

Chennai Holistic Home Care Agency Ltd

# Chennai Holistic Home Care Agency Ltd

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service responsive?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

Chenai Holistic Home Care Agency Ltd is a domiciliary care agency, providing support with personal care, to 101 people at the time of the inspection.

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

People told us staff were sometimes late and records confirmed this. Medicines were not managed in a safe way because the auditing system for medicine records was not fully implemented. Risk assessments were not person-centred in relation to people's health conditions and they provided insufficient information to staff about how to support people with health conditions in a safe way. The provider had a system in place for monitoring of safeguarding issues.

Although quality assurance and monitoring systems were in place, these did not always identify and address shortfalls in the service. For example, they failed to address concerns over staff punctuality, lack of medicine audits and poor quality health risk assessments.

Staff undertook an induction training programme before commencing work at the service. Records showed almost all staff training was up to date. However, some people told us not all staff had the necessary skills and knowledge to support them.

Care plans had recently been reviewed and were person centred. They contained detailed information about the individual and how to support them with personal care needs. People had been involved in the review of their care plans. Systems were in place for dealing with complaints. However, some people told us that concerns they had raised had not been fully addressed.

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 inadequate (published 15 May 2020). 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 not been made, and the provider was still in breach of regulations.

### Why we inspected

We undertook this targeted inspection to check if progress had been made since the previous inspection in relation to Regulations 9, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating for the service has not changed following this targeted inspection and remains inadequate.

CQC have introduced targeted inspections to follow up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about.

Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

### Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to medicines management, risk assessments, staff punctuality and overall management of the service at this inspection

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 for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will act in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

**Inspected but not rated**

### **Is the service effective?**

At our last inspection we rated this key question inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

**Inspected but not rated**

### **Is the service responsive?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question inadequate. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question, we had specific concerns about.

**Inspected but not rated**

# Chennai Holistic Home Care Agency 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.

This was a targeted inspection to check whether the provider had met the requirements of the previous inspection in relation to Regulation 9 (Person centred care), Regulation 12 (Safe care and treatment), Regulation 17 (Good governance) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Inspection team

The inspection team consisted of one inspector, one assistant inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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

#### Notice of inspection

This inspection was announced. We gave the service one hours' notice. This was to enable us to check if there were any Covid-19 related matters we needed to take into account before our site visit.

### What we did before the inspection

Before the inspection we reviewed the information we already held about this service. This included its previous inspection report, the action plan produced in response to the report by the provider, and information service users had sent us. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

### During the inspection

We spoke with four members of staff including the registered manager, homecare manager, care coordinator and administrator.

We reviewed a range of records. This included multiple medication records. We looked at five staff files in relation to induction and training. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We looked at sixteen people's care records and staff punctuality records. We spoke by telephone with seven care staff, 15 service users and nine relatives.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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

The purpose of this inspection was to check if the provider had made progress in addressing the concerns we found at the previous inspection. We will assess all of the key question at the next comprehensive inspection of the service.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At the last inspection we found that risk assessments did not adequately address risks related to people's health conditions. During this inspection we found that this issue had not been satisfactorily addressed.
- Health risk assessments set out people's health conditions and listed symptoms for staff to look out for to indicate there was an increased risk. However, they did not set out in a person-centred way what actions staff should take to mitigate or eliminate any such risk.
- For each health condition listed for people, there was a section on the risk assessment titled, 'Action to take if identified risk occurs'. For every health condition, for all of the sixteen people's risk assessments we looked at, the actions listed were identical. They said to seek medical advice immediately, report concerns to the office and complete an accident or incident form if required. This meant risk assessments were not personalised.
- Risk assessments did not provide guidance on specific actions for staff to take to mitigate the risks. For example, six people's assessment stated they had Type 2 diabetes, but there was no information about how staff could support a person if they had a hypoglycaemic episode. One person had asthma, and there was no information about how to support the person if they had an asthma attack.
- The care plan for one person stated they had meningioma and osteoporosis, but on their health risk assessment it stated they did not have either of these conditions. After our inspection we discussed this with the registered manager who told us this had been an oversight and sent us an updated health risk assessment that included these conditions.
- At the last inspection some care staff told us they were not aware that people had risk assessments in place. All the staff we spoke with during this inspection told us they were aware of risk assessments and that they were expected to read them.

