

Slade Healthcare Ltd

# Slade Healthcare Ltd

## Inspection report

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13 October 2020  
19 October 2020  
27 October 2020

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### Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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# Summary of findings

## Overall summary

### About the service

Slade Healthcare Limited is a domiciliary care agency providing personal and nursing care to people in their own homes across London.

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. At the time of the inspection the registered manager told us four people were using the service; three of whom received personal care.

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

We found recruitment systems were unsafe and staff were employed without the range of required checks to ensure they were suitable to provide care to vulnerable people.

Risks in relation to people's health and care needs were not always identified or assessed or guidance given to staff on how to reduce the risks.

Medicines were not safely managed as some risks in relation to medicines were not identified and staff did not all have medicines administration training or their competency assessed. There was an absence of effective infection control systems and absence of guidance for staff to refer to in relation to Covid -19 and the pandemic.

There was an absence of systems to monitor the quality and safety of the service and accurate records of people's care were not maintained. The registered manager was not aware of all the requirements under the regulations.

These issues had not impacted on people but there were possible risks as a result of the absence of effective oversight and records.

People and their relatives were positive about the care provided. They told us they had the same consistent staff team and that staff were kind, caring, reliable and competent in their roles. They said staff wore appropriate PPE and understood infection control. People told us they received their medicines when they should.

Staff told us they felt well supported by the registered manager and office manager and that they worked well as a team. People and their relatives said they thought the service was well managed and organised and that they were involved in decisions about their care and support needs.

### Rating at last inspection

This service was registered in May 2019 and has not yet been rated.

### Why we inspected

This was a targeted inspection to check on specific concerns we had about possible risks to people using the service and the way the service was managed. A decision was made to inspect and examine those specific risks.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at entire key questions; only the part of the key question we are specifically concerned about. Targeted inspections therefore do not award or change a rating from the previous inspection. This is because they do not assess all areas of a key question.

Therefore, no overall rating for this service has been awarded at this inspection. We will award a rating following the first comprehensive inspection.

### 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 unsafe recruitment processes, risks to people in relation to their health needs, medicines and infection control and with the governance and management 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

We have requested 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?

We have not awarded a rating at this inspection.  
This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### Is the service well-led?

We have not awarded a rating at this inspection.  
This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

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## 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 under this Act.

This was a targeted inspection to check on specific concerns we had about possible risks to people due to an absence of appropriate risk assessments and governance processes.

#### Inspection team

The inspection team was made up of two inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care and nursing 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 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

Before the inspection we reviewed the information we held about the service. We spoke with the local authority safeguarding and commissioning teams about the service.

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 used this information to plan our inspection.

#### During the inspection

One inspector visited the office on 13 October 2020 and spoke with the registered manager, and the office manager and looked at records held by the service. Following the office visit they spoke with two people using the service, a health professional and two relatives by phone on 16 October 2020. A second inspector contacted six staff on 27 October 2020 to obtain their views about the service.

#### After the inspection

We continued to seek clarification from the provider to validate the evidence found and to request records not available at the inspection such as recruitment checks and risk assessments.

# Is the service safe?

## Our findings

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

This service was recently registered with the Care Quality Commission and has no current rating for this key question as it has not yet had a comprehensive inspection.

The purpose of this inspection was to check on specific concerns we had about risks to people using the service. We have only looked at the parts of the key question we had specific concerns about and are therefore not able to award a rating. We will assess all of the key question at the next comprehensive inspection of the service.

### Staffing and recruitment

- Staff recruitment processes did not comply with the regulations. This placed people at possible risk of harm. At the office visit the registered manager was unable to provide any recruitment records including criminal records checks, identity checks, full employment histories or references to verify staff were suitable to employ to work with vulnerable people.
- Some records were sent to us following the office visit, including evidence of some criminal record checks and nurses' registration with their regulatory body, the Nursing and Midwifery Council. However, there were missing criminal records checks for two staff members and the registered manager was unable to provide any further identity, character checks, or full staff employment histories in line with the regulations.
- People and their relatives told us they thought staff were competent and knowledgeable in their roles. However, some nurses were delivering care to people with complex needs such as using specialist feeding methods, stoma care and wound care. The registered manager was not able to evidence they had checked that staff had received training or had the necessary competence, skills or experience for these roles.
- Care staff were employed to work with people without evidence of checks to ensure they had adequate training for their roles. For example, for two care workers there was no evidence they had first aid training, medicines training where they administered medicines, or safeguarding vulnerable adults training or moving and handling training where they supported people to mobilise with equipment.

