

U.K. International Nursing Agency Ltd

UK International Nursing Agency Limited Dom Care

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

UK International Nursing Agency Limited Dom Care is registered to provide accommodation for up to 7 people who may require nursing and /or personal care. On the day of this inspection there was 1 person accommodated at the home.

The building offers accommodation on two floors. The home had dining and communal living space for people to spend time together. Some bedrooms had en-suite facilities with shared bathroom and toilets also available for people.

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

People continued to not be protected from the risk of abuse. The new manager and provider failed to ensure there were clear safeguarding systems and processes in place to recognise and report concerns. Protection plans for people were not implemented and they were left at risk of further abuse. Not all staff working at the service had safeguarding training.

People were at risk of harm due to poor risk management. Risk assessments were not always in place to protect people. Care plans and risk assessments had conflicting information about the level of risk for people and what measures were in place to mitigate risk.

There continued to be a lack of effective leadership in the service. The provider, although present in the service, lacked understanding about the concerns found at the previous inspection and were not knowledgeable about the improvements made. The new manager spent limited time in the service and although they had identified lack of direction and policies and procedures in the service, they had failed to implement these. The lack of effective governance systems and auditing had led to improvements needed not being identified and actioned. This continued to put people at risk of not receiving good quality and safe care.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 11 August 2022) and there were breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found that improvements made were not sufficient for the areas we checked. The provider continued to remain in breach of safe care and treatment, safeguarding and good governance and leadership.

Why we inspected

We undertook this targeted inspection to check whether the provider had acted on specific concerns we had about safeguarding, risk management, leadership and effective governance systems at the previous inspection. The overall rating for the service has not changed following this targeted inspection and remains inadequate.

We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for UK International Nursing Agency Limited Dom Care on our website at www.cqc.org.uk.

Enforcement

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

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

This service has been in 'special measures' since 11 August 2022. The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will continue to 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?

At our last inspection we rated this key question inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

UK International Nursing Agency Limited Dom Care

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.

This was a targeted inspection to check whether the provider had improved the areas we had concerns about. These included safe care and treatment, safeguarding, leadership and effective governance systems.

Inspection team

This inspection was carried out by 2 inspectors.

Service and service type

UK International Nursing Agency Limited Dom Care is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. UK International Nursing Agency Limited Dom Care is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 not a registered manager in post. A new manager had been in post

from October 2022 and had very recently submitted an application to register. Their application has not yet been considered.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (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 received feedback from visiting health and social care professionals' as part of a Service Improvement Process. We used all of this information to plan our inspection.

During the inspection

We spoke with one person, the clinical lead and nursing staff on duty. We also spoke with the new manager and the provider, who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at one person's care records, incidents and accidents since the last inspection, cleaning schedules, recruitment, training data, daily observations charts and various other management records.

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 this key question was rated inadequate. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check if improvements had been made around safeguarding and risk management. We will assess the whole key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider and the registered manager had failed to operate effective safeguarding processes and this left people at risk of abuse. They promoted a discriminative approach towards people with protected characteristics. People were subjected to unlawful restrictions and control over their freedom. This was a breach of regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvements had been made, and the provider was still in breach of regulation.

- People were not always protected from the risk of abuse. This was because safeguarding processes and reporting systems were not well developed and embedded in daily practise. There were delays in reporting safeguarding concerns to the local safeguarding authority and CQC.
- Not all staff working in the home had up to date safeguarding training; this included the new manager. They were not knowledgeable about where and how to report safeguarding concerns and they told us they had yet to complete the training.
- People were at risk of neglect due to staff not following recommendations from health professionals. The clinical lead told us they did not want to introduce a new form for staff to record when they were doing exercises because staff had low morale. This left people vulnerable to neglect.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider and the registered manager failed to assess and mitigate risk to people's health and safety people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvements had been made and the provider was still in breach of regulation.

- People were not protected from the risk of harm. Risk assessments were not always developed or if they were in place, they had not considered all risks.
- When people were found with a change in their health or possible injuries, this was not risk assessed and measures were not implemented to manage the risk or prevent reoccurrence.