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 continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

At our last inspection the provider had failed ensure that medicines were managed in a safe manner. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager told us they had introduced a system for auditing all Medicine Administration Records (MARs) to check they were completed correctly and identify any errors with medicines administration. This involved a member of staff checking each completed MAR each month, and then a senior member of staff checking they had been audited.
- However, we found that of the 30 people who were supported with their medicines, only two people's MARs had been audited in May 2020 and only four people had been audited in June 2020. The registered manager told us, "We are definitely behind with our auditing." They said the reason for this was because they had been prioritising addressing other elements of the action plan they produced in response to our last inspection report.
- At the previous inspection we found that the management team did not have an oversight of who was supported with medicines and we found some MARs were not properly completed. We found both of these issues had been addressed at this inspection.
- We examined completed MAR charts and found these were up to date and had been completed correctly. The management team had systems in place to monitor who was supported with medicines.
- Not auditing MAR meant people's medicine records were not being checked for potential errors which put people at risk of unsafe medicine practice.

### Staffing and recruitment

At our last inspection the provider had failed to ensure that staff always attended to appointments with service users or that they routinely arrived on time for those appointments. This was a breach of regulation 18 (Staffing) 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 18.

- Staff were expected to sign in and out of each appointment via a phone which recorded their start and finish time on an electronic system. We examined the data from this for a two-week period between 29 June and 19 July 2020. This showed staff were regularly either late or early for visits. Of the 1976 visits we looked at, 14% were late and 11% were early by 15 minutes or more. A total of 96 visits were more than 30 minutes late and 85 visits were more than 30 minutes early.
- Staff told us they were late because they did not always have enough time to get from one person to the next, when using public transport. One member of staff said, "I don't think the commute time on our rota is long enough. It can make us run late due to traffic."

- Some people and relatives also told us staff were not always on time. One person said, "They come by bus so sometimes they can be late, particularly now when they are not allowing so many on the bus. I don't always find out if they are late."
- The registered manager told us that because buses were running at reduced capacity due to Covid-19, it was difficult for staff to travel quickly between visits. Late calls were investigated, and records showed most late calls had been due to difficulty with public transport. However, restrictions on public transport were introduced in March 2020. This meant that in the intervening three months the provider had not taken steps to allow staff adequate travel time when it was known that public transport was at reduced capacity.
- At the last inspection we found there were instances when care staff had completely failed to arrive for their appointment, and instances where two care staff were required but only one turned up. Records showed there had not been any instances of this in the time period we looked at.

We found no evidence that people had been harmed however, people were potentially at risk of harm because their care or support was delayed. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- We did not look at this issue in depth at this inspection. Rather, we just looked at a specific shortcoming identified at the previous inspection. At that time, the registered manager was not aware of and did not have oversight of all the current safeguarding allegations. At this inspection we found this issue had been addressed.
- Current safeguarding incidents were recorded and included in the monthly management review carried out by the registered manager. The number of safeguarding issues recorded since the previous inspection by the provider matched information provided to us by the commissioning local authority about safeguarding concerns they were aware of.

# 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 inadequate. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had made progress in addressing the concerns we found at the previous inspection. We will assess all of the key question at the next comprehensive inspection of the service.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure that staff undertook appropriate induction training on commencing work at the service. This was a breach of regulation 18 (Staffing) 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 18.

