. This placed people at risk of not being supported in a safe way at all times. Care plans were not person centred as plans did not include changes in people's circumstances. Reviews of care plans were not effective as this had not captured the change in people's circumstances. Audits had not identified the shortfalls we found during the inspection.

The service prompted people to take their medicines. However, we found topical cream administration had not been recorded. Incidents had not been reviewed effectively and lessons not learnt to minimise risk of re-occurrence. We made a recommendation in these areas.

Staff had completed essential training to perform their roles effectively. The staff worked well with external health care professionals and people were supported with their needs and accessed health services when required.

People continued to receive care from staff who were kind and compassionate. Staff treated people with dignity and respected their privacy. Staff had developed positive relationships with the people they supported. They understood people's needs, preferences, and what was important to them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

We identified two breaches of Regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Full information about CQC's regulatory response can be found on the bottom of the full report.

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

Rating at last inspection:

At the last inspection the service was rated requires improvement (published 18 May 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Previous Breaches:

At this inspection, sufficient improvement has not been made and the provider is still in breach of regulations specifically with Regulation 12 (Safe Care and Treatment) and 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014

Why we inspected:

This was a planned inspection based on the rating of the last inspection.

Follow up:

We will speak with the provider prior to this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress.

We will return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Romford

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out 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. At the time of the inspection, the services provided personal care to adults living in their own homes. The CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

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. The registered manager was not available at the time of the inspection. The director supported us with the inspection.

Notice of inspection:

Our inspection was announced. We gave the provider 48 hours' notice and 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 reviewed relevant information that we had about the service including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law. We checked the last inspection report and contacted the local authority for information. The service completed a Provider

Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make.

During the inspection, we spoke with seven people, six relatives and the registered manager by telephone. We also spoke with the director and care coordinator in the office. We reviewed documents and records that related to people's care and the management of the service. We reviewed six people's care plans, which included risk assessments, and five staff files, which included pre-employment checks. We looked at other documents such as medicine, training and quality assurance records.

After the inspection, we spoke to five staff for their feedback about the service.

Is the service safe?

Our findings

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

Requires Improvement: 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. Regulations were not being met.

Assessing risk, safety monitoring and management:

- At our last inspection on 6 April 2018, the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.
- At this inspection, we found sufficient improvement had not been made and the provider was still in breach of this regulation.
- We found the same issues with risk assessments for people. The director told us that she was not aware she had to update the risk assessments for existing people they supported but only for any new people referred to the service.
- People with a history of strokes, behaviour that challenged, diabetes and Parkinson diseases did not have a risk assessment in place.
- In addition, some people were at risk of falls and skin complications and risk assessments had not been completed to ensure the risk of falls or skin complications were minimised.
- For one person, risks had been identified such as financial abuse and malnutrition. However, an assessment of risks had not been completed to ensure the person was safe from these risks.
- Some staff told us they were aware of risks associated with some medical conditions. When asked about the potential risks associated with a specific medical condition, staff were able to tell us the signs and symptoms. However, there was a risk not all staff such as new or agency staff would be aware of this. A relative told us, "[Person] needs more care on [person's] legs but it is not always happening, the good ones do it." Another relative commented, "The good ones do but I ask the others 'what do you know about [person]'. They often say 'Nothing'. I have asked the office to make sure they [staff] know [person's] condition when new ones come in."
- Failure to complete risk assessments meant that there was a risk people may not receive safe care and therefore may be placed at risk of harm.
- We fed this back to the director who told us that they would ensure risk assessments were put in place immediately.

The above concerns meant that risk assessments continued not to be completed to demonstrate the appropriate management of risks and to ensure support and care was always delivered in a safe way. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

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

- People were protected from the risk of abuse because there were processes in place to minimise the risk of abuse and incidents.

- People and relatives told us people were safe. A person told us, "Yes, I feel very comfortable with them [staff]." A relative told us, "Yes, I know they won't hurt [person] in any way." Another relative told us, "Yes, [person] has had the same carers for some time and they are very good and gentle."
- Staff understood their responsibilities to protect people's safety and had been trained on safeguarding people from abuse.

Learning lessons when things go wrong:

- There was not an effective system in place to learn from lessons following incidents.
- One incident had been logged since the last inspection. A person had fallen and staff had to call an ambulance. However, the incident had not been reviewed to learn from lessons as the person's care plans or risk assessment had not been updated to minimise the risk of re-occurrence. The section to take action to prevent re-occurrence was left blank.

We recommend the service follows best practice guidance on incident review management.

Using medicines safely:

- The service prompted people to take their medicines.
- Daily records evidenced that people were prompted to take their medicines.
- Assessments were carried out that detailed the level of support people would require with medicines and listed the types of medicines people took frequently. This was now completed in full as at the last inspection, we found assessments had not been carried out for one person.
- Staff had received training on medicine management.
- Records showed the service administered prescribed creams for one person. There were no records of a Topical Medicine Administration Record to evidence that the cream had been applied as prescribed.

