

National Care Holdings Limited

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## Inspection report

10 The Mound  
London  
SE9 3AZ

Tel: 07572333293

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

National Care Holdings Limited provides care and support to people living in a supported living setting so that they can live as independently as possible. At the time of the inspection, three people were using the service. CQC does not regulate premises for supported living; this inspection looked at people's care and support.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people and providers must have regard to it.

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

### Right culture:

The provider did not have an effective oversight of the service. The quality assurance system and processes had failed to identify and correct issues, we found at the inspection. However, we found some positive aspects of culture as well. People and their relatives gave us positive feedback about their safety and told us staff treated them well. The service had systems and processes in place to administer and record medicines use. Staff received support through training, supervision and staff meetings to ensure they could meet people's needs. Staff told us they felt supported and could approach the registered manager at any time for support. The registered manager and staff worked with other external professionals to ensure people were supported to maintain good health. The provider had a system to manage accidents and incidents. There was a management structure at the service and staff were aware of the roles of the management team. The registered manager and staff worked as a team and in partnership with a range of professionals and acted on their advice.

### Right support:

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. The provider had moved their office to being co-located at the supported living setting. This was not appropriate as it meant the office based staff had to access people's homes to access the office. We also found some aspects of good support. People's care plans reflected their current needs. People were protected from the risk of infection. People were treated with dignity; their privacy was respected and they were supported to be as independent in their care as possible.

### Right care:

People's care records were not in line with Accessible Information Standard. However, we found some positive aspects of care. People and their relatives were encouraged to participate in making decisions about their care and support. An assessment of people's needs had been completed to ensure these could be met by staff. Staff showed an understanding of equality and diversity. Staff respected people's choices and preferences. People knew how to make a complaint. The registered manager knew what to do if someone required end-of life care.

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

This service was registered with us on 24/10/2019 and this is their first inspection.

#### Why we inspected

This was a planned inspection.

#### Enforcement and recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to consent and good governance. We made one recommendation about formatting care records in line with the Accessible Information Standard.

Please see the action we have told the provider to take, at the end of this report.

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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement 

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-Led findings below.

# National Care Holdings Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

A single inspector completed the inspection.

#### Service and service type

This service provides care and support to people living within a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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 48 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.

#### What we did before the inspection

We reviewed information we had received about the service since its registration, including notifications of significant incidents. We sought feedback from commissioners and the local authority safeguarding team. We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people and two relatives of people who used the service about their experience of the care provided. We spoke with two members of care staff, the business partner, and the registered manager who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included three people's care records, five staff files in relation to recruitment and a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the incidents and accidents log, training records, mental capacity assessments, tenancy agreements and about the provider's office location. Quality assurance records were also reviewed.

# 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- The registered manager completed risk assessments and risk management plans that included guidance for staff. For example, about how to manage epilepsy, diabetes, falls, manual handling, and the home environment.
- Risk assessments were reviewed periodically or as and when people's needs changed. Staff told us these records provided them with the relevant information they needed to understand people's situation and needs. The registered manager monitored them to ensure they remained reflective of people's current needs.

### Staffing and recruitment

- The provider carried out satisfactory background checks for all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, criminal record checks and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.
- People were supported by effectively deployed staff. Relatives and staff told us they felt there were enough staff to meet people's needs safely and appropriately and there was on-call management support available for staff as and when required.
- We saw there were enough staff to support people at the supported living service and to attend appointments when required.

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

- People were protected from the risk of abuse. One person told us, "I like it here, all staff are good." A relative said, "[Name] is very safe, one hundred percent."
- The provider had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. This included staff being aware of the action to take if they suspected someone had been abused and reporting their concerns to the registered manager and the local authority safeguarding team.
- Staff completed safeguarding training. They knew the procedure for whistleblowing and said they would use it if they needed to.
- The registered manager and the business partner confirmed there had been no safeguarding incidents since their registration in October 2019.

### Using medicines safely

- Medicines were managed safely. Staff completed medicine administration records (MAR) as required to

ensure people received their medicines as prescribed.

- The service had a medicines policy in place and staff had completed medicines training. Their competency to administer medicines had also been assessed.
- The service had PRN (as required) medicine protocols in place for any medicines that people had been prescribed but did not need routinely.
- The registered manager carried out regular checks to ensure people received their prescribed medicines correctly.