- Although records showed staff training was up to date, some people and relatives told us that not all staff had the necessary skills and knowledge to support them.
- For example, one person said, "Some of the carers are great and really understand my needs. However, they send ones who have no idea and even despite my coaching them appear unable to grasp the basics, for example I have been trying to get one to understand how the tap on my catheter works, one way is open another is closed but even after ten days she still get it wrong." Another person said, "Those that come now know what they are doing although I did stop two coming as they just weren't doing things right." While a relative told us, "Some staff have the correct skills, but I do feel some staff could do with more support particularly in understanding dementia and approaching people."
- At the previous inspection we found that when some staff undertook competency tests as part of their induction, they were provided with the answers to questions in advance. During this inspection the registered manager told us to combat this staff were expected to complete their competency tests on-line, under supervision at the office, to help eliminate the possibility of cheating.
- Records indicated that staff had online induction training in 15 core competencies, and for each of these they undertook a competency assessment. Records showed some staff had failed some of these assessments, and the registered manager said where this was the case they had to retake and pass them before they were able to work with people.
- Staff undertook shadowing experienced staff as part of their induction and had a field competency assessment at the end of their induction period. They also had a field competency assessment specifically around the management of medicines.

We found no evidence that people had been harmed however, people were potentially at risk of harm because staff did not always have the proper skills and knowledge to support people in line with their assessed needs. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had made progress in addressing the concerns we found at the previous inspection. We will assess all of the key question at the next comprehensive inspection of the service.

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

At our last inspection the provider had failed to produce person centred care plans that reflected the views and individual needs of people who used the service. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- At the previous inspection we found care plans were not always up to date and were not person centred. The registered manager told us since then all care plans had been reviewed, and the review included a discussion with the person and family where appropriate. We looked at sixteen care plans, all of which had been reviewed in June or July 2020.
- Care plans were person centred and based around the needs of the individuals. They included information about people's likes and dislikes and their life history. Information about supporting people with personal care was personalised around their specific needs and detailed.
- People told us they had a care plan. One person said, "My care plan covers my needs and it suits me."

Improving care quality in response to complaints or concerns

At our last inspection the provider had failed to respond to complaints made by people in a timely manner. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- Systems had been set up to for the management team to have oversight of complaints. Records showed that complaints received were responded to appropriately.
- Most people we spoke with told us when they had raised complaints these had been dealt with. For

example, one person said, "There have only even been a couple of mishaps over the last two years and everything got sorted out satisfactorily and I got an apology." However, two people told us issues raised by them had not always been resolved to their satisfaction.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check if the provider had made progress in addressing the concerns we found at the previous inspection. We will assess all of the key question at the next comprehensive inspection of the service.

At our last inspection the provider had failed to have robust governance systems in place to ensure shortfalls in the quality of service were identified and to take action to ensure people always received safe and effective care. 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.

### Continuous learning and improving care

- Although systems were in place to monitor the quality of service, these were not always used as planned or effective.
- For example, all risk assessments had been reviewed since our last inspection. The registered manager told us after been reviewed they were then checked by either themselves or another senior member of staff. However, despite these checks, health risk assessments were found to be generic rather than person centred and omitted important information about how to mitigate risks people faced.
- A system had been introduced for auditing Medicine Administration Records. However, this was not been done for most people's MAR charts, and the quality assurance systems had failed to identify this shortfall.
- Staff lateness for visits to people was monitored and where staff were late this was followed up on. However, despite this, staff continued to be late for appointments on a regular basis.
- People told us that when they raised issues with the provider, they were not always addressed. For example, a relative told us, "I have spoken to the office in particular about the carers leaving early and nothing has changed."

We found no evidence that people had been harmed however, the above issues show the service failed to ensure robust quality assurance and monitoring systems were in place to identify shortfalls and act on them to ensure people were safe at all times. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 18 HSCA RA Regulations 2014 Staffing  The registered person had not taken steps to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced staff were deployed to ensure service users were supported in a safe manner at all times. Staff were often not on time for visits to service users. Some service users told us staff did not have the necessary skills and knowledge to meet their needs. Regulation 18 (1) (2) (a)

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not always provided in a safe way for service users. The registered person had not always assessed the risks to the health and safety of service users to a satisfactory standard. Arrangements were not always in place for the proper and safe management of medicines. Regulation 12 (1) (2) (a) (g)</p>

**The enforcement action we took:**

Warning Notice

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes were not established or operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity and to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users who may be at risk which arise from the carrying on of the regulated activity. Regulation 17 (1) (2) (a) (b)</p>

**The enforcement action we took:**

Warning Notice