

Tabitha Home Care Limited

# Tabitha Home Care Limited

## 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

We undertook an announced focused inspection of Tabitha Home Care Limited on 24 October 2016 with phone calls made to people using the service and their relatives on 28 October 2016. The inspection was announced to ensure staff would be available at the office base to answer any questions we had or provide the information we needed.

We carried out a comprehensive inspection of this service on 2, 10, 13 and 14 June 2016. Breaches of legal requirements were found. These related to there being insufficient provider oversight and quality monitoring systems in place and unsafe recruitment practices. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook this focused inspection to check that they had followed their action plan and to confirm that they now met the legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Tabitha Home Care Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Tabitha Home Care Limited are registered to deliver personal care. They provide Domicillary care to people living in their own homes. People who used the service had a range of support needs. At the time of our inspection 180 people received personal care from the provider.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had taken action and the legal requirements had been met.

Staff provided all the appropriate documentary evidence so the provider could carry out the necessary checks of their fitness to work with people using the service. Systems in place were audited and overseen by the provider to ensure safe practice in recruitment practices were maintained. The appropriate criminal records checks, identification documents, references and full employment history were sought and/or undertaken by the provider.

The provider had effective quality monitoring systems in place to support their oversight and effective governance of the service. A management meeting was held each week and attended by senior staff which enabled planning in terms of quality checks due/undertaken and to review action plans in place as a result of any issues identified.

People were satisfied with how they were responded to and the communication they received from office staff when any unforeseen delay was likely to occur in them receiving the support they needed. Records in relation to the risks staff needed to be aware of when supporting people had been reviewed and updated.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We found that action had been taken to improve how safe the service was.

Systems in place in relation to the provider's recruitment and disciplinary practices had reviewed and made safe.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for safe at the next comprehensive inspection.

**Requires Improvement** ●

### Is the service well-led?

We found that action had been taken to improve how well-led the service was.

People were satisfied with the timing of their visits in recent weeks and were more positive about the communication and responses they received from the provider.

The registered manager alongside other senior staff, including the directors had worked together to improve the governance of the service.

This meant that the provider was now meeting legal requirements.

While improvements had been made we have not revised the rating for this key question; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for well-led at the next comprehensive inspection.

**Requires Improvement** ●

# Tabitha Home Care Limited

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an announced focused inspection of Tabitha Home Care Limited on 24 October 2016 with phone calls made to people using the service and their relatives on 28 October 2016. The inspection was announced to ensure staff would be available at the office base to answer any questions we had or provide information that we needed.

This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 2, 10, 13 and 14 June 2016 had been made. The team inspected the service against two of the five questions we ask about services: Is the service safe? and Is the service well-led? This is because the service was not meeting some legal requirements in this area.

The inspection team consisted of an inspector and an Expert by Experience. An Expert of Experience is someone who has personal experience of using or caring for a user of this type of care service.

We checked the information we held about the service and the provider. This included the provider's action plan, which set out the action they would take to meet legal requirements.

We spoke with eleven people who used the service, five relatives and five members of staff by phone, the human resources lead, the registered manager and two directors at the provider's office base. We looked at systems in place to monitor the quality and safety of the service including seven recruitment records, ten Medication Administration Records [MAR], eight peoples care records, complaints, safeguarding and incident records.

# Is the service safe?

## Our findings

At our comprehensive inspection on 2, 10, 13 and 14 June 2016 we found that the systems in place in relation to recruitment were not robust. Half of the employee recruitment records we reviewed showed that gaps in employment history had not been accounted for and also references sought by the provider were not always from the person's last employer. We also found that the provider's disciplinary processes were not implemented consistently and as per their own policy. At our inspection in April 2015 we had also identified that the provider's recruitment processes needed to be improved upon. This was a breach of Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2014.

At this focussed inspection we reviewed the provider's recruitment practices and found they had made the required improvements to ensure they were meeting Regulation 19.

