

Hosanna Social Care Services Ltd

Hosanna Social Care Services

Inspection report

Unit 4, Cross Industrial Estate
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Wolverhampton
West Midlands
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Date of inspection visit:
17 June 2019

Date of publication:
07 August 2019

Tel: 01902470073

Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Requires Improvement ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

Hosanna Social Care Services is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection they were providing personal care to one person.

Not everyone who used the service received personal care. 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

People were not protected from the risk of harm due to ineffective safeguarding systems. People were also not protected from the risk of harm connected with health conditions due to poor risk management systems. People did not always receive their medicines as prescribed. People's health and nutritional needs were not always understood and met safely.

People were supported by sufficient numbers of care staff who were recruited safely. People were not always supported safely and effectively due to the registered manager and care staff not having the skills to recognise any deficiencies in care.

People were not supported to have maximum choice and control of their lives. We could not be certain staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service did not support good practice.

People were supported by a staff team who cared about them and had good intentions towards them. However, they were not always equipped with the skills and knowledge to recognise when care delivery was not always caring in nature. People's privacy was respected although their independence could be promoted further.

People were not always empowered to be as fully involved with decisions about their care. Information was not always provided in an accessible format and they were not fully involved in reviews of their care.

People were not protected by effective management, quality assurance and governance arrangements. The provider and registered manager did not have a robust knowledge of current legislation, guidance and care standards. As a result they had not developed policies and processes that were of a good standard. They had also failed to recognise the deficiencies and areas of risk within the service.

Rating at last inspection

The last rating for this service was good (report published 07 October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

At this inspection we have identified the provider was not meeting the requirements of the law in relation to safe care and treatment, safeguarding people, training and the governance of the service.

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

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will 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?

Inadequate ●

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?

Requires Improvement ●

The service was not always 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?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings below.

Hosanna Social 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 Care Act 2014.

Inspection team

The inspection team consisted of an inspector, an assistant inspector and an Expert by Experience (ExE). An ExE 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 homes.

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

We gave the service over 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.

Inspection activity started on 17 June 2019 and ended on 20 June 2019. We visited the office location on 19 June 2019.

What we did before the inspection

As part of the inspection we reviewed the information we held about the service. We looked to see if

statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed information that had been sent to us by the public. We used this information to help us plan our inspection.

During the inspection

During the inspection we spoke with the relative of the person using the service for personal care. We asked them about their family member's experience of the care provided. We spoke with the registered manager and three members of care staff.

We reviewed a range of records. This included one person's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. We also reviewed 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 training data 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 inadequate. This meant people were not safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider stated in their Provider Information Return (PIR) that they had robust safeguarding policies in place. We found this not to be the case. The provider's safeguarding policy was not in line with current legislation and they were not identifying potential concerns about people.
- Care staff we spoke with were not able to competently outline a range of potential signs of abuse. We also found the registered manager did not have an adequate knowledge of local safeguarding processes.
- We confirmed by reviewing records, speaking with care staff, the registered manager and a relative, that a service user had not had a significantly important medical product available to them. This product was vital to their immediate safety. Care staff gave varying accounts of how long this product had not been available.
- The registered manager had failed to take appropriate action. Despite them stating a healthcare professional was responsible for the product not being available, they had failed to escalate the concern to the local safeguarding authority. As a result, the person had been exposed to the ongoing risk of avoidable harm.

The provider's failure to ensure robust safeguarding systems were in place was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safeguarding people who use services from abuse or improper treatment

Assessing risk, safety monitoring and management

- The provider stated in their PIR that robust risk management systems were in place. We found this was not the case.
- Care staff we spoke with had varying understanding of actions they needed to take in order to protect the person from risks associated with their health. The provider had failed to clearly establish the person's needs and they, themselves lacked understanding around how they should protect the person from harm. As a result, care plans and risk assessments lacked clear guidelines around how the person should be safely supported. This failure resulted in the person being exposed to a prolonged risk of avoidable harm.

The provider's failure to ensure that effective risk management systems were in place was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

Using medicines safely

- The provider had failed to address concerns we identified at our last inspection completed in 2016. At our last inspection we identified the provider was not recording the administration of topical creams. They were also failing to ensure a pharmacist was consulted prior to adding medicines to food prior to administration.

