

NSF Health Ltd.

NSF Health

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

NSF Health is a domiciliary care service providing care to people in their own homes. The service is provided to people who have a range of needs including a learning disability, mental health needs, physical disability and age-related frailty. At the time of the inspection, there were 37 people receiving support from NSF Health.

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

The management of medicines within the service was not always safe as shortfalls in medicines records did not support safe delivery of the service. We could not be assured people had always received their medicines. Staff practices in relation to medicines were not always in line with national guidance or the provider's policy.

We could not be satisfied that governance systems used within the service were always effective. Shortfalls within the service were not always identified and appropriate action had not always been taken to address shortfalls. Where shortfalls had been identified, there was a lack of evidence as to what action had been taken to address the shortfalls. Subsequently, these shortfalls were still present at the time of the inspection.

The recording of people's care delivery had not always been completed. We also found inconsistencies relating to call monitoring. This meant, management could not always identify whether people had received their care calls as agreed and what support people had received from staff. The people and relatives we spoke with provided mixed feedback relating to the punctuality of care staff.

The provider and registered manager had reviewed all incidents reported by staff and acted upon them to reduce risks to people. However, they had not always notified CQC of incidents they had a legal obligation to report to us.

People were protected from avoidable harm and the risk of abuse had been minimised. Staff had received safeguarding training and had a good understanding of the action they needed to take if they had any concerns.

The service took appropriate action to ensure the safe recruitment of staff. Infection prevention measures had been established within the service. Staff had a good understanding of these procedures and people confirmed staff were wearing personal protective equipment (PPE) when visiting people in their homes.

People and their relatives were positive about the caring nature and approach of staff. People told us they were supported by staff who were kind and caring.

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.

Staff had received training which was appropriate to their role. Staff told us they received regular support from management. Staff told us they could seek advice from the registered manager and senior carers.

The registered manager acted on concerns to ensure people received care which was safe and responsive to their needs. Any concerns or accidents were reported and acted on.

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 11 October 2019).

Why we inspected

We undertook this inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about the recruitment of staff, and the management of medicines. A decision was made for us to inspect and examine those risks.

Following our initial site visit, additional concerns were raised about the safety of people using the service so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well-Led sections of this report.

We found multiple breaches of regulation. You can see what action we have asked the provider to take at the end of this full report.

Following our inspection, the provider has engaged with us and have given reassurances that people will receive safe care and treatment. The provider took immediate action to arrange additional training, staff support and are in the process of reviewing their quality assurance systems to ensure risks to people are minimised.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for NSF Health on our website at www.cqc.org.uk.

Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to

hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the management of medicines, ensuring accurate and contemporaneous records, maintaining good governance within the service and notifying CQC of incidents.

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 for 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.

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.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

NSF Health

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

We undertook this inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about the recruitment of staff, and the management of medicines. A decision was made for us to inspect and examine those risks.

Following our initial site visit, additional concerns were raised about the safety of people using the service, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

Inspection team

Inspection site visit activity was completed by two inspectors. Two additional inspectors supported the inspection by contacting staff, people who used the service and their relatives by telephone.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats, and specialist housing.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service 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 the information we held about the provider since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also sought feedback from the local authority.

During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager and care workers.

We reviewed a range of records. This included five people's care records and medication records. We looked at eight staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training information and quality assurance records. We spoke with two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- We were not assured that people had received their medicines as prescribed and in line with the provider's policy and national guidance.
- People were at risk of not receiving their medicines and creams as prescribed as people's related support plans were not always clear about what support staff needed to provide. When others [relatives] shared responsibility for managing and giving people's medicines, details of these arrangements had not always been recorded. This increased the risk of medicines errors, including prescribed medicines being missed.
- Medication administration records (MAR) had not always been maintained, to the extent it was not possible to be assured people had received their medicines as prescribed and related risks to people were managed. One person had no MAR in place. While this person's daily records evidenced staff had given medicines on occasions, recording lacked detail and was inconsistent. Other people's MARs had multiple unexplained gaps in recording. Staff had recorded administration of medicines they had not been responsible for giving on another person's MAR.
- We found that some MARs had not always been fully completed by staff and had been edited later by the managers to indicate that people had received their medicines. This practice was discussed with the registered manager who explained that they followed up on such incidents to ensure people had received their medicines. They then subsequently edited the electronic medicines records to indicate that medicines had been given. However, we did not see evidence that the managers had gained assurances that people had received their medicines before they edited the electronic medicines records.

