

Nomase Care Ltd

Nomase Care Ltd - Chadwell Heath

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

This service is a domiciliary care agency and is based in the London Borough of Barking & Dagenham. The service provides personal care to adults 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 our inspection, the service provided personal care to 27 people.

People's experience of using this service

Robust risk assessments were not in place to ensure people received safe care at all times. This included lack of robust risk assessment for people with specific health conditions. Medicines were not always managed safely.

Quality assurance systems were not in place to identify shortfalls and take prompt action to ensure people always received safe care.

People and relatives told us staff were punctual and systems were in place to monitor time keeping. Systems were in place to ensure staff attended care calls on time. Pre-employment checks were robust to ensure staff were suitable to support people safely. Systems were in place for infection control.

Care plans were personalised to ensure people received person centred care. Systems were in place to obtain feedback from people and relatives.

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

Rating at last inspection

This service has been in Special Measures since our last inspection on 12 December 2022 [published 23 June 2023]. We found breaches of regulation on risk assessments, medicine management, care planning, staff timekeeping and good governance. During this inspection, the provider demonstrated that some improvements have been made. However, concerns with risk assessments and good governance remains.

Why we inspected

We carried out an announced comprehensive inspection of this service on 12 December 2022 and breaches of legal requirements were found and the service was placed in special measures due to their rating of Inadequate.

We undertook this focused inspection to check if the service had made improvements on the breaches of legal requirements found at the last inspection. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led, which contain those requirements.

For those key questions not inspected and rated, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Inadequate to Requires Improvement. 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.

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections since being placed on special measures. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services 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, 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.

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 Nomase Care Ltd - Chadwell Heath on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to risk assessments and good governance.

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 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 responsive?

This key question has not been rated.

Details are in our responsive findings below.

Inspected but not rated

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate 

Nomase Care Ltd - Chadwell Heath

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 one inspector, one medicines 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 homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 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 4 July 2023 and ended on 12 July 2023. We visited the location's office on 4

July 2023.

What we did before the inspection

We reviewed the information we already held about the service. This included their last inspection report, enforcements and notifications. A notification is information about important events, which the provider is required to tell us about 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 annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with the provider, registered manager, service manager and quality support officer. We reviewed documents and records that related to people's care and the management of the service.

We reviewed 5 staff files, which included pre-employment checks and 5 care plans which included peoples support needs and risk assessments. We looked at other documents such as quality assurance records.

We also spoke with 6 people who used the service, 9 relatives of people who used the service and 5 staff members.



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 Inadequate. At this inspection this key question has improved to Requires Improvement. This meant that 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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. Medicines were not being managed safely as we found people may not have received their medicines as prescribed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Robust risk assessments had not been completed for people that had identified risks.
- Risk assessments continued not to be completed in relation to people's health conditions such as people at risk of stroke, heart disorder, respiratory failure and diabetes. Risk assessments were not in place in these areas. This was also identified at the last inspection, however no improvements had not been made in these areas, which meant there was a risk people may not receive safe care at all times.
- Failure to complete suitable risk assessments meant that there was a risk people may not receive safe care and therefore may be placed at risk of avoidable harm.

The above concerns meant that the service placed people at risk of harm as robust risk assessments were not in place and robust systems were not in place to ensure medicines were managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Using medicines safely

- Medicines were administered as prescribed. However, we found for one person in March 23, staff did not sign the Medicine Administration Chart (MAR) for the whole month. We asked the registered manager and the quality assurance manager about this and was told that they identified the error during their April audit, which was a record keeping error and staff involved was spoken to. The MAR was then signed as given after the shortfall was identified from April 2023 onwards.
- We saw evidence that for people whose medicines were prescribed on a when required basis on the MAR (known as PRN medicines), there were PRN protocols or guidance in place to guide staff on how and when to administer these medicines.
- Staff told us that they completed medicines administration training and competency assessment. We saw records of staff training and competency assessment.

Staffing and recruitment

At our last inspection, the provider had failed to ensure robust systems were in place to ensure staff attended calls on time. There were a number of late calls placing people at risk of harm. We also found staff were not being given time to travel in between appointments making them late. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Robust systems were in place to ensure staff attended care calls on time. The service used a digital monitoring system to have oversight of staff timekeeping.
- We checked the call logs and found there had been a significant improvement with timekeeping from our last inspection. Call logs showed that staff attended call logs on time and there had been no visit visits. A staff member told us "They are very good in making sure we are getting to calls on time."
- Staff were sent rotas in advance and the service had worked on ensuring staff were given time to travel in between appointments. Staff confirmed this. A staff member told us, "I make sure I go to calls on time. We have time to travel from one client to another."
- The service had also introduced audits on staff timing to ensure staff attended care calls on time. If there was lateness, this was investigated and action taken to ensure this was minimised.
- People and relatives told us staff were punctual. A relative told us, "They give time to listen to [person], sometimes they go over their time."
- Pre-employment checks had been carried out to ensure staff were suitable to support people safely and there were adequate numbers of staff to support people.