This is important to ensure that medicines remain effective and specific instructions may need to be adhered to. Despite the provider having given assurances these issues would be addressed, they had failed to do this and the practices were continuing.

- The provider had also failed to ensure that medicines; including creams were available to the person. They had failed to ensure care plans clearly defined who was responsible for ordering and collecting medicines. They had also failed to ensure that where medicines were not available to the person this concern was escalated to an appropriate health and social care professional for resolution. During the period of time topical creams were not available, concerns were identified with the person's skin integrity. We also found the failure to ensure other medicines were available posed a significant risk to the person's health.

The provider's failure to ensure that safe medicines management systems were in place was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

Learning lessons when things go wrong

- The provider had not evidenced they were able to learn lessons from past events in order to make improvements to the service. For example; they failed to act on concerns we raised at our prior inspection and as a result the level of risk within the service had increased. They had also failed to take action and learning following identified issues for example the sourcing of medicines. They did not use these events to drive improvements in care planning, communication and medicines management systems.

Staffing and recruitment

- We found there were sufficient numbers of care staff to ensure all care visits were completed as required.
- We found pre-employment checks were completed prior to care staff starting work. These checks included identity, reference and Disclosure and Barring Service (DBS) checks. DBS checks are completed to enable employers to review a potential employee's criminal history to ensure they're suitable to work with vulnerable people.

Preventing and controlling infection

- Care staff we spoke with had an understanding of the need to prevent the spread of infection. They could advise when they would use Personal Protective Equipment (PPE) such as gloves and aprons.

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 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 effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The registered manager and care staff did not always have the required skills and knowledge to recognise where care delivery fell below required standards or when people were exposed to the risk of harm.
- The registered manager and care staff lacked the required knowledge in a range of areas including safeguarding, medicines management, diet and nutrition and the Mental Capacity Act 2005. As a result, they were not providing safe and effective care in these areas.
- The registered manager was registered nurse and was delivering some aspects of training and assessing the competency of care staff. However, as they had not ensured their own knowledge was in line with current standards and legislation the training failed to be effective. The registered manager also failed to recognise where the competency of care staff also fell below expected standards.
- The registered manager had also failed to identify specific areas in which further specialised training was required in order to care for the person they supported safely. As a result, the registered manager and staff team also lacked knowledge in this area and had not recognised the potential risk the person had been exposed to.

The provider's failure to ensure that the registered manager and staff team had the required skills and competency was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing

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

- People's needs were not fully assessed in line with current guidelines and legislation. We found issues with the assessment of one person's needs which had resulted in their exposure to avoidable harm.
- The registered manager was not aware of current guidelines and legislation. As a result, their policies and procedures had not been developed to reflect the latest expectations and care delivery was not in line with current standards.

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

- The registered manager ensured that the quantity of food and fluid the person consumed was monitored and concerns were shared with the person's relative.
- However, the registered manager had failed to ensure that specific dietary needs were fully understood both by themselves and the care staff team. As a result the person was exposed to the risk of avoidable harm.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The provider failed to ensure they were communicating effectively with relevant health and social care professionals. Care staff told us they had identified concerns with the person's skin integrity. We found these concerns had been reported to the registered manager, yet had not been escalated to the person's doctor or district nurses. As a result, the relevant healthcare professionals had not been able to complete an assessment of the person's needs to identify if specific support or treatment was required.
- We also found further concerns with the communication with health and social care professionals and other agencies. The registered manager was making their own judgements about the health and safety of the person they supported without ensuring appropriate professionals were consulted.

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 when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager and care staff understood the importance of seeking and gaining consent from people who had the mental capacity to make decisions about their care and to provide consent. However, the registered manager and care staff lacked knowledge and understanding of the actions required of them where people may lack capacity.
- The registered manager and care staff had differing views around the mental capacity of the person they supported. Despite this, they had not tested their capacity using the principles of the MCA and were making decisions on their behalf.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- The registered manager's failure to fully understand current legislation meant they did not always understand when they failed to meet expectations in terms of the involvement of people in decisions about their care.
- While the registered manager ensured they were liaising with a representative of the person about decisions surrounding their care, they were not able to demonstrate the person had been involved as fully as possible.