We found no evidence that people had been harmed however, effective recruitment processes were either not in place or robust enough to ensure people were not at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took immediate action to remove staff without criminal records checks from delivering care while they applied for these checks and to address the gaps in the recruitment process.

- People and their relatives told us staff were reliable, not usually late and stayed the full length of their calls. One person commented "They always turn up and are hardly late." They said they received care from the same small consistent staff team which they valued. One relative commented, "They are flexible and have been able to come out in an emergency too." Staff said there were enough of them to deliver the care

needed to meet people's needs. One staff member said, "There are enough staff. Cover is available and we get our rota on time. This is well managed."

#### Assessing risk, safety monitoring and management

- Risks to people were not always identified or assessed. At the office visit we found no records of risk assessments related to people's health needs or the environment. The registered manager advised these were in people's homes. This placed people at risk of possible unsafe care as office staff would not have access to the information about risks.
- We were sent care plan documents following the office visit, however these did not include specific risk assessments or guidance for staff to ensure possible risks were reduced or reviewed when circumstances changed. For example, for one person who required staff support to mobilise and the use of equipment, there was no moving and positioning risk assessment or falls risk assessment or guidance for staff on how to support them to reposition or mobilise. For another person with distressed behaviours there was no assessment of the possible risks or guidance for staff on how to reduce these risks.
- Where people had complex health needs such as stoma care wound care or specialist feeding regimes there was no assessment of risk or guidance for staff in these areas to reduce risks. Where they were not directly involved in these aspects of care there was no guidance for on how to manage possible risks with their equipment while they provided personal care or supported people to mobilise.

We found no evidence that people had been harmed, however, risks to people were not adequately identified or assessed and this placed people at risk of harm. These issues were a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us they felt very safe and well cared for by staff who were knowledgeable about their health needs. They confirmed they were very happy with the care provided. One person remarked, "I am really confident with them, they have even taken on the district nurses' responsibilities at my request."

#### Using medicines safely

- Risks in relation to people's medicines were not safely managed or in line with best practice guidance as issued by National Institute for Health and Care Excellence (NICE) 2017, Managing medicines for adults receiving social care in the community. There were no medicines risk assessments to ensure possible risks to people in relation to their medicines were identified and managed. Some staff administered medicines via specialist systems including a syringe driver and jejunostomy feeding tube but risks in relation to possible side effects, supply and administration had not been assessed. There was no guidance to support unfamiliar staff to mitigate possible risks.
- People and their relatives told us staff were reliable about their medicines and they received them when they should. For two people supported by staff with their medicines we found no medicines administration records (MAR) were being completed. This meant there were no records to highlight any medicines allergies or confirm medicines had been administered safely and in line with the prescriber's recommendations. This posed risks of unsafe care and treatment. Where one MAR was provided for another person, gaps in the records could not be explained as they had not been investigated. There was no guidance for staff for as required medicines to guide them on when to give these. These issues placed people at risk of unsafe care.
- There were staff competency records and training for syringe driver use. However, there were no medicines competency assessments completed for staff including staff delivering medicines via other specialist methods. The registered manager could not evidence that all staff had received training on medicines administration to ensure they understood how to administer medicines safely.



## Preventing and controlling infection

- Systems for infection prevention and control were not sufficiently robust. There were no risk assessments for service users' or staff in relation to Covid-19 to identify and reduce possible risks. Four staff told us they had not received any infection control training to ensure they understood how best to protect people from infection particularly during the pandemic. Not all staff had evidenced they had completed food hygiene training.
- The provider's infection control policy had not been updated to include guidance for staff on Covid-19. We were shown a Covid-19 policy which explained the symptoms of the virus and gave advice on handwashing. However, it did not advise staff to wear a mask while providing personal care. There was no guidance for staff on appropriate PPE or how to support and care for people who were shielding or who had symptoms of the virus to assure us that infection risks would be appropriately managed.

We found no evidence that people had been harmed, however, risks to people in relation to both medicines and infection control were not adequately identified or assessed and this placed people at risk of harm. These issues were also a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us staff wore appropriate PPE (personal protective equipment) when they provided care and support. A relative told us, "They are good about wearing PPE – I'm hot on that." Staff told us there were adequate supplies of PPE and they wore masks as well as gloves and aprons when they delivered care.

