

Competent Healthcare Ltd

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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

Competent Healthcare Ltd is a home care agency supporting people with personal care in their own homes. 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 service was supporting six people with personal care.

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

People told us they received inconsistent care. They said that communication with the office could be improved as they were not always informed about changes to their care.

People and staff told us the registered manager was approachable and responsive. However, they also said that former office staff did not always embody these qualities, which contributed to a negative culture at the service. The registered manager acknowledged these issues and had taken steps to build a more positive ethos within the senior staff.

The provider did not have an effective system in place to monitor staff's ongoing training needs. This resulted in staff not always receiving the appropriate training and support in their role.

Medicines administration records [MAR] were not always in place, which meant staff could not accurately record medicines administered. The provider did not have an established system to collect and audit completed records or distribute records for future use. This meant the provider had limited ability to pick up on errors or concerns around people's medicines.

There was not an effective governance system in place to oversee the quality and safety of the service. The systems around auditing of care records and care plans were not completed consistently and did not drive improvement in quality or safety.

The provider sought people's feedback through quality assurance questionnaires, but feedback was not always acted upon or used as an opportunity to make improvements.

The registered manager had recognised where improvements were needed and had developed an action plan which detailed how changes would be made. At the time of inspection, many actions were ongoing and not all improvements had been imbedded or sustained.

There were enough staff in place to meet people's needs. The service had recently reduced the number of people they provided care too due to acute staffing shortages. The registered manager told us they were consolidating the size of the service until they were able to recruit more staff.

The provider carried out appropriate recruitment checks to help ensure suitable staff were employed.

The provider had investigated incidents and concerns to help prevent people from suffering abuse or coming to avoidable harm.

Risks from the spread of infections such as COVID-19 had been considered. Staff took measures to prevent the spread of infections for example by wearing personal protective equipment.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 17 August 2019).

Why we inspected

We received concerns in relation to leadership and governance, staffing levels and staff training. 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.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full 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.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Competent Healthcare Ltd

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

This inspection was carried out by one Inspector and an Expert by Experience. 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 notice of the inspection on the afternoon before the inspection. This was because it is a small service and we needed to be sure that the registered manager would be at the service to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We spoke to one health and social care professional who had recent experience of working with 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.

During the inspection

We spoke with three people and three relatives via telephone about their experience of the care provided. We spoke with five members of staff including the registered manager, office staff, care workers and an external care consultant who was employed by the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, action plans, risk assessments, policies and procedures were reviewed. We also spoke to three health and social care professionals who had recent experience of working with the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at additional training data and amended action plans. We spoke with one health and social professional to gain feedback about actions the provider was taking to make improvements.

We sent the registered manager guidance about how to meet regulations and to best practice around staff training in social care settings.

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.

Staffing and recruitment

- Staff did not always receive appropriate training in their role. Training records were not easily accessible and reflected an inconsistent approach to overseeing staff's ongoing training needs.
- Of seven staff, their training records reflected that four had not completed all their mandatory training, including training in moving and handling, safeguarding and medicines administration.
- Two staff had failed knowledge assessments at the end of training courses, and this had not been followed up by the provider. This meant that there was the potential there were gaps in staff's knowledge in key areas of their role.
- In addition, two staff did not have any records of training completed, so it was unclear which training they had completed or what their knowledge was in key areas.
- Although people did not come to harm as a result of these training deficiencies, the provider had failed to ensure there was a system in place to ensure that all staff had training and were suitably competent in their role.

The failure to ensure staff received appropriate support, training and professional development, relevant to their role was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager took immediate action in response to the concerns raised around staff training. They contacted us after the second day of inspection to evidence how all staff had now completed mandatory training relevant to their role.
- Although staff had now completed their training, the provider still needed to demonstrate they could implement a sustained and robust system to monitor staff's ongoing training needs.
- People told us the timing and quality of their care was inconsistent. Comments included, "Never sure when they will arrive", "They don't always turn up on time", and, "They turn up, but the times change all the time."
- The provider had recognised the need to create more robust contingencies around staffing. They had recently significantly reduced the number of people who they provided to after experiencing acute staffing shortages.
 - There were enough staff in place to provide care to the current number of people who used the service. However, the registered manager and senior coordinator were regularly carrying out a significant amount of care calls, which influenced office operations and staffing contingency.

- There were safe recruitment processes in place. The appropriate recruitment checks were carried out to help determine candidates' character, experience and conduct in previous employment.