#### Preventing and controlling infection

- People were protected from the risk of infection.
- Staff understood the importance of effective hand washing, using personal protective equipment (PPE) such as aprons and gloves and disposing of waste appropriately. This protected people and themselves from infection and cross-contamination.
- The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.

#### Learning lessons when things go wrong

- There were systems and processes in place to manage and follow up on accidents and incidents.
- Staff completed accident and incidents records. These included details of the action staff took when responding and when minimising future risks, as well as details of who they notified, such as the registered manager.
- The registered manager monitored these events to identify possible learning and discussed this with 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.

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People were not supported in line with the MCA principles. The provider had not carried out mental capacity assessments and best interests decisions for people.
- The registered manager told us people required full support to access the community, attend to their healthcare appointments, medicines management, consent to medical treatment, to manage tenancy and their finances.
- When asked why mental capacity assessments and best interests' decisions were not carried out for these people, the registered manager told us they would do so straight away. Following the inspection the registered manager confirmed they had completed the mental capacity assessments and best interests decisions. We will check this at our next inspection of the service.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to ensure consent to care and treatment was effectively managed. This placed people at risk of harm. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People and their relatives confirmed that staff obtained consent from them before delivering care to them.
- Staff training records showed they had received MCA training. A member of staff told us, "I always ask people for their consent before I do anything. It makes people comfortable."

Staff support: induction, training, skills and experience

- The provider supported staff through induction, supervision and training to ensure they had the appropriate knowledge and skills to meet people's needs. One person told us, "Staff are nice". A relative said, "Staff are well trained".
- Training records confirmed that staff had completed training that was relevant to people's needs. This training included safeguarding adults, medicines administration, health and safety, fire safety, epilepsy, diabetes, and equality and diversity.
- Staff told us they completed comprehensive induction training before they started work.
- Staff told us they received regular supervision and said they could approach the registered manager at any time for support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to ensure these could be met. The registered manager carried out an initial assessment of each person's needs, to see if the service was suitable for them.
- The assessments looked at people's medical conditions, physical and mental health, mobility, nutrition, choices, and people's home environment.
- Where appropriate, people and relatives were involved in this assessment. This information was used as a basis for developing personalised care plans, to meet each person's needs.

Supporting people to eat and drink enough to maintain a balanced diet. Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to eat and drink enough to meet their needs. One person told us, "I like food. I cook spaghetti bolognese."
- People were supported to maintain good health. People's health needs were recorded in their care plans along with any support required from staff in relation to these needs.
- The provider had worked with local healthcare professionals including GPs, district nurses and therapists.
- People's care records included evidence of regular contact with health care professionals for example, the GP, dentist and nurse. Records were made of individual health care appointments, the reason for the visit, the outcome and any recommendations.
- Information was available and shared with other health care services such as hospitals when this was required. For example, people had hospital passports which outlined their health needs for professionals.
- Staff told us they would notify the registered manager if people's needs changed and if they required the input of a healthcare professional, such as a district nurse or a GP appointment.

# 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.

Supporting people to express their views and be involved in making decisions about their care.

- People and their relatives had been consulted about the care and support they received.
- Staff respected people's choices and preferences, such as the clothes they wanted to wear, their food and drink preferences, and what activity they wanted to do during the day.
- We saw people were well dressed and appeared cheerful and were smiling all through the inspection.

Ensuring people are well treated and supported; respecting equality and diversity. Respecting and promoting people's privacy, dignity and independence

- The service was non-discriminatory, and staff told us they would always support people with any needs they had with regards to their disability, race, religion, sexual orientation or preferred gender.
- People were supported to maintain their independence. We saw people with various mobility aids mobilising independently. Staff told us they encouraged people to complete tasks for themselves, as much as they were able to.
- Training records confirmed that staff had received training on equality and diversity. One staff member told us, "I treat all people with respect."
- People's care records included sections about their cultural and religious backgrounds and relationships that were important to them.
- Staff confirmed that people were supported with their spiritual needs where requested. For example, the provider arranged for people to attend a church service to practice their faith.
- Staff said they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms."