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

- Systems to safeguarding people from abuse needed some improvement to ensure they were sufficiently robust. Not all staff had received training on safeguarding vulnerable adults. They were knowledgeable about different kinds of abuse, but two staff members were not aware of how to effectively whistle blow with external agencies if needed. There was no safeguarding or whistleblowing guidance for staff to refer to in the staff hand book.
- People and their relatives told us they felt safe from harm and neglect using the service. One person told us, "I feel very safe. They are very careful, thorough, good and accurate." A relative remarked, "Slade give very good care. [My family member] is totally safe. They understand the care they need."
- The registered manager was aware of how to raise safeguarding alerts appropriately and work with the local authority to address any concerns.

# 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.

This service was recently registered with the Care Quality Commission and has no current rating, as it has not yet had a comprehensive inspection.

The purpose of this inspection was to check on specific concerns we had about risks to people using the service. We have only looked at the parts of the key question we had specific concerns about and are therefore not able to award a rating. We will assess all the key question at the next comprehensive inspection of the service.

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

- There was an absence of systems to assess, monitor and improve the quality and safety of the service. The registered manager told us they supported staff through regular supervision and completed spot checks on their work. Three staff said they did not have regular supervision and no records of the supervision or spot checks were provided. No recorded audits were completed to monitor the quality and safety of the service and identify areas for improvement. There was no evidence of checks being completed on MAR records or daily notes to monitor the quality of the service.
- There was an absence of systems to assess monitor and reduce risks to people's health and safety. There was no system of monitoring calls to identify any late or missed calls that could pose a risk to people's safety. There was no system for the completion of accident and incident records or the monitoring and oversight of accidents and incidents. Staff were not always aware of the need to complete accident and incident records and we found a head injury referred to for one person in an email, but no incident report had been completed; although action was taken in relation to their immediate care.
- There was no business continuity plan to manage risks during a range of emergencies. There were no risk assessments in relation to Covid-19 completed for staff to ensure risks were identified and mitigated.
- The registered manager was aware of the circumstances and events that CQC needed to be notified about but did not display sound knowledge or familiarity with the requirements of the regulations under which the service needed to operate. For example, in relation to recruitment, staff monitoring and assessing risks. She had not identified the issues we had found at this inspection.
- Accurate complete and contemporaneous records in respect of people's care were not always maintained. Care plans contained minimal details about people's care needs and did not include some areas of their health needs. For example, for one person there was no care plan or guidance for staff for stoma care or wound care where staff supported them with these needs. MAR were not always completed, and one MAR was signed by the service user daily rather than the staff who administered the medicines. For another person we found no daily contemporaneous record of their care were maintained as required under the regulations.

We found no evidence that people had been harmed however, systems were either not in place or robust

enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives were all positive about the way the service was run and the care they received. A relative remarked, "They have been fantastic, they are proactive and manage my [family member's] care well."

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

- People and their relatives said they felt involved in the discussions about their care. One person said, "They consult and involve me directly, so I do feel included in my care." The registered manager told us they sought verbal feedback about the service but there was no evidence of any feedback being considered to improve the quality of the service.
- A health professional we spoke with was positive about the care provided and communication with the service.
- Staff were positive about the way the service was managed. They told us the registered manager and office manager were very supportive and always available and approachable and that they all worked well as a team. One staff member said, "They [Registered manager and the office manager] really care for their clients and are brilliant. I have been more supported by this agency than the one's I have worked for before."

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Care and treatment was not safely provided as risks to people were not always identified or assessed. Medicines were not safely managed and infection prevention and control measures were not adequately implemented. (Regulation 12 (1)(2)(a)(b)(g)(h))

### The enforcement action we took:

We served a Warning Notice to require the provider to comply with the regulations.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems to monitor the quality and safety of the service and mitigate risks were not effectively operated. Accurate records of people's care were not maintained. (Regulation 17 (1)(2)(a)(b)(c)(d))

### The enforcement action we took:

We served a Warning Notice requiring the provider to comply with the regulations.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed
Treatment of disease, disorder or injury	Effective recruitment processes were not in place. There was no evidence of sufficient checks on staff to comply with Schedule 3 and the regulations. (Regulation 19(1)(a)(b)(2)(3)(a))

### The enforcement action we took:

We served a Warning Notice requiring the provider to comply with the regulations.