

Imaan Care Ltd

Imaan Care

Inspection report

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Date of inspection visit:

26 April 2022

23 May 2022

07 June 2022

14 June 2022

Date of publication:

19 September 2022

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Imaan Care is a domiciliary care agency located in the London Borough of Hammersmith and Fulham.

Not everyone using the service received support with tasks related to personal care and eating. CQC only inspects services where people receive this type of care and support. We also consider any wider social care provided.

At the time of the inspection, the service was providing a personal care service for one person with complex health care needs.

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

People were not being protected from the risk of harm because risk assessments were either absent or incomplete and out of date.

Safe recruitment practices were not always undertaken to make sure staff were suitable to work with vulnerable people.

People's health care needs were not understood by the registered manager and staff were not provided with the guidance and training they needed. This included the absence of safe support guidance for eating and drinking.

Staff supported people to take their medicines where this formed part of an agreed package of care. However, robust recording systems were not in place to support safe medicines practices.

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 policies and systems in the service did not always fully support this practice.

The registered manager was not carrying out effective quality assurance checks and was not identifying the concerns for people's safety that we identified. We did not find satisfactory improvement since the last inspection.

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

Ratings at the last inspection and update

The last rating for this service was requires improvement (published 29 October 2019). At this inspection the rating had deteriorated to inadequate.

Why we inspected

This inspection was prompted by a review of the information we held about the service.

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 have identified ongoing breaches in relation to recruitment, risk assessments, medicines management, staff training and support and quality assurance processes.

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

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

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

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?

Inadequate ●

The service was not 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?

Requires Improvement ●

The service was not always 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?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

Imaan Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post, who was also the owner of the agency.

Notice of inspection

This inspection was announced. We gave the service two days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity commenced on 26 April 2022 and concluded on 14 June 2022. We visited the office location on 26 April 2022.

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 took this into account when we inspected the service

and made the judgements in this report. We looked at information we hold about the service such as notifications for significant events and the last inspection report. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, a supervisor and a voluntary administration assistant. We reviewed a range of records, which included the care plan for the one person using the service. We checked the files for two staff members in relation to their recruitment, training and development, supervision and appraisal. We looked at a range of policies, procedures and other records in relation to the management of the service.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We requested and reviewed additional documents including evidence of medicines training for care staff, which was not available during the inspection site visit. We spoke with a relative of the person using the service. The person who uses the service was not able to communicate with us by telephone. We contacted both care workers and received a response from one of them, who was not able to speak fluently on the telephone with us. We remotely held a meeting with the registered manager on 23 May 2022 to provide feedback. During this meeting we informed the registered manager that we had not received a response from one of the care workers. We wrote to the registered manager and sought confirmation that she had commenced actions to improve the quality of the service. A second remote meeting was held with the registered manager on 14 June 2022 to discuss the concerns found at this inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection we rated this key question requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection in September 2019 the provider was failing to assess, monitor and review risks to people to make sure they received suitable care and support that promoted their safety. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

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

- Risk assessments lacked clear information for staff on how to safely support people although the registered manager had introduced individual risk assessments and risk management guidance to manage identified risks since the last inspection. These risk assessments lacked any evidence of having been reviewed since September 2019, although a proposed review date of 1 January 2022 was documented. Therefore we could not be certain if there had been any changes in the person's needs since the risk assessment was written in September 2019, or assured care staff were provided with accurate and valid information to safely support the person using the service.
- There was no risk assessment and accompanying risk management guidance for staff to follow to support the person using the service to eat in a safe way. The registered manager told us she had omitted to tick the correct box on a risk assessment tool, which had resulted in her failure to develop an appropriate risk assessment. The daily records written by staff indicated the person received a diet prepared at a soft consistency, however the absence of written risk management instructions could have placed the person at risk of choking and harm if their personal care was delivered by a staff member not familiar with their specific needs.
- We noted one person did not have a risk assessment and guidance for a medical condition. The registered manager told us the person no longer experienced any concerns in relation to the medical condition. However, there was no record in their care plan to confirm advice was sought from the GP or another relevant health care professional to ensure staff had appropriate information and guidelines to follow to safely provide care for this person.
- Environmental risk assessments in relation to the safety of the person's home had not been reviewed since they were implemented in September 2019. There was no recorded information in relation to whether there were any significant changes at the person's home since September 2019 which could impact on their safety. There was no written guidance for staff about the actions to take if they needed to support the person in the event of a fire or other household emergency. The registered manager told us the person's relative sometimes went out, therefore requiring care staff to take urgent safety decisions if a dangerous situation arose.

