

Covenant Healthcare Ltd

Covenant Healthcare Ltd

Inspection report

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23 May 2022
25 May 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Covenant Healthcare Limited (trading as Heritage Healthcare Coventry) is a domiciliary care agency which is registered to provide personal care and support to people in their own homes. The service is registered to provide support to younger adults, older people, people with dementia, people living with physical disabilities, autistic people and people living with sensory disabilities. At the time of our inspection the service was supporting 11 people who were receiving 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

Some risks were identified and gave staff the information that they needed to keep people safe from risks of harm or injury. Other potential risks were either not assessed or not mitigated.

Information in people's plans of care was sometimes contradictory and this posed potential risks of harm to people. This included information about medication dosage administration and people's individual support needs.

Quality checks were undertaken but were not always effective in identifying where improvements were needed.

Important information about specific incidents had not been shared with us by the registered manager as legally required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the use of generic templates for mental capacity assessments meant recorded information was not always accurate about the person.

People and their relatives were satisfied with the care and support they received and shared positive feedback about staff.

Staff were recruited in a safe way and received an induction and training to give them the skills they needed to support people.

There had been no missed care calls to people. People and their relatives felt safe with staff in their homes and protected from the risks of abuse.

People and their relatives described staff as kind and caring toward them. Some people had verbal communication difficulties and systems were in place to facilitate effective communication and respond to

people's individual communication needs.

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 was registered with us on 19 February 2021 and this is the first inspection.

Why we inspected

This was a planned inspection of this newly registered service.

Enforcement

We identified breaches in relation to the safe care and treatment of people and governance of the service.

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, Local Authority and local Clinical Commissioning Group 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 effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Covenant 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

The inspection was carried out by two inspectors. One inspector used technology such as electronic file sharing and video or telephone calls to engage with the registered manager, people and their relatives using the service and staff. The other inspector visited the registered provider's office on 25 May 2022.

Inspection team

The inspection was completed by two inspectors.

Service and service type

This is a domiciliary care agency. It provides personal care to people living in their own houses.

Notice of inspection

This inspection was announced.

We gave short notice on 13 May 2022 to the provider and arranged a video meeting with the registered manager for 16 May and 23 May 2022. We made a visit to the provider's office on 25 May 2022.

Inspection activity started on 13 May 2022 and ended on 25 May 2022.

What we did before the inspection

We reviewed the information we had received about the service since registration. We contacted the Local Authority and local Clinical Commissioning Groups (CCG) and asked for feedback from them. The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and

improvements they plan to make.

During the inspection

This inspection used technology such as video calls and telephone calls to enable us to engage with people using the service and staff. We used electronic file sharing to enable us to review documentation.

During this time, we spoke with the registered manager – who is the director of the business and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. In this report, we refer to this person as the registered manager.

We attempted to have telephone conversations with staff, however, due to their care call commitments this proved difficult. We therefore offered the opportunity for staff to share written feedback with us and received this from six staff. We spoke with two people and six relatives who gave feedback on the service.

We reviewed a range of records. This included three care plans and medication administering information, risk management records and daily notes. We reviewed two staff's employment records and staff training and competency assessments. We reviewed policies and procedures and quality monitoring records the registered manager used to assure themselves people received a safe service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant people were not consistently safe or protected from avoidable harm.

Using medicines safely

- Improvements were needed in the written instructions telling staff how to give people their medicines. Information about dosages staff should administer were not always clear. For example, one person had a medication listed in their plan of care which told staff to give 1ml but immediately below this instruction was a different instruction to give 2mls. This contradictory information posed a potential risk to the person. We discussed this with the registered manager, who assured us they would take immediate action to ensure information was consistent and accurate.
- Improvement was needed to ensure manufacturer's instructions were followed. One person was prescribed medicine through a transdermal (skin) patch. This person's body map showed the registered manager had directed staff to use two alternating skin sites every seven days. This was not in line with the manufacturer's instructions which stated a skin site, once used, should not be used again for three to four weeks. We discussed this with the registered manager, who assured us they would take immediate action to ensure information to staff was in line with the manufacturer's instructions. A reviewed body map was shared with us, showing action had been taken.
- Where medicine was prescribed 'when required' we found no protocol with the medication administration information to guide staff when the medicine should be administered. Whilst we were told people could currently tell staff whether the medication was needed or not, best practice is to have a protocol so that it provides information on when and how to use the medicines so that there is consistency in the use of a specific medication.
- Improvement was needed in the information available to staff when people had their medicines administered through their PEG (percutaneous endoscopic gastrostomy) feeding tube through the skin and stomach wall. One person's medication administration information directed staff to crush tablets and disperse in water. There was no detail on the medication administration information to tell staff how to crush the tablets or how much water they should disperse the tablet into.
- Another person's care notes showed a staff member had crushed a person's tablets without first seeking guidance. This was because the person was having difficulty swallowing but there was no evidence this had been reported by staff to the registered manager as an incident.
- We discussed the crushing of people's prescribed tablets with the registered manager. They told us they had discussed most people's needs with their GP and their approval for this practice had been given so tablet medication could safely be given through a PEG. However, we found this was not recorded in people's plans of care in their medicine administration section. Not all tablet or capsule medication are suitable to be crushed and the efficacy of the medicine may be affected. Where crushing medication takes place, this must be a clinician's direction and a recorded instruction.