We recommend the service follows best practice guidance on recording medicine administration.

Staffing and recruitment:

- The service used a digital call monitoring system to identify if staff had supported people at scheduled times. Staff had to log on to the system to verify they had attended calls and was there for the duration of the call.
- We checked the call logs and found that there had been a number of late calls ranging from 20 minutes to an hour. Call logs also showed that staff had attended some calls earlier than scheduled, such as two hours before. The director told us this was because people had requested staff to come at different times and was pre-arranged. They also said some staff did not log on and out of the system properly as they were getting used to the new system. We asked if pre-arranged visits had been recorded on the system and were informed there were no records. The director told us that the system was new, so they were getting used to it but would record any pre-arranged visits in the future.
- People and relatives told us that staff were on time. A person told us, "They are normally on time, they come 4 times a day." Another person commented, "Yes, they give me enough time, they are nice people." A relative commented, "Yes, they are usually on time."
- Rotas were sent in advance to staff to ensure they had adequate time to plan travel. We saw rotas that showed staff were given time to travel in between appointments to minimise lateness. A staff member told us, "We are given time to go there [people's home]."
- We noted agency staff were used for the supported living site. The director told us that plans were in place to upskill the current staff employed by the service, so they can be deployed on the supported living site. We saw this had been completed for one staff member.
- Pre-employment checks had been carried out, which ensured that staff were suitable to support people safely. We checked records of five staff.

- Three staff had been recruited since the last inspection and these showed that relevant pre-employment checks, such as criminal record checks, references and proof of the person's identity had been carried out.

Preventing and controlling infection:

- Systems were in place to reduce the risk and spread of infection.
- Staff had been trained on infection control.
- Staff confirmed they had access to Personal Protective Equipment (PPE) such as gloves and aprons.
- People and relatives confirmed that staff used PPE when supporting people with personal care.

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

Requires Improvement: 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:

- At our last inspection on 6 April 2018, the service was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because that staff had not received up to date training to be able to perform their roles to ensure people received safe and effective support at all times.
- At this inspection, we found sufficient improvement had been made and the provider was no longer in breach of this regulation.
- Previously the director had provided training without suitable qualifications to demonstrate they had the skills to do this.
- During this inspection, we found that the registered manager delivered training and had the qualifications the needed to deliver training.
- People and relatives told us that staff were suitably skilled to support people. A person told us, "They seem to know what they are doing." A relative commented, "Yes, they know how to lift him and use the equipment."
- New staff had received an induction, which involved shadowing experienced care staff, looking at care plans and meeting people and their relatives. A staff member told us, "Induction was very good."
- Staff told us that they were happy with the training they received. A staff member told us, "The training is very, very good. They always update you on new stuff." Another staff member commented, "Every three months, they update us with training. It is very, very helpful."
- Staff had received supervision and appraisals to identify training needs and support them when required. Records showed that some appraisals were due for 2019. The director told us they had been scheduled to be carried out shortly.
- Staff felt supported. A staff member told us, "They [management team] do support us." Another staff member commented, "My manager is a professional lady. Helps us a lot when we need it."

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

- Pre-assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support them.
- During our last inspection, we found reviews had not been carried out regularly. During this inspection, we found reviews had been carried out regularly.
- However, records showed some people had been assessed as having skin complications and some people had recent falls. This had not been captured during the reviews to ensure people's care plans were an accurate reflection of their current well-being and condition.
- Some relatives also raised concerns that care plans were not being updated. A relative told us, "I do read it

but I'm not sure if it is ever updated." Another relative commented, "Yes, I know what's in it and I think it needs updating as [person] needs more time."

- This meant that people's needs and choices were not being assessed comprehensively to achieve effective outcomes for their care.

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

- People were given choices with meals when supported by staff. Information in care plans included that people should choose their meals.
- Care plans included the level of support people would require with meals or drinks. Information on one care plan included that a person was diabetic and staff should only use sweeteners when required for meals.

Supporting people to live healthier lives, access healthcare services and support:

- Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.
- Staff were able to tell us the signs to identify if people were unwell and what actions to take to report an emergency.
- Records showed staff had raised concerns to the office when people were not well. Ambulances, district nurses and placing authorities were made aware following the concerns.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had received training on the MCA and were aware of the principles of the act.
- Staff told us that they always requested people's consent before doing any tasks. A staff member told us, "We do all the time ask for consent. When we go in people's homes, we ask them if they are happy for us to help them. We never force."
- Records showed that people's consent had been sought prior to receiving care from the service.

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.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us staff were caring. A person told us, "Yes, they are kind and we have a relationship. I can't fault them." Another person commented, "Yes, they are sweethearts and caring in their own way." A relative told us, "Yes, they always ask if [person] is OK and do a good job. I have no complaints."
- Staff told us they used care plans to find out about people, in order to get to know the person and build positive relations with them.
- People and relatives confirmed that staff had a good relationship with people. One person told us, "Yes, especially with the regulars, we have a good rapport." Another person commented, "Yes, they know me and we get on well." A relative told us, "Yes, the carers know [person] well and they have a good relationship."
- People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally.

