

Mr Najeeb Ahsan

# Home Care Service Provider

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Homecare Service Provider is a domiciliary care service providing care and support to people 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 there were 12 people receiving personal care support.

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

People and their relatives were satisfied with the care they received. They felt safe in the presence of care workers and told us they were competent in carrying out their duties.

The provider had made some improvements in relation to some areas of concern we found last time including medicines management, staff training and regulatory requirements. However, not enough improvement had been made in relation to safer staff recruitment checks and quality assurance checks.

Although the provider had implemented a new call monitoring system, we received mixed feedback from people regarding call visit times and of poor communication from the office when care workers were running late. We discussed this staffing issue with the managers at the time of our inspection who were aware this system needed further improvement.

People received personal care and support from staff who knew how to manage risks and keep them safe. The provider followed good infection prevention and control guidance and staff had access to Personal Protective Equipment (PPE) to keep them safe. People received their prescribed medicines as and when they should.

The provider ensured care workers received appropriate training and support to meet people's needs.

Improvements had been made to the care plans in place which meant people's needs were captured more accurately.

Feedback was sought from people using the service, their relatives and staff. The provider had updated their policies to reflect current guidance and the registered manager was aware of the legal requirement to submit statutory notifications to the CQC.

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 and update.

The last rating for this service was requires improvement (published 3 March 2020) and there was a breach of regulation in relation to safe care and treatment, fit and proper persons employed, staffing, notifications and good governance. The provider completed an action plan after the last inspection to show what they

would do and by when to improve.

At this inspection enough improvement had been made and the provider was not in breach of regulation in relation to safe care and treatment, staffing and notifications. However, we found the provider to be in continued breach in relation to fit and proper persons employed and governance.

The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

The inspection was prompted in part due to the previous rating and the risk rating of the service. 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, Effective, Responsive 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. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Home Care Service Provider on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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 effective.

Details are in our effective 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** ●

# Home Care Service Provider

## 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 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 community care service.

#### Service and service type

Home Care Service Provider is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. We gave the service a week's notice of the inspection because we wanted to analyse feedback we received from people using the service, their relatives and staff to help us plan our inspection. In addition, we needed to be sure the office-based managers and staff would be available to support our inspection. Inspection activity started on 15/03/2021 and ended on 18/03/2021. We visited the provider's offices on 18/03/2021.

#### What we did before the inspection

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 also made telephone or email contact with five people using the service, three relatives and five care staff to find out their experiences of using or working for or with this provider. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke in-person with three managers when we visited the provider's offices including the registered manager.

In addition, we looked at a range of records. This included five people's care records including medicines records, and four staff files in relation to their recruitment, training and supervision. A variety of other records relating to the overall management and governance of the service were also reviewed, including staff rotas, complaints and safeguarding documents.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies. We contacted four professionals from the local authority including commissioners and the safeguarding team.

# 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 remained the same. 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

At our last inspection we found safe recruitment procedures were not being followed and we could not be assured that care workers were vetted in an appropriate manner to verify their suitability for the role. This was a breach of regulation 19 (Fit and proper persons employed) 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 19.

- We looked at some recruitment files for care workers who had started their employment in the last year. In one file, there was only one reference from a previous employer, there was no other character reference recorded. We raised this with the registered manager at the inspection who showed us that a character reference had been sought a number of times but one had never been received. We spoke about this with the registered manager and advised implementing additional risk assessments or monitoring where references were difficult to obtain.
- In two files, although there was a Disclosure and Barring Service (DBS) check in place, this was from the care workers previous employers and a new DBS had not been sought by the provider. A DBS is a criminal records check employers undertake to make safer recruitment decisions. In one record, the DBS on file was with a care agency that had not been listed as a previous employer of the applicant. We spoke about this with the registered manager regarding carrying out their own DBS checks for all new staff.

The above identified issues are a breach of Regulation 19 of the HSCA 2008 (Regulated Activities) Regulations 2014.

At our last inspection we made a recommendation for the provider to review its process and introduces more robust mechanisms for verifying call visits.