- People who required the use of a bedrails had no bumpers fitted although the risk assessment detailed, they needed these. This left people at risk of harm.
- Risk assessments in people's care plan continued to be inconsistent in the information provided, and this put people at risk of harm. For example, a person's pressure ulcer risk assessment tool (Waterlow) indicated they were at high risk of developing pressure ulcers, however their skin integrity care plan indicated they were at low risk to develop pressure ulcers.
- Staff at times failed to identify changes to people's needs and this put people at risk of harm. For example, staff had not identified skin integrity issues prior of these being reported by visiting family members.
- Lessons learnt process was not embedded in daily practice. The provider and the manager failed to ensure they discussed and shared with staff any incident, accident, complaint or safeguarding concern. They failed to ensure lessons were learnt through reflective practice and implement best practice guidance in staff's practices.

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 this key question was rated inadequate. We have not changed the rating as we have not looked at all of the well-led key question at this inspection.

The purpose of this inspection was to check if the provider had made sufficient improvements to their governance systems and leadership to ensure people received safe care. We will assess the whole key question at the next comprehensive inspection of the service.

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

At our last inspection, the provider's quality assurance systems and processes were not effective and had not enabled them to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation.

- At our last inspection systems were in place to monitor the safety of the care provided but were ineffective as they were not used. At this inspection, we found little evidence that the provider had made sustained improvements. The recent appointment of a new manager had led to the development of new audit tools, but these remained ineffective in improving care.
- The new manager split their time between their full-time job and managing the service. They did not fully understand their role and responsibilities. They told us they knew they needed training in safeguarding and understanding MCA and DoLS. They also lacked understanding of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For example, legionella risk assessments were not carried out, although the new manager had identified these required frequent checks, they failed to implement this. This put people at risk of harm.
- At our last inspection we found that the provider had not operated robust systems to enable staff to learn from incidents and improve through professional reflective practice. This continued to be a concern. Where incidents continued to occur within the service, these were not investigated, reported promptly or appropriate actions undertaken to prevent recurrence.
- The new manager delayed reporting safeguarding concerns to external organisations. This had not been identified as an area for improvement. Incidents continued to be documented within care records and not formally reported to the new manager for investigation. The lack of internal auditing meant that this had not been identified as an area in need of improvement.
- The provider and the new manager were unaware whom to report incidents where staff were injured by

service users.

- A newly employed staff member was working unsupervised without the new manager having verified their DBS [criminal records check]. The staff member returned home and brought the DBS on the day of our inspection; however the provider had failed to follow their own policy for recruitment to ensure it was safe for staff to work in their service.
- The new manager had not ensured the providers policy was followed in relation to supervision or reflective practice of staff. Staff had only received one supervision since our last inspection. The supervision records we looked at for staff were copied and pasted between each form, therefore not tailored to individual staff needs. There were no clinical supervisions for clinical staff and supervisions did not allow for staff to reflect on their practice and development.
- The provider did not demonstrate they had maintained oversight or worked to understand the concerns and drive improvement. On the day of the inspection the provider was working within the service. They were unaware where to find information we requested on the day of the inspection. They had no meetings with the new manager and could not provide us with a copy of the home's improvement plan, or any audits undertaken. They failed to prioritise improvement actions needed and they lacked understanding of the significant failings we had identified at our last inspection. The actions taken by the provider and the new manager had not resolved the ongoing breaches listed in this report. There has been a provider level failure to act on concerns at the service in a timely way.

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

- People's feedback about the running of the service had not been sought. The new manager had sought the views of 2 relatives and 8 staff members. Overall, the feedback from both groups was positive, however, where concerns were raised there was no action taken to drive improvement.
- Meetings were not held with people. Staff meetings did not demonstrate an open and transparent approach that sought to share information and seek staff involvement in developing improvements. The clinical lead told us staff morale was low in the service, however there was no record where managers had discussed morale with staff and seek ways to improve this. This was still an area in need of improvement