People were placed at risk of harm as the provider did not have current and comprehensive written information to enable staff to provide safe care. This was a repeated breach of regulation 12 (Safe care and

treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection site visit we wrote to the registered manager and asked for confirmation of the actions taken to protect people from harm. The registered manager informed us she had contacted the person's GP, who had provided guidance in relation to how to meet the person's safety for eating and drinking and a different medical condition.

Using medicines safely

At the last inspection the provider was failing to ensure people received safe support with their medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 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 the registered manager did not have enough information recorded about people's prescribed medicines in their care plans and did not use medicine administration records (MARs). Staff had recorded what assistance they had provided with medicine administration in people's daily logs.
- At this inspection we found the provider had introduced a MAR for the person using the service, however staff ticked they had administered the medicine instead of signing the document with their initials. As at least three different staff including the registered manager provided personal care support for the person there was no reliable system in place to ensure the MAR demonstrated accountability and a clear audit trail.
- The MAR chart did not provide care staff with necessary specific advice for safe administration in line with the prescriber's instructions, for example one of the medicines should be taken with or after food to reduce the known side effects of stomach irritation. The medicines care plan was written in September 2019 and had not been reviewed since then. The medicines listed on the medicines care plan did not always correspond with the MAR chart. Although the medicine care plan stated know side effects of medicines, key information that needs to be known by a care worker was missing.
- At the last inspection we noted the registered manager did not demonstrate that she checked the competency of care staff to administer medicines and there was no system in place to ensure ongoing competency assessments. At this inspection the registered manager told us she carried out competency checks but did not maintain any records to evidence this.

People were placed at the risk of harm as the medicine administration systems were not sufficiently robust. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At the last inspection the provider was failing to ensure people were supported by safely recruited staff with appropriate backgrounds and experience for their roles and responsibilities. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- Safe recruitment procedures were not being adhered to. During the inspection we were introduced by the registered manager to two members of the staff team, a supervisor and a volunteer who carried out administrative duties. The registered manager acknowledged to us she had not recruited these staff in line with required safe protocols, for example the appropriate completion of an application form, evidence of

right to work in the UK and a minimum of two satisfactory verified references.

- The registered manager told us during the inspection visit the supervisor and volunteer did not carry out any visits to the home of the person using the service but later acknowledged the supervisor had been to the person's home. We requested a copy of the supervisor's DBS check which the registered manager has failed to provide. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
 - The registered manager did not ensure she rigorously checked information supplied by prospective staff or referees during the pre-employment screening stage. For example, both care staff had previously worked as carers for the same employer. Although written references without a company stamp or letterhead were obtained, there were no follow-up telephone calls to verify the authenticity of these references. One staff member did not have a reference from a previous employer which was a domiciliary care agency. The registered manager told us she had requested a reference but there was no written evidence to show she had followed up on the matter when a reference was not received.
- People were at risk of harm as the provider did not carry out robust recruitment checks when appointing new staff. This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and procedure in place. Staff received safeguarding training; however we were not able to directly speak with staff about their knowledge of how to protect people and how to report any concerns about people's safety. The relative told us their family member felt safe with agency staff.
- The provider had a whistle blowing policy in place, however it contained inaccurate guidance for staff about how to internally whistle blow within the organisation.