We found no evidence that people had been harmed, however, the failure to ensure the proper and safe management of medicines was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- CQC had received some information of concern about the safe recruitment of staff. However, the recruitment records we reviewed showed staff had been recruited in line with the provider's recruitment policy. Employment and criminal checks were carried out for all new staff and systems were in place to record the identity of staff and their legal rights to work in the UK.
- Information about any discrepancies and gaps in staff's previous employment and their health background were investigated and discussed as part of the recruitment process but not always recorded in detail. This was raised with the registered manager who has now engaged with a recruitment consultant to assist them in the management of recruiting new staff.
- We received mixed feedback from people about the punctuality of staff. Most people received their care

calls at the same time each day, however we found that the start times of calls for some people varied. People were not routinely provided with a schedule of their care call visits and therefore people with varied start times were unable to determine if staff were arriving on time or running late.

- The provider had recently implemented a new system to assist them in the management and monitoring of the delivery of people's care visits. However, there was not a consistent approach of staff using the system accurately which meant the managers could not be assured that people had received their visits on time or staff had stayed for the agreed length of time.
- When staff used the system, it alerted the management team in real-time if staff were running late, missed a call or aspects of people's care were not delivered in line with people's care requirements.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The people and relatives we spoke with told us they felt safe with the staff who supported them.
- Staff received training on safeguarding and were knowledgeable about the procedures to follow if concerns arose. Staff knew what action to take if they suspected abuse or poor practice. Staff said they felt confident to raise concerns about poor care. Staff were confident to 'whistle blow' and knew which outside agencies to involve if needed.
- The provider's safeguarding policy detailed what action was required by staff and managers where any safeguarding issues were identified. Systems were in place for staff to report and record any accidents, incidents and near misses so lessons could be learnt from these where appropriate.

Assessing risk, safety monitoring and management

- Risk assessments were in place for people. When risks were identified, care plans provided guidance for staff on how to reduce the risk of harm to people. There were guidelines for staff on how to support people who required assistance with moving and handling.
- We saw risk assessments had been developed in partnership with healthcare professionals.
- Risks associated with areas such as people's eating and drinking or skin care had been identified and appropriate actions were taken to help reduce these risks.
- Environmental risk assessments of people's homes had been completed. Although risk assessments had been completed, these had not always been reviewed to ensure they were accurate. One person's environmental risk assessment had not been reviewed after new environmental risks had been identified. This meant staff did not always have up to date information relating to people's risks.