- Since the last inspection, the provider had introduced a call monitoring system to monitor care worker visit times.
- People and their relatives were generally satisfied with call visit times. Comments included, "Yes, they turn up on time", "They do come on time. Very occasionally they are late" and "Mostly they do." Feedback from people was the office staff were not proactive in telling them when care workers were running late. Comments included, "The carers will let me know themselves, not the office", "The office take no action if they are late."
- Some people using the service were receiving live-in care. However there was no policy in place to

stipulate how many breaks or respite care a live-in care worker would get. One care worker was a live-in care worker but did not have an allocated rest period. The registered manager told us they got support from a second care worker for some double-up visits but not a consistent break. He said the live-in care worker could choose to take a break whenever they wanted and although we saw they did have a period of time off over Christmas and New Year, there were no set respite or breaks allocated.

We recommend the provider considers current guidance and introduces and implements a policy for live-in care workers in line with good practice regarding live in care worker respite/break times.

#### Using medicines safely

At our last inspection we found the provider was not recording medicines support that people were receiving in a safe way. People's prescribed medicines were not being recorded. This was a breach of regulation 12 (Safe care and treatment) 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 this part of regulation 19.

- People and their relatives said they received appropriate medicines support, "The carer prompts him to take his medication" and "The carer looks after my medication for me."
- People's medicines support needs were recorded in their care plans, this included a list of their prescribed medicines.
- Staff told us they were confident administering medicines and had received training in doing so. They said, "Yes, I have had medicines training. If there is something wrong with their medicines, I would contact the GP for advice" and "I have had online medicines training, it was useful."
- Care workers completed Medicine Administration Records (MAR) charts if they supported people to take their medicines. These were brought back to the office periodically to be checked for accuracy.

#### Assessing risk, safety monitoring and management

At our last inspection we made a recommendation to the provider to review its risk assessment and management procedures to ensure risks to people were clearly identified and ways in which the risk could be mitigated was recorded in a clear way. At this inspection, we found the provider had made improvements.

- Relatives told us that care workers knew how to keep their family members safe from harm. One relative said, "They know when [my family member] is in a bad mood, she can be aggressive. They know how to soothe her and have strategies of what to do."
- Risk assessments were completed when a person first began to use the service and a risk rating given based on the assessment. Risk considerations included those in relation to people's support needs such as falls and pressure sores, environmental risks and lone working.
- Care workers were aware of the risks to people and the steps they would take to keep them from harm.

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

At our last inspection we made a recommendation to the provider to review its safeguarding procedures to ensure any concerns are reported to the relevant authority. At this inspection, the provider had made improvements.



- People and their relatives told us they felt safe in the presence of care workers. Comments included, "Yes they are trustworthy" and "Yes my [family member] is OK in their care".
- Care workers were familiar with the term safeguarding and what it meant. They understood what actions they had to take if they noticed abuse taking place. One care worker said, "I would report it if someone told us they were being abused, it's unacceptable. I would report it to the office first and if they didn't respond I would contact CQC." Records confirmed they had received safeguarding training.
- The registered manager told us there had been no safeguarding concerns in past year. This was reflected in the feedback received from the local authority.
- The provider had updated its safeguarding policies and also their reporting procedures if concerns were raised.

#### Learning lessons when things go wrong

- The provider had systems in place for care workers to report and incident and accidents that occurred.
- The registered manager told us there had been no safety incident or accidents in the past year. This was reflected in the records we saw.
- Incident forms were available for staff to complete if needed.

#### Preventing and controlling infection

- We were assured that the provider had effective infection control procedures in place including the management of COVID-19.

People using the service confirmed that staff wore the appropriate Personal Protective Equipment (PPE) when they were being supported. They said, "They wear the correct PPE and wash their hands", "They change their gloves often" and "They put hand sanitiser on."

- Care workers confirmed that they had been well supported during the pandemic with adequate supplies of PPE and hand sanitisers and had attended training in infection control and COVID-19. They said, "They supply me with everything [PPE] I need. I've just had training on COVID-19 and I feel more confident" and "I have done infection control training. I have received training in donning and doffing PPE. I do have enough PPE and I contact the office to give me more before I run out."