Important information related to the safe administration was not always clear or available to staff in care records. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008

- Staff were trained to administer people's medicines. The registered manager completed spot checks on staff's competency in the safe handling of medicines. Spot checks included staff's competence in administering medication through a person's PEG.

Assessing risk, safety monitoring and management

- People and their relatives felt staff had the skills they needed to support them safely. People and relatives told us they were supported by consistent staff.
- Some identified risks were well-managed and had detailed information available to tell staff how to reduce risks of harm to people. For example, some people had nutritional feeds through their PEG. Risks of aspiration (choking) for one person were assessed and information told staff how people should be positioned during 'feeds' to reduce this risk. However, other risk management required improvement.
- Improvement was needed to implement risk management as people's needs changed. For example, staff had recorded another person had excessive mucus and was finding swallowing difficult, this included swallowing their medication tablets and a 'mild choke' was documented. However, this person had no aspiration (choking) risk management plan in place.
- Improvements were needed in people's plan of care, so staff had consistent and accurate information to refer to when needed. Some information was inconsistent and at times contradictory. For example, one person's plan of care stated in one section they were incontinent and would ask staff for support to use the toilet and another section stated the person was continent.
- One person's plan of care stated they required no equipment to keep them safe, but another section stated they used a, 'wheeled walker' to keep them safe when mobilising. Whilst no falls had been recorded for this person, this was contradictory information. The registered manager told us more detail would be put into place and the care plan reviewed to ensure information was consistent.
- Some people required support from staff with complex healthcare tasks. For example, when a person was supported with their tracheostomy care, detailed guidance told staff how to clean the tube, change tracheostomy tape, and use a suction unit to assist suctioning. Tracheostomy suctioning is important to remove thick mucus secretions from the airway.
- The registered manager, who is a registered nurse, undertook three monthly competency assessments on staff who undertook complex healthcare tasks to ensure their skills and knowledge remained current.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and protected from the risks of abuse when their care calls took place. One relative told us, "The staff wear uniforms and identity badges. We feel safe with them in our home."
- The provider had a safeguarding people from abuse policy which informed staff what actions they should take if abuse was suspected. One staff member told us, "It is my responsibility to protect people from the risks of abuse and I would report any concerns to my manager."
- The registered manager told us they understood their responsibilities to notify external agencies including the Local Authority and Care Quality Commission (CQC) of certain events, which included allegations of abuse. The registered manager told us there had been no safeguarding concerns to report. We have further reported on the registered manager's legal obligation to report in our well-led section.

Staffing and recruitment

- Staff were recruited in a safe way. The registered manager shared two full staff employment files with us. These included references and DBS (Disclosure and Barring Services) checks which enabled the registered manager to make informed choices in staff recruitment.
- Spot checks on staff took place. When staff undertook care calls to people, the registered manager carried

out spot checks to ensure the care call and tasks took place as agreed.

Preventing and controlling infection

- There was an infection prevention and control policy available to staff who were also trained in infection prevention and the use of PPE (Personal Protective Equipment).
- The registered manager told us they had adequate stocks of PPE and undertook spot checks on staff to ensure policies were followed on hand washing and PPE use.
- Staff understood the importance of handwashing and using PPE.
- People and relatives spoken with were satisfied with the cleanliness of staff. One relative told us, "Staff wear clean uniforms and always wear a face mask."

Learning lessons when things go wrong

- The registered manager told us that nothing had gone wrong to date, but if it did lessons would be learned. They had not identified the shortfalls we found.
- Processes were in place to monitor the safety of the service. For example, there was a system to monitor accident and incidents so learning could take place to minimise reoccurrence. However, we found an example of where a staff member had not reported an incident. In the event of incidents not being reported, plans of care were not reviewed when needed.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires improvement. Whilst people's support outcomes were good, and people's feedback confirmed this, the information available to staff about people was not consistently effective and required improvement.

Ensuring consent to care and treatment in line with law and guidance, assessing people's needs and choices; delivering care in line with standards, guidance and the law

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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority from the Court of Protection.