Preventing and controlling infection

- The provider had an infection prevention and control (IPC) policy in place. Staff had received IPC training, however we were not able to ask staff about how they used this training to ensure people were protected from the risk of cross infection.
- The registered manager informed us staff were supplied with personal protective equipment (PPE) such as disposable gloves, aprons and anti-bacterial gel to promote safety. The relative we spoke with did not have any concerns about how staff adhered to safe and hygienic practices within their home.
- Arrangements were in place for care staff to carry out COVID-19 testing in line with current government guidance at the time of the inspection, in order to limit the spread of infection. The provider kept clear records to evidence this took place.
- Where a staff member chose not to receive COVID-19 vaccinations the registered manager did not demonstrate she had discussed coronavirus risks with the individual. For example, whether the staff member identified as being clinically vulnerable. Although employers are no longer explicitly required to consider COVID-19 as part of risk assessments for staff, there remains a duty to identify workplace risks and reduce them to the lowest possible level.

Learning lessons when things go wrong

- We found at the last inspection that no accidents, incidents, events, complaints or concerns had been reported. The registered manager confirmed at this inspection this remained the same, therefore we were not able to determine from available evidence how the service learnt lessons when things went wrong.
- The registered manager told us she had learnt from the last inspection and cited her implementation of risk assessments as an example of this learning. However, although risk assessments were now in place the registered manager's lack of knowledge about how to identify and monitor risks resulted in assessments

which were incorrect and not subject to necessary monitoring and reviewing.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were not consistently assessed and documented in an accurate and detailed manner. For example, the person's specific needs in relation to their health care conditions had not been properly assessed by the registered manager. The registered manager failed to seek any guidance from the person's GP or other health care professional involved in their care and treatment to enable care staff to provide safe and effective care. However, this professional health care guidance was sought by the registered manager when we wrote to her after the inspection visit to confirm what actions she had taken.
- The registered manager used a recognised assessment tool for assessing the person's susceptibility to developing pressure ulcers. There was one part of the assessment which the registered manager had not completed herself as she did not have the current information in relation to the person's body mass index (BMI). Therefore, the overall assessment was incomplete and inaccurate.
- The registered manager was unaware that health care professionals could use measurements of people's arms where it is not possible to otherwise measure their weight and height. The registered manager failed to identify that this information could be sought from other health care professionals to provide a more comprehensive understanding of the person's needs.

Staff support: induction, training, skills and experience

- At the last inspection we noted staff files contained copies of an induction care certificate issued by an external training company and the subjects covered were in accordance with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- At the last inspection there were no workbooks or other associated documentation available to demonstrate how staff had completed this training. At this inspection we requested to look at the workbooks, portfolios and/or other relevant documents related to the Care Certificate, but these were not made available to us during the site visit or afterwards. Therefore, we could not determine how the registered manager supported, guided and encouraged care staff to undertake an entry level course which could take up to 12 weeks to complete and required new employees to link their knowledge with their performance in their workplace.
- Staff records showed care workers received mandatory training, for example moving and handling, first

aid, health and safety in the workplace and food safety awareness. The certificates for both staff for their first aid and infection, prevention and control training had incomplete dates printed by the training provider, so the registered manager, the care staff and any other interested parties could not be assured of the valid timescales.

- Staff received three one-to-one formal supervisions sessions each year plus an appraisal. The supervision records we looked at contained examples of the same written information identically repeated from one supervision session to the next. For example, the responses staff gave about their learning objectives and career development goals. This inappropriate practice failed to demonstrate staff were provided with a satisfactory standard of individual supervision.
- One member of the care staff was not able to fluently converse in English with us, although they were providing a service to a person and liaising with relatives in a household where English language skills were necessary. We did not find any evidence in their training records of how they were being supported to improve their English language skills. The relative of the person using the service did not identify concerns in relation to how staff communicated with their family member.
- At the last inspection we found staff had not yet completed relevant training on how to meet the needs of the people who used the service. At this inspection we found there was a continued absence of training to support staff to understand and effectively meet the specific needs of the person using the service.