Using medicines safely

- There were not effective systems in place to monitor the administration of people's medicines. One person told us, "A few weeks ago they ran out of medicines administration records (MAR) so there were no medicines being recorded."
- People's MAR charts were not always picked up for auditing at the end of each month and replaced for the coming month. This meant that there were not always MARs in place for staff to record administration. It also meant that there was little auditing of previous month's records to identify issues or errors. As a result, we could not be assured people received their medicines as prescribed?
- The registered manager acknowledged the system to monitor medicines administration required improvement. After the second day of inspection, they told us how they had implemented an electronic MAR system. The system alerted office staff if planned administration of people's medicines was not recorded, helping the provider have a more proactive approach to picking up on errors and improving safety in this area.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy in place which detailed the actions the provider would take to help protect people from the risk of suffering abuse or avoidable harm.
- The registered manager understood their responsibilities in reporting safeguarding concerns to the local safeguarding team. Safeguarding concerns had been followed up appropriately to help promote people's safety.
- Not all staff had completed training in safeguarding adults. Although the staff we spoke to understood their responsibilities in keeping people safe, the provider could not be assured that all staff had the knowledge and skills about the actions to take in the event there were concerns about people's welfare.

Assessing risk, safety monitoring and management

- There were systems to reduce risks around missed calls. The provider had an electronic call monitoring system in place, which required staff to log in and out of care calls. The system was monitored by office staff who were alerted if care calls were not completed as planned.
- Contingency plans were in place to help ensure the service ran safely in the event of emergencies, such as severe weather. People's care needs had been assessed to help ensure those most vulnerable were prioritised.
- There was a telephone based out of hours service which people could contact in the event of an emergency. This helped to ensure people and staff could contact senior staff outside of office hours.
- Risks related to the delivery of care were detailed in people's care plans. This included when they had specific medical conditions or used equipment. This helped to reduce any risks identified to people and staff.

Learning lessons when things go wrong

- The registered manager investigated incidents to look for trends and reduce risk of reoccurrence. They told us that learning from previous incidents had prompted them to change their assessment processes before commencing care packages. This was to help ensure staff had all relevant information about people's needs available when people's care packages started.

Preventing and controlling infection

- People told us staff wore appropriate personal protective equipment (PPE) whilst carrying out their duties.

Comments included, "They always wear PPE and everything is done very well" and, "They wear aprons and masks."

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was accessing testing for people using the service 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 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

- The system to monitor staff's ongoing training needs was not effective. The registered manager did not have a clear oversight of staff's training needs. There was a staff training matrix in place, but this was not effectively monitored to identify when staff had not completed training or required training updates.
- The system to audit care and medicines records was not effective in identifying errors or concerns in medicines administration. The registered manager told us that only a very limited number of records had been collected or audited. They could not be assured about the quality or accuracy of medicines administration recording.
- The registered manager had not put a structure in place to oversee the effective running of the provider's office. They did not always recognise or intervene when quality or office staff performance issues occurred. This resulted in a lack of quality control in key tasks related to the running of the service.

The failure to implement effective systems to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Working in partnership with others

- There was mixed feedback from professionals around how the provider communicated with them and responded to issues or concerns. The registered manager acknowledged where past mistakes had been made and had worked to improve communication with stakeholders going forward.
- One social care professional told us how the provider had handed back several care packages at very short notice due to staffing capacity. Although the service worked with incoming provider's during this period, the transitions were not planned, and the provider had not been pro-active in recognising when staffing issues were becoming unsustainable.

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

- People told us the registered manager was a visible presence, However, they also told us that overall, the provider could improve communication with them by being more responsive to requests. Comments included, "The [registered] manager has given us her number and has visited her more than once", and, "I'll ring the office but sometimes they don't get back to me until the next day."

- The registered manager had an open and transparent approach during the inspection. They were responsive to feedback during the inspection about where improvements were needed.
- Staff told us there had not always been a positive atmosphere at the service. They said that some of the previous office staff were not always approachable or supportive. Comments included, "They were very abrupt and would give you the cold shoulder, not approachable at all" and, "They would dump a load of care calls on you. They would just be changing rotas without even asking me."

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

- The registered manager understood the duty of candour regulation and their responsibility to be open, to apologise and tell people when things went wrong.

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

- The provider's quality assurance systems did not always drive change or promote improvement in the quality of care.
- A quality assurance questionnaire had been sent out to people in December 2020. From 12 responses, there were themes around improvements needed in the punctuality of care staff, communication about changes from the office, continuity of regular staff and the appearance of staff.
- The registered manager was unable to demonstrate how this feedback was followed up or acted upon. There was no clear system in place to evidence how people's feedback was used to make improvements to the service.

Continuous learning and improving care

- The provider had developed an action plan in line with the findings of our inspection. It detailed the main areas where quality and safety required improvement, how these would be made and timescales for completion. Actions were ongoing at the time of inspection.
- The provider had employed an external care consultant to help them oversee the implementations of the action plan. They had helped to oversee recent improvements around monitoring staff's performance and induction of new staff.

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 17 HSCA RA Regulations 2014 Good governance The provider failed to implement effective systems to assess, monitor and improve the quality and safety of the service.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure staff received appropriate support, training and professional development, relevant to their role.