

Absolute Home Care Nottingham Limited

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## Inspection report

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## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

# Summary of findings

## Overall summary

### About the service

Absolute Home Care Ltd is a domiciliary care agency, providing personal care to people living in their own homes. There were 33 people receiving personal care at the time of the inspection.

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 using the service were at risk of harm due to concerns identified around poor medicines management which was not always safe.

Staff were not always recruited safely and the provider did not always follow its recruitment policies and procedures.

Care records did not contain sufficient information and guidance to enable staff to support people in a safe way. Risk management was not always in place for falls, pressure area care, catheter care or choking.

Although staff told us the training was good, it was unclear if staff had received adequate training for their roles. Training records were out of date, and there were gaps in some staff training records. There was a lack of competency assessments, supervision and spot checks recorded.

Governance arrangements did not provide assurance that the service was well-led. The provider had not ensured that their systems and processes to monitor the quality of care was effective.

There was a lack of analysis of incidents and it was not clear that lessons learnt and improvements were made when things went wrong. It was not clear if the service told people and their families when things went wrong.

Positive feedback was received from people and their relatives about the service and its staff. Staff were positive about the service and support from the management team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: The last rating for this service was requires improvement (published 4 April 2019) and there were multiple breaches of regulation. At this inspection we found similar concerns as highlighted at the last inspection. Ineffective action had been taken to improve the service and the provider was still in breach of regulations.

### Why we inspected

We received concerns in relation to the management of medicines, assessment of risk, reporting of incidents, recruitment processes, and a recent fall. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. 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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to inadequate. 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 full report. We identified breaches in relation to medicines, recruitment, risk assessment, record keeping and improving the quality of the service at this inspection. The provider immediately took action to mitigate the risks identified and has produced an action plan to make immediate improvements. You can see what action we have asked the provider to take at the end of this full report

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Absolute Home Care Nottingham Ltd on our website at [www.cqc.org.uk](http://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 monitor the service and 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 continued breaches in relation to risk management, safeguarding people from harm, staff training and recruitment, and good governance at this inspection. 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 of 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?

The service was not safe.

Inadequate ●

### Is the service well-led?

The service was not well-led.

Inadequate ●

# Absolute Home Care Nottingham Limited

## **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 was carried out by two inspectors on site, an assistant inspector and an Expert by Experience who made phone calls to staff and people who use the service. An Expert by Experience 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 houses and flats.

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 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also needed to check the current Covid-19 status for people and staff at the service.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted Healthwatch,

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection-

We spoke with ten people who used the service and seven relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, assistant manager, human resources manager, care manager, senior care workers, and care workers.

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

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at an updated training matrix and further policies and procedures.

# 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 requires improvement. At this inspection this key question has now deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

### Using medicines safely

- Medicines were not always administered safely. We found numerous examples of medicines errors or omissions that had not been identified or reported. Medicines policies and procedures were not being followed.
- There were gaps on medicine administration charts. Reasons for not giving medicines were not clearly recorded. Handwritten changes to medicines charts were not clear, had not always been signed or dated, and incorrect changes had been made.
- One person had instructions to give additional medicine to what had been prescribed. This overdosing of medicine could have a negative impact on a person's health.
- PRN (as required) medicines did not have clear information about why they were to be given, desired effects or side effects to observe for. There was no maximum dose or further action to take if they did not work. This put people at risk of being given 'as required' medicine unsafely.
- Two people had the incorrect dose of a medicine handwritten on their PRN (as required) chart. This meant we could not be assured that people had been given the correct dose of medicine at the right time with the correct interval. This meant people were at risk of receiving the wrong medication.
- Staff had training in medicines however there was no evidence of competency assessment on the training matrix provided. Due to the concerns seen we were not assured staff were suitably skilled to support people's medicine administration.

The registered manager told us that following our inspection, they were retraining all staff and implementing new audits on a daily and weekly basis to improve medicines management.

Due to poor management of medicines, people were at risk of harm. We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

During the last inspection not all concerns were reported appropriately. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014

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

- A number of recent incidents had not been reported to safeguarding. Therefore, we could not be assured that all incidents and accidents were reported to CQC or safeguarding appropriately.
- Staff told us a person had injured themselves whilst being assisted by staff to move. We found errors in medicines that we notified the management team about. These were not reported to safeguarding.
- Staff we spoke with had an understanding on how to identify and report abuse. They had received

safeguarding training and had a safeguarding policy to support them. However, the provider was not following its own procedures in reporting incidents.

Lack of effective processes to safeguard people, meant people were at risk of neglect or abuse.

This is a continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 Systems and processes to safeguard people from the risk of abuse

- People and families told us they felt safe with staff.

Assessing risk, safety monitoring and management

- Risk assessments were not always in place, and people's needs were not fully and effectively assessed, and information in assessments was minimal and unclear.
- There was a lack of formal assessment tools in use and staff were unclear on the risks posed to people using the service.
- People had complex health needs including diabetes, catheters and feeding tubes. It was not clear if staff had training in how to support these needs and there was insufficient guidance in place for staff to follow. This posed a risk to people using the service as staff were unable to support their needs without clear training and guidance in place.
- People who were at risk of depression, choking, pressure damage and infections, had little or no guidance in place for staff to follow. This meant these risks may not be managed safely.
- We identified the issue of risk management at our previous inspection. The lack of effective action to manage risks has put people at prolonged risk of harm

We found no evidence that people had been harmed however, due to a lack of detailed risk assessments, this placed 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.