The provider did not ensure staff received appropriate training, supervision and support to enable them to effectively and safely carry out their duties. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The relative of the person who used the service told us they were very pleased with the quality of care and support provided by their care staff. They described care staff as being competent, reliable and suitably trained to meet the needs and wishes of their family member.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was not consistently following MCA guidelines. The person's care plan explained how they used non-verbal language to indicate their day to day consent to personal care and indicate their choices about how care staff should deliver their support. There was written information by the registered manager about the person's capacity to understand and weigh information to make specific choices about their personal care.
- However, the registered manager did not have a system in place to look at relevant documents when a

relative informed her they held Lasting Power of Attorney for their family member. Therefore, the registered manager could not be assured she was liaising with the correct individual(s) in order to protect the person's rights.

- We were not able to speak with care staff about how they supported people to make choices and live as independently as possible. There were no current records to show staff had received MCA training. When we enquired about MCA training during the inspection, the voluntary administration assistant inappropriately directed us towards the staff training to support people with mental health needs.

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

- Staff supported the person using the service with their breakfast only as their relative provided support at other meal times. The person's care plan did not contain sufficient information to explain why it was necessary for a soft diet to be provided and the risks to the person if staff did not ensure the food was prepared at the correct consistency.

- The registered manager had not sought advice from the GP to make sure the person was safely supported at breakfast time. For example, whether a dietitian and/or a speech and language therapist referral was necessary for an assessment and guidelines.

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people may not always be well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Although people using the service were treated with kindness, the absence of good practices placed people at risk of care and support that negatively impacted on their dignity and wellbeing. The person's relative told us their family member was well cared for by kind and compassionate care staff. They commented, "Yes, we are very happy with the care and have no problems." At the last inspection we found that although we received positive views from relatives, the service was not consistently caring in its approach due to the failure of the registered manager to provide staff with the guidance, support and supervision they needed to provide safe care that met people's specific needs.
- At this inspection we found the registered manager continued to provide care that placed the person at risk of harm. This included the absence of robust risk assessments, the lack of effective staff training and supervision and insufficient information gathered during pre-employment checks to safely determine if prospective staff members were appointable.

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

- Practices were in place to support people and their chosen representatives to express their choices and views. The registered manager told us people and their relatives where applicable were encouraged to be involved in the care planning process. The care plan for the one person using the service showed care staff followed the chosen preferences and routines of the person. For example the person made choices about their outfits and accessories for their regular engagement with different community activities, which was respected by care staff.
- At the time of the inspection the person using the service was allocated a small and consistent team of staff members to ensure care was provided in a constant and stable way.
- The agency had established links with a range of voluntary sector providers in the local community, including organisations that provided advocacy services. Advocacy can help people who use services to express their concerns, get information and find out about options available to them. The registered manager showed us leaflets she offered people using the service and their relatives to inform them about empowering and valuable resources they could access in the borough.

Ensuring people are well treated and supported; respecting equality and diversity

- The care plan for the one person using the service demonstrated that staff understood their cultural and spiritual needs. This included supporting the person to attend a place of worship, ensuring the person was dressed in the manner they wished for a weekly observance that was important to them.
- Staff received equality and diversity training and their understanding of this had been discussed during

formal supervision sessions.