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

- Records showed that people or relatives were involved in decisions about their care. Care plans showed that people or their relatives had been involved. However, people told us that they were not involved in decision making. We fed this back to the director, who informed us they will address this and will also include this as part of surveys, to ensure it can be addressed regularly.
- Staff told us they always encouraged people to make decisions for themselves while being supported such as with dressing, meal times and personal care.

Respecting and promoting people's privacy, dignity and independence:

- Staff told us that when providing support with personal care, it was done in private. A staff member told us, "I will make sure the door is closed and not allow anyone inside."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. A person told us, "They know what I can do and like to do. They assist when I need it and leave me to do the things I can."

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Care plans detailed people's support needs. Care plans included information on how to support people with personal care. Information on one care plan included that staff should ensure person wore a pendant alarm and liked to soak their feet in a bowl.
- A staff member told us, "Care plans are very helpful." A person told us, "Yes, I get a bit down sometimes and they went out of their way to find out what I like, even my football team." Another person commented, "They do a brilliant job, they do whatever needs to be done." A relative commented, "Yes they know [person's] needs and cheer [person] up."
- However, the service supported people with catheter care management and there were no care plans in place to ensure the appropriate management of catheters. The director told us that this would be addressed.
- There was a daily log sheet, which recorded information about people's daily routines, behaviours and daily activities in most cases. Staff told us that the information was used to communicate with each other between shifts. A person told us, "They work well together, they are as good as gold."
- People's ability to communicate was recorded in their care plans, to help ensure their communication needs were met.

Improving care quality in response to complaints or concerns:

- The service had a complaints procedure which they followed.
- No complaints had been received since the last inspection.
- People and relatives were aware of how to make complaints.
- Staff were able to tell us how to manage complaints. A staff member told us, "Any complaints, I will let [manager] know. She deals with it seriously."
- Records showed that some compliments had been received. Comments included, '[Person] has expressed that [person] has good support and is happy with the carer as well as others' and 'I wanted to thank the carers regarding the assistance they provided today in particular to the staff who really went above and beyond.'

End of Life Care:

- The director told us that they did not support anyone with end of life care support but if they were to support people with end of life care, then they would ensure staff would be trained to ensure they can provide personalised support.

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.

Requires improvement: The management and leadership of the service was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- At our last inspection 6 April 2018 the service was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the service had failed to ensure that adequate quality assurance and systems were in place to identify shortfalls to ensure people received safe care.
- At this inspection, we found sufficient improvement had not been made and the provider was still in breach of this regulation.
- The management team carried out audits to check that staff were working in the right way to meet people's needs and keep them safe. This included spot checks to observe staff approach and performance when delivering care.
- Audits had been carried out on the running of the service to ensure people received personalised high-quality care.
- However, these had not identified the shortfalls we found at the inspection with risk assessments, care plans and reviews, where changes in people's circumstances had not been captured and used to ensure care plans were accurate and up to date.
- This meant that quality assurance processes were not robust to identify shortfalls and take prompt action to ensure people were safe at all times.

This meant the service had failed to ensure that adequate quality assurance and systems were in place to identify shortfalls to ensure people received safe care. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

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

- There was an effective system to gather people's and staff feedback on the service.
- Quality monitoring visits were carried out to gather people's feedback about the service.
- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team to ensure people received high quality support and care.
- People and relatives told us they liked the service. A person told us, "Yes, I know them (management). One came today to help the carer." A relative commented, "I think they do it very well. I am very satisfied with the service."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- Staff told us the service was well led and they enjoyed working for the service. One staff member told us, "I really, really enjoy working for them. [Director] is very lovely, very disciplined and serious about work. I really like her." Another staff member commented, "They (management team) are good. If there is anything wrong, they help us."
- Staff were clear about their roles and were positive about the management of the service. They felt they could approach the management team with concerns and these would be dealt with.

Continuous learning and improving care:

- Quality monitoring such as telephone surveys were carried out to obtain people's thoughts about the service and act on their feedback where possible, to create a cycle of continuous improvement.
- The director told us that this was done regularly as they were always looking to improve the service by acting on people's feedback.

Working in partnership with others:

- Staff worked in partnership with other agencies such as health professionals when people were not well to ensure people were in the best of health.
- Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users.</p> <p>Regulation 12(1)(2)(a)(b).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider was not robustly assessing, monitoring, improving the quality and safety of the service users and mitigating the risks to ensure people were safe at all times.</p> <p>Regulation 17 (1)(2)(a)(b).</p> <p>The provider had not maintained an accurate, complete and contemporaneous record in respect of each service user.</p> <p>Regulation 17(1)(2)(c).</p>