We reviewed the records for the last seven people recruited by the provider. We found that all the references sought were from the staff member's last employer wherever possible and a full employment history had been recorded. The provider had performed a complete audit of the recruitment files for all the staff they employed and where improvement was needed, the appropriate action had been taken. The human resources lead had undergone refresher training in employment law and safe practice to ensure they were fully up to date. The provider met regularly with the human resources lead to review any recently recruited staff files, as an extra check in terms of safe recruitment. The provider had not taken any disciplinary action since our last inspection in June 2016, so we were unable to check if they had implemented their policy appropriately. However, they told us that the learning, improvements made and systems that had been put in place in relation to recruitment would also be applied to any disciplinary action they took.

## Is the service well-led?

### Our findings

At our comprehensive inspection on 2, 10, 13 and 14 June 2016, the provider was found to be failing to demonstrate that the audit and governance systems in place were effectively managing the quality and safety of their service. Many people using the service were experiencing delays in receiving the care they needed and the providers systems did not identify these issues and effectively reassure people in these circumstances. We found that records kept in relation to people's care and any associated risks were not always kept up to date or audited, for example Mediation Administration Records [MAR]. The provider had failed to provide us with evidence of how the risks to the health, safety and/or welfare of people who use services were escalated within the organisation or to relevant external bodies. We noted and people told us that the providers responses to concerns and complaints raised were not always dealt with consistently or to people's satisfaction. We found that the provider had not acted on concerns that we had previously raised at our inspection in April 2015 regarding their recruitment practices, which remained unsatisfactory and were in breach of the law. The provider demonstrated to us that they did not have a clear oversight of the service as the structures in place to support effective monitoring of the safety of the service were lacking. This was a breach of Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.

Overall we found that the provider had taken action and made the required improvements to ensure they were meeting Regulation 17.

At this focused inspection, we were provided with evidence that the registered manager alongside their deputies and the directors had improved upon the quality monitoring systems relating to the effective governance of the service. A management meeting had been implemented for attendance each week by all senior staff and managers to enable the service to plan ahead in terms of quality checks and audits due, any findings and to review action plans in place as a result.

We spoke with people and their relatives to ask for their views of the service in relation to the timing of their calls and communication from the office since our last inspection. Their comments included, "If my carer is not available they let me know in advance", "I am notified in advance by my carer if there is a problem", "Staff stay for the correct amount of time and even a little longer sometimes", "They [care staff] stay the time", "They [care staff] are on time, if they are late and I ring the office they are very responsive" and "I know in advance if there are any changes". Our findings were that people said that their carers came on time but did not notify them if they were going to be delayed. Staff told us they had received a written reminder from the provider about the process they needed to follow and their responsibilities if they were going to be delayed so the person could be contacted as soon as possible, to be reassured and/or updated by the office staff.

People we spoke with said they had received a review of their care needs and were asked about their level of satisfaction with the service they receive. They said, "They have rung occasionally from the office to see if all is okay", "I have had the occasional call from the office asking if I am happy", "I had a visit a month ago checking" and "The office staff have contacted me twice in the last 5-6 weeks to check-up". We found that an extensive review of all care records had taken place. We reviewed eight care records and found that risk assessments were current and that people had received a recent review of their care needs. Systems had

been developed to ensure that dates for further reviews were clearly identified and monitored.

We found that MAR were being returned to the providers office base as was required, in order for checks for any omissions and errors to take place as part of the providers quality assurance checks. We saw that some positive changes and alterations had been made to the MAR in terms of accuracy and identifying which staff member had supported people with their medicines. Staff spoke positively about the changes they had seen in recent weeks in relation to the MAR, they said, "They [MAR] are better now and clearer, so you can see what should be given, when and how many" and "Yes changes have been made, the forms much easier, its is working well at the moment".

The provider demonstrated to us that they were now fully recording, investigating and reporting all incidents that occurred at the service, including missed calls. External agencies including the Care Quality Commission were being notified appropriately of occurrences at the service as required.

Complaints were being logged and monitored for any trends on a regular basis by the provider; we saw the retrospective logging of complaints which would support the effective processing of them in the future. No complaints had been received since our last inspection.