Respecting and promoting people's privacy, dignity and independence

- The registered manager and staff team did not recognise they were not fully promoting the independence of the person by not fully enabling them to be involved in decision making about their care.
- Care staff we spoke with understood how to ensure people's privacy and dignity were respected and promoted.
- Care staff did take some opportunities to promote the independence of the person they supported. For example; by encouraging them to complete certain tasks themselves wherever possible.

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

- We found the registered manager and care staff team to be well intentioned towards people. The person's representative gave us numerous examples of where the staff team demonstrated a caring nature towards the person they were supporting.
- The provider's failure to ensure the registered manager had the skills and knowledge required meant they did not recognise when care provided was not caring. For example; when they were put at risk of harm due to their lack of action to resolve issues surround the availability of appropriate medical supplies.

Is the service responsive?

Our findings

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

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 people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider outlined in their PIR that effective assessments of people's needs and preferences were completed; however, we found this was not always the case. We found the person's needs they were supporting had not been fully understood and as a result the provider could not demonstrate that care provided met their needs.
- Regular reviews of the person's care were completed although the person themselves or their representative were not involved. The care reviews were held with the provider, registered manager and staff team. This did not demonstrate that the person was given as full control as possible over their package of care and were involved in decision making that would impact on the care they received.

Meeting people's communication needs

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.

- The provider stated in their PIR that they provided information people required to make choices in a format they could understand based on their identified needs. We found this was not the case. The provider was not aware of the AIS and could not provide examples of documentation provided in alternative formats.

Improving care quality in response to complaints or concerns

- The provider had not received any formal complaints into the service. A complaints policy was in place and this was made available to people using the service.

End of life care and support

- At the time of the inspection the provider was not delivering care to anyone who required end of life care and 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- The provider had failed to ensure they had effective quality assurance and governance systems. They had not identified areas of risk within the service including poor medicines management systems, failures in their safeguarding systems and issues with identification and escalation of concerns relating to people's health.
- The provider had failed to ensure they had systems in place to effectively assess the competency of staff members and to ensure appropriate training was provided to prevent people from being exposed to risk.
- The provider had failed to ensure they were knowledgeable about current legislation and regulatory requirements. For example; their safeguarding policy was not in line with the requirements of the Care Act 2014. As a result, they failed to ensure they had effective policies and systems in place.
- The provider had failed to ensure they were taking learning from past issues and events in order to drive improvements and minimise risks to people. For example; we identified issues around medicines management at our last inspection that the provider had failed to address despite giving us assurances this would be the case. As a result, the level of risk in the service had escalated. The provider was not protecting people from the risk of avoidable harm.

The provider's failure to ensure effective quality assurance and governance systems were in place was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance

Working in partnership with others

- The provider was not ensuring they were working effectively with other agencies and health and social care professionals in order to minimise against risks to people. We found multiple examples of where the provider's failure to inform others about concerns or to engage with them effectively had resulted in unnecessary risk.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager demonstrated good intentions towards people but was not equipped with the required skills and knowledge to recognise when care provided was not truly person-centred.

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

- While the provider stated they fully understood their responsibility in line with the duty of candour we found they failed to take responsibility for the issues that we identified during the inspection. They failed to understand the serious nature of the concerns identified.
- The provider stated in their PIR that they regularly engaged with professionals including social workers; however, we found the local authority were unaware of the issues the provider had encountered. This included the problems with the availability of crucial medical supplies. This indicated the provider's PIR was not fully candid and demonstrating a reliably open and honest culture.

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

- While we found the provider was regularly communicating with the person's representative and sought their views, we did not see the person using the service was as fully engaged as possible.
- The provider's PIR told us they made documents available to the person in a specific format to aid their involvement and communication although we found this not to be the case. The registered manager told us they had not made documents available in this format; including any documents relating to their care or any form of feedback questionnaire or survey.
- Care staff told us they felt fully involved in the service. They felt they were regularly communicated with and were able to voice any concerns or issues they might have.