- The provider ensured staff were routinely tested for COVID-19. Managers demonstrated good awareness of how to apply for COVID-19 home testing kits for staff.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we found persons employed by the service provider did not always receive adequate training and supervision to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 (Staffing) 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 this part of regulation 18.

- People and their relatives felt that care workers were competent in carrying out their duties. Comments included, "I have no complaint about the standard of care. In general they do what they should", "They are a very dedicate group of carers, they know how to look after someone with dementia" and "Yes they definitely know what they are doing."
- Staff told us they attended the training as necessary, "I did have an induction, they showed me what I needed to do", "I just completed my training schedule", and "If there is something that we are not very confident about, we ask for training."
- New applicants completed an orientation and induction which included shadowing an experienced care worker. Training records showed care workers had received training in the past year, this had been delivered remotely using an e-learning platform.
- Care workers told us they had regular supervisions, however some said this had been at a reduced frequency since the pandemic. Comments included, "They do spot checks, not as often due to Covid-19" and "Yes, I did have a supervision. I haven't had one since Covid-19 started."
- Care workers were subject to supervision and spot checks. One care worker who had started in September 2020 had undergone a shadowing period and a carer workers assessment , two supervisions and one spot check. Another care worker who had started in October 2020 had undergone a shadowing period and a care workers assessment, one supervision and one spot check.
- The frequency of these had been reduced due to the Covid-19 pandemic, however the registered manager said they would reintroduce more frequent checks in the future. We will follow this up at our next planned inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier

lives, access healthcare services and support

- Assessments were completed before people began to use the service which identified their support needs.
- People using the service told us that care workers looked after their general health and contacted the appropriate healthcare professionals if needed. Comments included, "They will help and check my diary for appointments" and "They will call the Dr if I want them to."
- Care plans included details of health professionals involved in people's care and carers told us, "If my clients aren't well, I do call the GP for advice" and "If someone was unwell, I would contact someone [healthcare professionals]."
- Records confirmed care workers had received first aid and health and safety training.

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

- People were supported to eat and drink from care workers with the appropriate training.
- People and their relatives told us that care workers supported them with eating and drinking. "Yes they get his breakfast", "They are very helpful", "I make the food and give it to the carers to feed her" and "They give him lunch and prepare dinner."
- Care plans contained details about people's dietary support needs and any preferences. Care workers told us they followed these when supporting people. They said, "I prepare meals for my clients. I cook what's in the fridge and I give them a choice on what they would like to eat", "I help people get their food and drink. I ask my client what they would like, then I make it" and "I don't prepare any meals, but I help people eat the food."
- Records confirmed care workers had received food hygiene training.

Ensuring consent to care and treatment in line with law and guidance

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- Care workers were not always familiar with the term MCA and what it meant but they demonstrated a working knowledge of the importance of gaining consent and respecting people's choices. "I ask my client for permission to do things for them. If they say no, then I don't do it. I cannot force them" and "I cannot force someone to do something, they have the right to say they don't want support. I will try to explain it to them to help make a decision and try to guide them."
- Relatives told us that care workers had established good relationships with people and they supported them to make choices. One relative said, "They do, they talk to her and explain what they are doing."
- Care plans included information in relation to the MCA, including any risks associated with cognitive impairment.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to 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; Meeting people's communication needs;

At our last inspection we made a recommendation to the provider to reviews how it meets the Accessible Information Standard (AIS) in a more responsive manner. At this inspection, the provider had made improvements.

- Care plans now included a section around people's communication needs and ways in which care workers could support them and communicate with them effectively.
  - The provider had introduced a new style of care plans which were personalised and reflected people's support needs They were reviewed on a regular basis by the managers.
- Care plans documented the personal care tasks that were required during each visit and also contained person centred information such as people's likes and hobbies and their social interests.