- Mental capacity assessments had been completed by the registered manager and were included in people's plans of care. Improvements were needed in the information to ensure the recorded information was specific to the person. For example, three people's records we looked at stated they had mental capacity and could make decisions about their care. However, the outcome of each assessment was generic and not person centred and stated, "where the individual lacks capacity then a best interest decision document would be completed".
- People were supported in their own homes and they were not restricted by staff in how they lived their lives. Staff understood the importance of gaining consent and one staff member told us, "I always gain consent before starting my tasks."
- People and their relatives confirmed staff gained their consent before supporting them with personal care or administering prescribed medicines to them.

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

- Improvement was needed when people received their nutrition through their PEG (percutaneous endoscopic gastrostomy) feeding tube through the skin and stomach wall. Staff supported people with prescribed nutritional feeds. As part of this process the tube is 'flushed' with water to hydrate the person. Information to staff was unclear and sometimes contradictory about the amount of water to be administered to 'flush' the PEG. This was potentially unsafe practice if too much water was 'flushed' and increased the risk of the person's PEG becoming blocked.
- Staff had the information they needed to set up people's prescribed nutritional 'feed' through their PEG. Care plan information directed staff how much nutritional 'feed' should be given and at what speed the

pump delivering the feed should be set at.

- People were supported with meals and drinks when this was a part of their agreed care. One staff member told us, "I always encourage a person to drink, encouraging them to take sips."

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

- The registered manager worked with information and guidance shared with them from the hospitals discharge team about people's care and support needs.
- The registered manager and staff worked within guidance from other healthcare professionals including nutritional nurses advising on PEG feeding, respiratory nurses and the community district nursing team.

Staff support: induction, training, skills and experience

- Staff received an induction and training. One staff member told us, "I have been trained in all aspects of care both online and face to face training. I have developed new skills to become competent." Another staff member said, "We have lots of training, face to face, online, online video clips to watch, the training is good."
- Some people required support from staff with complex healthcare tasks. This included tracheostomy care; cleaning tubes and changing tracheostomy tape, suctioning, nebuliser use, changing dressings and catheter care. The registered manager told us staff gained training, advice and guidance from healthcare professionals including nutritional nurses about PEG feeding and respiratory nurses about tracheostomy care as well as from themselves.
- The registered manager undertook competency assessment checks on staff skills. Two staff's records were reviewed by us and showed the registered manager had assessed staff as competent.
- Staff felt supported in their role through meetings and one to one supervision with the registered manager.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives gave positive feedback about the service they received. One relative told us, "Staff are very kind, we are happy with everything."
- People and their relatives were involved in making decisions about their care. One relative told us, "The hospital discharge team arranged this package of care for my relation. I've been able to tell the manager and staff what I like to do for my loved one and what tasks they need to support with. It is going well."
- Compliments about the services had been made by people and relatives. Four compliments received during 2022 reflected people were able to express their views and satisfaction with staff undertaking care calls.

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy. One relative told us, "The staff always make sure they do personal care in a private place, where no one can see in."
- People's independence was promoted. One relative told us, "My relation lost their confidence with walking due to having had two falls during a hospital stay. The staff are now supporting them to regain their confidence by walking closely with them and doing a circuit inside the house."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- Care calls and people's 'package of care' were often arranged by the hospital discharge team. This meant people and their relatives were not always involved in planning their care prior to care calls commencing. However, this was not viewed as detrimental by people or their relatives as the arrangement had facilitated their discharge home.
- People and their relatives felt involved in the ongoing planning their care. One relative told us this had taken place by a telephone call to them from the registered manager. Another relative told us, "We only met the staff on the first care call, then later the manager. It all happened a bit quickly, but this was okay, as it got my relation home, we are happy with the service."
- People's day to day care and support was tailored to meet their individual needs and preferences.
- Most written information in people's care plans was personalised to the person. However, the use of generic templates meant there were some gaps in a person's plan of care being personalised to them. This is further reported on in the well-led section of this report.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers', get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and were documented in their plans of care.
- Some people had no verbal communication or exceptionally limited verbal communication due to their healthcare condition. One person's relative told us, "My relation uses a writing pad for communication and also uses a 'text to speech' electronic device. The staff member is very patient and gives my relation time to use this so they can communicate effectively."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service offered healthcare task support calls to people and social visits to people as well as the regulated activity of personal care and support. People, or their relatives, could purchase these other services if they wished to.

Improving care quality in response to complaints or concerns

- People and their relatives told us they had no current complaints or concerns about the services they

received. They were complimentary about the staff.

- There was a complaints policy available to people and their relatives within the 'Service User Guide' shared with them. The registered manager told us, "We have received two complaints during 2022, and each has been investigated." Records showed what actions had been taken to resolve the complaint issues.