Preventing and controlling infection

- The service managed the control and prevention of infection. They had policies and procedures in place along with guidance to support staff in this area.
- There were suitable arrangements in place for the control and prevention of COVID-19 and other infections. Staff had received appropriate training in infection prevention and control.
- People and relatives told us staff had access to and used personal protective equipment (PPE) during care calls. The staff we spoke with confirmed they had access to PPE and did not have any concerns over the availability of PPE.
- The registered manager sent regular reminders to staff and had arranged training on how to work safely and minimise the risks of COVID-19.
- Staff took part in regular COVID-19 testing; staff who received a positive test result were removed from working and did not provide care to people until it was safe to do so.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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's systems to monitor the service had not always been effective in identifying and addressing shortfalls in the service being provided, specifically during the transition and implementation of their new electronic care management system.
- Although the provider was able to run various reports from the electronic system to assist them in monitoring the punctuality of staff and the care provided by staff to people. We could not be assured how the managers had addressed any trends or concerns raised within the reports and how they managed the real-time alerts raised on the electronic system. We found inaccuracies within the recording of care calls. Some records evidenced that people did not always receive their visits on time and for the full amount of allocated time. The provider's systems had not been effective in driving improvements relating to the logging of care calls. We saw numerous errors in people's MAR charts which had been identified. However, we were not shown, when asked, the evidence of the actions being taken to address these shortfalls and as a result, errors were still occurring.
- The service had not developed an effective quality assurance tool to assist them to manage and monitor the accuracy and completion of people's care records and risk assessments. We saw that people's written care plans had not always been updated when people's needs, or the medicines prescribed to them had changed. One person's medicine care plan had not been updated to reflect they were being supported with the administration of prescribed creams. Another person's care plan was inconsistent and self-contradicting in relation to the support they were provided with their nutrition and hydration needs. This had not been reviewed to ensure it was accurate.
- Care records had not always been completed fully or accurately by care staff. For some care episodes, no record of the care provided had been entered by staff. This meant managers could not always determine what support had been provided to people and whether this was in accordance to their care plans.
- Staff were trained to handle and administer medicines. They completed a competency assessment at least once a year to evidence they had maintained their knowledge and skills. We found the competency assessments lacked detail of individual areas which required checking as part of the medicine's competency assessment. It could not be determined from these assessments what each staff member's strengths or areas of improvement were as there was very little detail in the assessment. The provider's medicine competency assessments for staff needed to be more detailed to assist the registered manager in managing the performance and competency of staff in relation to medicines.

- Quality assurance systems had not always identified shortfalls in the staff recruitment systems. This meant the provider was not able to take action to ensure recruitment processes were robust.

We found no evidence that people had been harmed. However, robust systems were not fully in place to assess, monitor and improve the quality of the service and skills of staff. The provider had not ensured that complete and contemporaneous care records had been maintained. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a system in place for staff to report any concerns, accidents and near misses promptly, which staff had followed.
- The provider and registered manager had reviewed all incidents reported by staff and acted upon them to reduce risks to people. However, they had not always notified CQC of incidents they had a legal obligation to report to us. There had been five notifiable incidents since the beginning of April 2021. The provider had failed to notify CQC of these incidents.

We found no evidence that people had been harmed however, the failure to notify CQC of all incidents that affect the health, safety and welfare of people who use services was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We discussed the above shortfalls with the provider who advised us that these were partly due to the unplanned absence of the registered manager from the service. However, this explanation and the shortfalls we found demonstrated the provider's contingency plan for monitoring the quality and safety of the service, in the absence of the registered manager, was not effective.

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

- The registered manager told us they visited people in their homes or contacted them via telephone to speak with them about their care and provided them with an opportunity to give feedback on their care. We saw evidence of these visits taking place and the conversations the registered manager had with people.

Continuous learning and improving care

- The provider told us they held meetings with staff to discuss work practices, training, development needs and staff's well-being. All the staff we spoke with told us they were happy in their job roles and had all the required training to do their job effectively.
- The manager acted on concerns to ensure people received care which was safe and responsive to their needs.
- The registered manager was a member of several forums developed to support managers and provide peer to peer learning. The registered manager told us how they will be using the learning from these forums to develop and improve the service provided to people.

Working in partnership with others

- The service had working arrangements with the local authority. The service had also built relationships with other health professionals including local GP practices and pharmacies. This helped people access and sustain the support they required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents There had been a failure to notify CQC of all incidents that affect the health, safety and welfare of people who use services.18(2)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There had been a failure to ensure the proper and safe management of medicines. 12 (2)(g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There had been a failure to effectively assess, monitor and improve the quality and safety of the services provided. 17 (2)(a) There had been a failure to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. 17 (2)(c)