Respecting and promoting people's privacy, dignity and independence

- We were not able to speak with staff about how they ensured the person who used the service received a dignified service that upheld their entitlement to privacy and respect. The relative of the person described staff as being respectful and polite.
- However, we were concerned by a staff member's lack of understanding in relation to confidentiality and professional boundaries when we telephoned them to arrange a time to speak about their experiences of working for Imaan Care. The care worker told us they were currently available to speak but when we asked if they were in a quiet and confidential location, they said they were at the home of the person using the service. We explained it was not professionally correct for us to proceed as it could place the person at risk if the care worker was distracted from carrying out their agreed care and support duties for the visit.
- We spoke with the care worker later that day and ascertained they were now in their own home. During the telephone call we heard an unidentified voice in the background translating our questions to the care worker. We spoke with the unknown third party who told us they needed to act as an interpreter as the care worker had problems understanding and speaking English. The informal interpreter confirmed they were not connected to the provider and had no recognised association with the person who used the service.
- We explained to the informal interpreter that we planned to discuss the personal care and other support needs of the person and could not use an unauthorised individual due to confidentiality reasons. In accordance with our request, the informal interpreter ceased their involvement.
- We spoke with the registered manager about this matter during the inspection feedback meeting. The registered manager told us the care worker could sufficiently communicate with the person using the service by using a combination of verbal and non-verbal language. However, no explanation was offered as to why we were not advised in advance that this telephone interview should have been conducted in a different manner to support the staff member to fully participate, for example in person at the agency's office, or contact via email or a video screen enabled electronic device.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- At the last inspection we noted people's care plans did not always provide enough guidance as to how staff could provide person-centred and responsive care and support. At this inspection we found an ongoing absence of detailed and essential information to enable staff to understand and meet the person's specific individual health care and personal care needs.
- Due to the lack of monitoring and reviewing of the person's care plan, the registered manager could not demonstrate efficient systems were in place to recognise and respond to any changes in the person's needs and wishes. We could not determine if there were changes in the person's needs due to the absence of a care plan review.
- A relative told us they were happy with the planning and delivery of their family member's care and support. The relative felt the agency had consulted with their family member and supporters to provide a personalised service. The care plan showed the service had taken time getting to know the person and their relatives. For example there was a history of the person's life and information about the activities they enjoyed at home and in the wider community.

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 care plan contained information for staff about how to communicate with the person using the service and respond to their non-verbal communication.
- The agency did not have a Service User Guide and instead gave people and their relatives a leaflet to advise them about how the organisation operated. The registered manager was not able to find a copy of the leaflet to show us during the inspection and told us it was not presently produced in any other format such as large print or easy read, as people currently did not require this.

Improving care quality in response to complaints or concerns

- At the last inspection we noted the service had not received any complaints since registering with CQC in September 2018. At this inspection the registered manager confirmed this was still the case. The service had a complaints policy and procedure in place.
- The complaints procedure incorrectly informed people and their relatives the CQC could investigate their complaint. We provided the registered manager with written information about the role of CQC to add to

their policy.

- The relative we spoke with said they knew how to make a complaint and believed that the registered manager would respond professionally to any concerns they raised.

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care. This was also the case at the last inspection.
- We were not able to speak with care staff to determine their understanding of how to provide good end of life care that met people's physical and emotional care needs, including any complex needs. The registered manager told us she did not have up to date end of life care training and no current relationships with the local hospice or community palliative care team.

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 our last inspection we rated this key question requires improvement. At this inspection this key question has now deteriorated to inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the provider was failing to ensure that systems were either in place or robust enough to ensure people received safe 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

- At the last inspection we noted gaps in relation to risk assessment practices, care planning, medicines management, staff recruitment and staff training. At this inspection we found insufficient improvement had been achieved to fully address these areas of concern. For example, although some risk assessments were now in place these documents either did not address potentially serious health care concerns and had not been reviewed since being developed in September 2019.
- The registered manager carried out some personal care visits to the person using the service, usually when one member of staff was on leave. She told us this enabled her to engage directly with the person and their relative and check whether care staff were providing quality care and support. However, the findings at this inspection show the registered manager was not able to determine whether the delivery of care was safe and appropriate due to the gaps in her own knowledge and her lack of understanding about best practice.
- Findings at this inspection showed the registered manager did not carry out checks on her own policies, procedures and agency records. For example, we found staff training records with incomplete dates, an absence of certificates for medicine training carried out in 2021 and a whistle blowing policy that advised staff how to report any workplace concerns to a management structure which did not exist at the service. We could not establish how the registered manager was sharing and discussing this inaccurate policy with staff during their induction or supervision but did not identify the error.
- Quality assurance systems were not effectively employed. At the last inspection we saw that although staff completed daily logs to report upon the care and support provided, these records lacked enough detail to provide a constructive description of how the person was supported. At this inspection we found the daily logs continued to be limited in their content.
- Therefore, the registered manager and any relevant professionals involved in the person's care could not be assured of whether care staff safely and competently followed the agreed care plan. The registered manager told us she checked these records every month; however, there was no evidence of her identifying

concerns and implementing staff training and support to enable care staff to improve their knowledge and skills for this task.