End of life care and support

- End of life care and support was provided. The registered manager told us, "Some packages of care are arranged by the hospital discharge team to enable a person to die within their own home if this is their wish. Sometimes, we may only provide care and support to some people for as little as two days, but for other people it may be longer."
- One relative told us, "The staff treat my relation very well, the staff are very kind. My relation has a lot of pain in their leg at times and staff gently massage their leg to comfort them."
- End of life plans of care were in place for staff to refer to when needed. Where people had RESPECT forms, these were validated by healthcare professionals. A RESPECT form is a legal document containing details about advance care planning.

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 is the first inspection of this newly registered service. This key question has been rated Requires Improvement. This meant the service was not consistently managed and well-led. Leaders and the culture they created did not always promote high-quality, person-centred care.

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

- Improvements were needed to some quality checks made by the registered manager. For example, care plan audits were completed but had not identified issues we found. This included contradictory written information in two people's care plans about their support needs related to personal care.
- Information in one person's care plan about medication was contradictory about a dosage to be given. This had not been identified in the registered manager's audits.
- Inconsistent information was recorded about the amount of water to 'flush' a person's PEG. The registered manager's quality checks had not identified this contradictory information which posed potential risks to people because staff did not always have accurate information to refer to.
- Audits had not identified where generic templates had been used these had not always been personalised. This included outcomes of three people's mental capacity assessments. Also, some language in care plans referred to 'the service users' or 'the patient' where generic terminology or cut and pasted information had not been changed to the person's name.
- The failure to amend generic templates led to some information being incorrect and potentially confusing to staff. For example, one person had no diagnosis of dementia. However, their skin integrity care plan referred to 'when a service user has dementia' which was not relevant.
- Improvement was needed to record where important legal documents were kept in a person's home. One person's end of life care plan stated they had a RESPECT form in place directing 'Do Not Attempt Cardio-Pulmonary Resuscitation'. However, their care plan section 'where is the DNACPR located' had not been completed.

Governance systems failed to identify concerns with medicine administration information. Governance systems for care plan information were insufficient. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Back-up recording systems were in place for staff to use. The registered manager had an electronic care planning and medication administration recording system. At times, staff had been unable to 'log-in' to this and records showed paper-based systems were in place as back-up to ensure important information was documented.
- People and their relatives told us they had not experienced any missed care calls. The registered manager understood the importance of ensuring care calls were monitored to ensure people received the support they needed at the agreed times. They told us, "Staff 'log in' on an app when they arrive on the care call. If

they don't, we receive an alert at the office or when I am on-call and this can be acted on."

- A few people had experienced late care calls. One relative told us, "We've had a couple of late care calls, but the office staff phoned to tell us." The registered manager told us on occasions staff had arrived late due to traffic delays.
- Statutory notifications had not been sent to us from the registered manager as legally required. Since registration with CQC in February 2021, no statutory notifications had been sent to us. We discussed this with the registered manager and whilst they could tell us when statutory notifications about specific incidents should be sent, they had failed to send these to us, or the local authority, as required. The registered manager told us, "I have to be honest and say I have not sent them. I have no excuse. There are at least ten I know I should have sent."
- During our inspection, we requested the registered manager send statutory notifications to us which should have been sent. We received 12 notifications from them. The registered manager assured us that going forward statutory notifications would be sent to us, as legally required, in a timely way.

We are looking at potential failures to notify and will report on our findings once completed.

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 was aware of their legal responsibilities under the duty of candour. However, they had not always fulfilled this because statutory notifications had not always been sent as required as reported on above.

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

- People and their relatives told us they were verbally asked for feedback and shared positive feedback with us about the service they received.
- The registered manager had sent surveys to people for their feedback on the service during February 2022. Analysis had taken place on the positive feedback received.

Continuous learning and improving care; Working in partnership with others

- The registered manager had not yet started their Level 5 Care Leadership and Management Diploma. This is a standard aimed at managers working in health and social care. It guides and assesses development of knowledge, understanding and skills in management practice within health and social care. We discussed this with the registered manager who told us they hoped to commence their Level 5 course later this year.
- The registered manager told us their business Covenant Healthcare, trading as Heritage Healthcare Coventry, was a part of a franchise group. They added, "Support and guidance is available to me from a compliance manager and there is also online information I can access to keep up to date with information."
- The registered manager worked in partnership with other healthcare professionals involved in people's care.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider did not always assess risks to the health and safety of service users receiving care or treatment. Risks were not always mitigated. Information related to the safe handling and administration of medicines was not always clear or correct.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider's systems and processes to assess, monitor and improve the quality and safety of the service were not always effective.</p>