Staffing and recruitment

- Recruitment processes were not always safe, and the provider was not following its recruitment policies. For example, there were gaps in employment history that had not been explored and staff had been recruited without appropriate references.
- Disclosure and Barring System (DBS) checks were not always in place before appointment. There was a lack of timely risk assessment of staff with declarations on their DBS checks.
- This means the provider could not be assured that people were protected from the risk of potential abuse from unsafe staff.
- Staff told us they received training for their roles which was very good, and they had regular updates. However, the training matrix was out of date and did not reflect all the training staff had received. For example, no catheter training was recorded, however staff told us they had received this training.
- It was unclear on the training matrix when updates were required, therefore we could not be sure staff were up to date with training.
- Some spot checks were recorded on the training matrix. However, it did not show that staff performance was monitored adequately to ensure that poor performance was addressed.
- Staffing levels were safe, and staff told us there were enough staff. People told us staff arrived on time and stayed the correct amount of time. The registered manager told us they had implemented a 'phone app' for staff to check in and out and they monitored and logged the length of calls.

Due to a lack of robust recruitment processes the service was in breach of Regulation 19 Fit and proper persons of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.



#### Learning lessons when things go wrong

- Systems and processes to review and analyse incidents, accidents and medicines errors were ineffective.
- Staff told us they completed accident forms, however we saw no analysis of falls or incidents, to prevent re-occurrence or evidence of how improvements were made, and lessons were learnt.
- Evidence that the provider was not fully recording or reporting all incidents meant that there was a further lack of follow up and monitoring of people post incident. This exposed people to further harm.

#### Preventing and controlling infection

- Staff received training on how to prevent the spread and control of infection, and there were procedures and policies in place for staff to follow.
- Staff told us there were adequate amounts of personal protective equipment (PPE) available to them. People told us staff wore PPE when providing personal care.
- The management team had implemented a Covid-19 policy and had risk assessed the needs of people and staff.

# 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.

At our last inspection the provider had failed to ensure there was effective systems and processes to monitor and improve the quality of the service. This was a breach of regulation 17 Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Systems and processes to assess, monitor and review quality, safety and risk were ineffective. This is an ongoing concern from our previous inspection, and actions had not been taken to improve this.
- Audits of care records were not up to date and had not been performed for the past three months.
- Medicines audits in place were ineffective and had not picked up the errors or omissions we identified. Improvement had not been made following audits.
- Minutes of a staff meeting six months earlier showed similar medicines issues had been identified, such as untidy recording charts and signatures missing. However, no improvement had been made.
- Staff told us they received regular supervision and spot checks. However, this was not reflected on the supervision matrix, so we could not be sure that staff performance was monitored regularly, and that staff had the skills, experience or competency required.
- There were no copies of support plans in the office, so records we saw were incomplete. The management team told us that complete records were kept in people's homes, however, we could not be sure that the management team had the up to date information they needed if staff or people phoned the office for advice.
- Care records were reviewed regularly, however guidance in these support plans around conditions such as diabetes and risk management was not always present.
- Leadership of the service was inconsistent and the management team were not clear about their responsibilities.
- The management team told us they had made improvements since their last inspection, however we could not see any improvements had been sustained.
- Reporting of incidents and concerns was inconsistent, analysis of events for themes and patterns and feedback to staff was not evident. This meant there was no opportunity to identify improvements and learn from these and reduce reoccurrence.

A lack of learning following incidents meant people were at risk of avoidable harm. Not enough improvement had been made at this inspection and the provider was still in 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

- We asked the registered manager if there were any incidents where duty of candour had been applied, they told us there had been no duty of candour incidents.
- However, we found multiple incidents where duty of candour should have been applied. For example missed medications.

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

- The provider sought the views of service users and staff, however it was not clear how these influenced change within the service.
- Staff meetings had been impacted by Covid-19 and there had not been a staff meeting recorded since March 2020.
- Staff told us the management team was approachable and they felt well supported as there was always a senior member of staff on duty for advice.

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

- People were positive about the care they received, and staff told us the team worked well together. "The managers are very receptive and always available."
- Calls were monitored by the management team to ensure staff arrived on time and stayed the duration of the call to ensure that people got the attention required.
- People told us the management team were responsive to concerns and addressed issues quickly. "They are very helpful and sort things, I only have to ask."
- The management team were receptive and responsive to our findings and were keen to identify immediate improvements.

Working in partnership with others

- The provider worked in partnership with external agencies such as district nurses, social workers and occupational therapists, to maintain people's health and to support people's discharge from hospital to home.

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  Poor medicines management placed people at risk of harm. Poor or limited risk assessments placed people at risk of harm.

### The enforcement action we took:

Warning notice

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment  There were poor systems and processes to a manage and learn from safeguarding issues which placed people at risk of harm.

### The enforcement action we took:

Warning notice.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There were poor systems to monitor the safety and effectiveness of regulated services, which placed people at risk of harm.

### The enforcement action we took:

Warning notice.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment checks had not always been completed to ensure staff were safe to work with people, which placed people at risk of harm.

### The enforcement action we took:

Warning notice.