### End of life care and support

At our last inspection we made a recommendation to introduce end of life care planning as there were none in place. At this inspection, the provider had made improvements.

- The registered manager told us that no one was on end of life care, however they had introduced end of life care plans if they were needed in future.

### Improving care quality in response to complaints or concerns

- There were systems in place to record and respond to complaints.
- People using the service told us they did not have reason to raise a formal complaint but they had contacted the office when needing to discuss anything in relation to their support. Comments included, "I have never raised a complaint" and "I do know how to make a complaint but have not had to since last year."
- People were given information about how to raise a complaint and also details of external bodies they could approach if they were not happy with the service the providing was giving.
- The provider kept a record of any concerns or complaints that had been received. These had been responded to in a timely manner.

# 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 improved 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; 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; Continuous learning and improving care;

At our last inspection we found the quality assurance systems in place were not robust enough. This was a breach of regulation 17 (Good Governance) 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 17.

- Although the provider had made improvements in relation to some of breaches we found at the last inspection, the governance and quality assurance checks failed to identify the issues we found in relation to robust staff recruitment checks.
- The registered manager told us they had implemented a new call monitoring system for care workers to log in and out when supporting people. However, we found it was not always operated effectively. We reviewed call monitoring times which were not always consistent with the times allocated on timesheets. We raised this with the registered manger during the inspection who acknowledged the quality checks in relation to monitoring staff visit times needed to improve.
- People and relatives we spoke with were happy with the quality of care they received but less so with the management side and communication from the office. Typical comments included, "The carer is OK. I would say the office side is not well run", "The office have problems communicating. I am very satisfied with the carers but not with the management", "It is well managed. The only thing is I like to be kept in the loop if a carer is on leave" and "They don't communicate well from the office. They don't let us know if a new carer is coming in or if the regular carers are off."

The above identified issues are a breach of Regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014.

- The registered manager had introduced a more centralised system for monitoring the quality of service including ensuring its policies were up to date, medicines records were checked and care plans were reviewed and updated more frequently and training was monitored more closely.

At our last inspection we found we found that statutory notifications were not being submitted by the provider. This was a breach of Regulation 18 of the Health and Social Care Act 2008 Care Quality Commission (Registration) Regulations 2009.

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

- The registered manager told us there had been no notifiable incidents since the last inspection. This was backed up by feedback we received from the local authority.
- The provider had updated its policies in relation to when and how to submit statutory notifications and there was a new monitoring system in place to ensure that any reporting would be done. This included signing up to the CQC online portal for reporting notifications.

At our last inspection we made a recommendation to the registered manager to explore ways to keep himself abreast of any changes in risks and regulatory requirements. At this inspection, the provider had made improvements.

- The registered manager confirmed that all policies have been updated in line with the latest guidance, this included the complaints and safeguarding policy.

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

At our last inspection we made a recommendation to the provider implements a more robust system, to analyse and follow up any areas of improvement identified during feedback surveys. At this inspection, the provider had made improvements.

- Care workers were given the opportunity to provide feedback during supervision and spot checks. They told us, "The office do ask us whether the care plans are up to date" and "They do ask for my opinion."
- The provider had sent out a survey to gather the views of people and relative using the service in September 2020. The registered manager said all the results were collated and compared with previous surveys to monitor the quality of service.
- We reviewed the feedback received back which were positive apart from comments in relation to communication from the office. This was reflected in the comments we received from people and their relatives.

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

- Staff knew about the whistleblowing and said they felt confident to raise their concerns, "I would call the manager and if they are not taking action, I would call a social worker."
- Staff were generally positive about the registered manager. They said, "The manager is very nice to me. He is approachable and respectful to me personally", "The managers are good, whenever you need to ask something they will help you. I have no problems with them", "He is good, I can talk to him when I need to."

Working in partnership with others

- There was evidence the provider worked with commissioners and liaised with other health and social care professionals such as GPs and social workers to support people.

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  Systems or processes to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity were not established and operated effectively. Regulation 17 (2) (a).

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment procedures were not operated effectively. Regulation 19 (2).