# 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 requires improvement. This meant people's needs were not always met.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them. However, people's care records were not made available in formats that met people's needs in line with the Accessible Information Standard.
- We brought this to the attention of the registered manager and the business partner. They told us they would review people's communication needs and develop care records in different suitable formats in line with the Accessible Information Standard.

We recommend the provider seek appropriate guidance from an accredited source to enable them to develop people's care plans in formats which meet their needs.

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

- Care plans were person centred and contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals.
- Care plans were kept under regular review to ensure people's changing needs were met.
- Staff knew people well and told us of the support they provided, to ensure individual needs were met.
- Care plans included the level of support people needed from staff and what they could manage to do for themselves.

### 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

- People were supported to maintain and develop relationships with those close to them. One relative told us, "I have got a very good relationship with staff. I come there every week to see [name] and I take [name] for appointments. We are very close with the staff."
- Staff recognised people's need for stimulation and supported people to follow their interests and take part in activities. These included shopping, accessing community services and going to day centres.

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

- Complaints were managed in line with the provider's policy. For example, one relative said, "I'm 100% happy. I can't fault them." Another relative told us, "I have no complaints. It works very well for us. The staff are very good [name] and I are very happy."
- The provider maintained a complaints log which showed any concerns raised with the registered manager had been investigated and responded to in a timely manner. The recorded complaints had been minor issues and there had been no repeat complaints after the initial concern was resolved.

#### End of life care and support

- The provider had an end of life care policy in place. The registered manager told us that none of the people currently using the service required support with end of life care. They said they would liaise with the appropriate health care professionals to provide people with end of life care and support, when it was required.

# 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 for this newly registered service. This key question has been rated 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 premises of the provider and location was not suitable for the purpose for which they are being used. The provider had moved their location to be co-located with the supported living service. This was not a suitable arrangement as staff could not access the office without going via people's home. The provider was not able to demonstrate they had appropriate permissions from the landlord to operate their business from the site.
- We brought this to the attention of the registered manager. They told us an application will be made to CQC to move the office location away from the supported living setting immediately. Following the inspection feedback, they confirmed an application was made to CQC about this matter. We shall continue to monitor the changes to their CQC registration and check this at our next inspection.
- The registered manager did not have an effective oversight of the service. The quality assurance system and processes had failed to identify and correct issues we found at the inspection.
- We brought these concerns to the attention of the registered manager. Following the inspection, they told us how they planned to make improvements. We will check these improvements at the next inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found some good practice with quality assurance. The provider undertook regular night checks at the supported living service and carried out audits. These audits covered areas such as health and safety, fire safety, incidents and accidents, medicines and night spot checks.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were positive about how the service was run and the support they received from the registered manager. One relative told us, "[Registered manager name] always keeps me up to date and makes me comfortable, she's a nice person." Another relative said, "They [staff] look after my [loved one]."
- Staff encouraged people to give their views about the support they received. For example, staff held regular key worker sessions with people, to know their views and this was discussed by the registered manager in staff meetings.

- The registered manager had encouraged and empowered staff to be involved in service improvements through staff supervision.
- Staff were positive about how the service was run and the support they received from the registered manager. One member of staff said, "The manager is super and amazing. She is firm but very nice. She ensures all care plans, medicine administration records and other care records are up to date and in order." Another member of staff told us, "If we call her[registered manager] she is there and I feel comfortable approaching her at any time."
- The service had a registered manager in post. They demonstrated knowledge of people's needs
- The registered manager held staff meetings to discuss areas such as any changes in people's needs, guidance for staff about the day to day management of the service, actions to address complaints, coordination with health care professionals and any changes or developments within the service.

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 had a duty of candour policy, however they had not fully understood their obligation to report things to us.
- Staff were encouraged to report all accidents, incidents or near misses and to be open and honest if something went wrong.

Continuous learning and improving care

- The registered manager demonstrated a willingness to provide good quality care to people. They started making improvements following our inspection feedback. Staff understood their roles and responsibilities.

Working in partnership with others

- The registered manager was committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.
- They worked closely with local authority commissioners and healthcare professionals.

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 11 HSCA RA Regulations 2014 Need for consent  People who use the services, their mental capacity assessments and best interests decision making process was not carried out. Regulation 11(1)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider's quality assurance systems were not effective. Regulation 17(1)