The provider's ongoing failure to effectively assess, monitor and improve the quality and safety of the service was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The relative told us they had no concerns with how the service was managed and was able to contact the registered manager if required. Since the last inspection they had completed a satisfaction survey giving positive views and expressed their appreciation to the agency for the quality of care provided to their family member. Although this favourable opinion demonstrated the value of receiving care from an agency where regularly assigned care staff have shown kindness and reliability, the uninformed management of the service placed the person at risk of harm.

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 the legal requirement to send notifications of significant events to the CQC. We have not received any notifications since the service became operative in 2018 and have been advised by the registered manager that no notifiable events have arisen.
- Aspects of the registered manager's conduct during and after the inspection site visit have not consistently demonstrated an expected level of integrity and transparency. This includes the presence of a supervisor and a volunteer at the inspection who did not have any standard recruitment documents to evidence they worked for the agency. The registered manager initially stated they were employees but failed to present any documentary evidence to verify this, in line with our requests.
- At the inspection site visit the registered manager told us that the supervisor and volunteer did not carry out any visits to people using the service. During the remotely held feedback session the registered manager acknowledged the supervisor had visited the home of a person receiving a care package. The volunteer sent us confidential documents about the service using the email address of another organisation. The registered manager acknowledged during the feedback session that her placement of these two individuals at the inspection was not conducted in a professional way.
- The registered manager has not demonstrated full co-operation since the inspection site visit. We have asked for information to be sent to us which has either not been sent or our emails have been partially responded to. For example, we asked the registered manager for a progress report on her actions to make improvements since we carried out the site visit and received a limited answer that addressed personal care risk assessments only.
- Additionally, we asked the registered manager via an email to provide details of all of the care staff who carried out personal care visits to the person using the service, as their relative had spoken to us about staff we were unaware of. This request for information was not responded to. Therefore, we have not been able to accurately understand the number of staff working for the agency, as we were told by the registered manager that only two staff were employed to provide personal care.
- At this inspection the registered manager had failed to satisfactorily meet the three breaches of regulation found at the last inspection in September 2019, although she had submitted an action plan to CQC in November 2019 to confirm how she would make improvements. At present the service was supporting only one person which should have enabled the registered manager to firmly focus on service improvement.

The registered manager (provider) failed to exhibit competent management of the service by not demonstrating an open manner and the necessary qualifications, skills and experience to carry on the regulated activity of Personal Care. This was a breach of regulation 4 (Requirements where the service

provider is an individual or partnership) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

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;

- The registered manager sought the views of the person using the service and their relative.
- We were not able to speak with care staff about their experiences of working for the service and to find out whether they felt supported by the registered manager. There were no available agendas or minutes for staff meetings to show how these were used for staff learning and development stating these meetings were held as informal chats. The registered manager said discussions and information sharing with staff took place informally.

Working in partnership with others

- The service was situated in a building used by several voluntary sector organisations which enabled the registered manager to develop links with these groups. The registered manager told us they attended meetings with a local organisation for the welfare of older people and passed on their informative pamphlets to people using Imaan Care.
- The registered manager told us she had informal links with local proprietors and registered managers of similarly sized domiciliary care agencies for peer support, and sharing information and advice. This support included being mentored by a manager of a voluntary sector organisation.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider was failing to ensure risks to people's health, safety and well-being were being effectively assessed, identified and mitigated. 12 (1) (a) (f)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality monitoring was not sufficiently robust to identify shortfalls and drive improvements to service delivery. 17 (1)(2)(a)(b)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider was failing to ensure people were protected through robust recruitment procedures. 19(1)(2)(3)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider was failing to ensure staff received appropriate training, supervision and support to carry out their duties. 18(1)(2)