Learning lessons when things go wrong

- We were told there had been no incidents or accidents since the service registered with the CQC. An incident and accident policy was in place and we saw the template that would be used if there were accidents or incidents. The registered manager told us if there were accidents or incidents, they would ensure they were analysed to learn from them.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. A person told us, "I feel safe because they provide whatever I need. They call the GP when I am unwell." A relative told us, "I feel safe leaving the house and leaving [person] with them. With them I feel very safe. I would be horrified if we had to change the Care Agency."
- There were processes in place to minimise the risk of abuse. Staff had been trained in safeguarding adults and understood how to protect people from harm and who to report to when required. A safeguarding and whistleblowing policy was in place.

Preventing and controlling infection

- Systems were in place to reduce the risk and spread of infection.
- Staff had been trained on infection control and were aware of infection control procedures.
- Staff confirmed they had access to personal protective equipment (PPE) such as gloves and aprons.
- People and relatives confirmed that staff used PPE when supporting people with personal care.

Is the service responsive?

Our findings

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

At the last comprehensive inspection this key question was rated Requires Improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if legal requirements found at the last inspection had been met. We will assess all of the key question at the next comprehensive inspection of the service.

At our last inspection the provider had failed to ensure personalised care plans were in place to ensure people received person centred care at all times. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

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

- Care plans were person centred to ensure people received personalised care.
- Robust pre-assessments templates were in place that included people's preferences and the support they required, which was not in place at the last inspection.
- Care plans were person-centred and included information on how to support people in a number of areas such as personal care, continence and nutrition. Care plans also included what people could do themselves and the areas they needed support with. A person told us, "My care plan is up to date. They ask me my views, I have no complaints because they know what I need."
- Care plans included how people liked to be supported such as people's preferences on personal care and nutrition.
- Care plans also included information about people's background, so staff could meet their needs and knew who were important to them. A person commented, "I am involved in the care planning, everything they do for her, they ask me first."
- Staff told us they found the care plans helpful. One staff told us, "Care plans is very helpful as it gives us more information and if there is any changes." Another staff member commented, "It is helpful and accurate, the care plan and risk assessment."

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 Inadequate. At this inspection this key question has remained the same. 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.

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

- There was lack of robust audit systems in place to identify shortfalls and take prompt action to ensure people received safe high-quality care. The service carried out audits on care plans and medicine management. In addition, a monthly quality assurance audit was carried out, which focused on care operations. However, these audits did not identify the shortfalls we found at the inspection.
- Concerns with risk assessments still remained and the service continues to remain in breach of legal requirements. We found that care plan that we reviewed was audited recently and the shortfall we found with risk assessments had not been identified as part of these audits, which meant that audit processes on care plans were not robust to ensure people received safe high-quality care at all times.
- The shortfall we found on a medicine not being signed as administered for March 2023 had been identified as part of medicine audits, however the audit findings did not record the action that had been taken to ensure risks of reoccurrence was minimised such as if staff required further training on medicines or if they required supervision when managing medicines. The registered manager told us that they spoke to staff, however this had not been recorded on the audit findings. Failure to take robust action when identifying shortfall during audits meant there was a risk it may happen again.

The above issues show the service failed to ensure robust audit systems were in place to identify shortfalls and act on them to ensure people were safe at all times. Accurate records were not being maintained to ensure people received safe care. These issues were a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- The management team carried out audits to check staff were working in the right way to meet people's needs and keep them safe. This included spot checks to observe staff performance.
- We found improvements had been made with pre-assessments and care plans to ensure people received person centred care.
- Audits had been introduced on call logs and we found improvements had been made in this area. A staff member told us, "[Registered manager] is a good manager, she does call logs to check on us to make sure we are working and go to calls on time."

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

- Staff meetings were held to share information. The meetings kept staff updated with any changes in the

service and allowed them to discuss any issues or areas for improvement as a team.

- As part of spot checks, the management team also obtained feedback from people about the service and staff.

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 provider was aware that it was their legal responsibility to notify CQC of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us the service was well led and they enjoyed working for the service. One staff member told us, "[Registered manager] is very good. She supports us a lot."
- People and relatives were positive about the service. A person told us, "The agency is well run, the manager visits every 6 months." A relative told us, "I contacted the CQC at the beginning of the year with some serious issues. Things have been resolved drastically, something has changed in the past few months, it is now very good with no more lack of communication."
- Staff were clear about their roles and were positive about the management of the service. They felt they could approach the management team with concerns and these would be dealt with.

Continuous learning and improving care

- Systems were in place to obtain feedback for continuous learning and improving care.
- Telephone calls were made to people to gather their feedback from people.

Working in partnership with others:

- Staff told us they would work in partnership with other agencies such as health professionals and local authorities if people were not well, to ensure people were in the best possible health.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users.</p> <p>Regulation 12(1).</p>

The enforcement action we took:

Condition

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider was not robustly assessing, monitoring, improving the quality and safety of the service users to ensure people received safe person centred care at all times.</p> <p>The registered provider was not maintaining accurate, complete and contemporaneous records for each service user meant that service users were at risk of receiving unsafe and inappropriate care.</p> <p>Regulation 17(1).</p>

The enforcement action we took:

Condition