

Hazmis Ltd

Hazmis Care Agency

Inspection report

Unit 2, Office 203
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London
NW9 6NB

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04 November 2022

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hazmis Care Agency is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of different abilities. The services they provide include personal care, housework and companionship. At the time of inspection, the service provided personal care to four people. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service:

Areas of potential risks to people were not always identified and appropriate risk assessments were not always in place. Some risk assessments lacked detail. This could result in people receiving unsafe care. Improvements were needed in relation to risk assessments and we found a breach of regulation.

Recruitment checks were carried out prior to care workers being employed by the service. However, it was not always evident who employment references were from and there was no evidence that these had been verified by the registered manager. We have made a recommendation in respect of this.

The service had a quality assurance policy in place. However, there was a lack of effective audits and checks in place. The service had failed to identify deficiencies we found in relation to risk assessment and employment reference checks. We have found a breach of regulation in respect of this.

People were protected from abuse. Staff had completed training on how to safeguard people. They were confident that if they raised any concerns with the registered manager, appropriate action would be taken.

Staff followed infection prevention and control guidance to minimise risks related to the spread of infection.

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; the policies and systems in the service supported this practice.

Feedback obtained was positive and indicated that care workers were caring, kind and respectful. People's privacy, dignity and independence were respected and promoted.

There was a complaints policy and procedure in place.

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

Rating at last inspection and update

The service was registered with us on 31 January 2022 and this is the first inspection.

Why we inspected:

This was a planned comprehensive inspection to review the key questions, Safe, Effective, Caring, Responsive and Well-led and rate this service.

The inspection was prompted because the service has not had an inspection and a rating since it was first registered with us.

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 two breaches in relation to safe care and treatment and governance at this inspection.

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

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hazmis Care Agency

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector.

Service and service type

Hazmis Care Agency is a domiciliary care agency registered to provide personal care to people in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service.

Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service two working days' notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that management were available on the day of the inspection site visit.

We visited the office location on 4 November 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During the site visit we met and spoke with the registered manager.

We viewed a range of records. We looked at care records for three people. We also looked at three staff files in relation to recruitment, training and support. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

We spoke with one person who received care and one person's relative. We also spoke with three care workers.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people were not always adequately assessed and there was limited information in place for staff to ensure some risks were mitigated. People's care records included some risk assessments which included areas such as falls, mobility and smoking. However, during the site visit we found that risk assessments for some potential risks were not in place. For example, there were no risk assessments in place which covered diabetes, pressure ulcers and epilepsy. We raised this with the registered manager who acknowledged this at the time of the site-visit. Following the site visit, the registered manager sent us a risk assessment for a person who was diabetic, at risk of pressure sores and had epilepsy. We reviewed these and found that these lacked detail and information about how to mitigate these risks.
- Risks to people had not always been assessed effectively and this meant people were at risk of receiving unsafe care and treatment. The lack of risk assessments in place meant that staff had not been provided with suitable guidance to minimise the risk of people receiving unsafe care and lacked guidance on what to do in response to symptoms of these conditions. We also noted that staff had not completed training in some specialised areas such as epilepsy and diabetes.

This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed this with registered manager who explained that they would take action to ensure that risk assessments with the appropriate level of detail were in place for each person. We will follow this up at the next inspection.

Staffing and recruitment

- Systems were in place for the recruitment of new staff. Checks were undertaken for each candidate. This included Disclosure and Barring Service (DBS) checks to provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Other employment checks, such as right to work in the UK had been completed. References were obtained. However, there were instances where it was not clear who had provided these as referee details were limited. There was a lack of evidence to confirm that references had been verified to check their authenticity.

We recommend the provider reviews their recruitment process specifically in relation to reference checks to ensure people were supported by suitable staff.

- There were enough staff to safely and effectively meet people's needs and cover their agreed hours of support.
- The registered manager explained that as the service provided care to a small number of people, they did not yet have an electronic system in place for monitoring timekeeping. Instead, care workers completed timesheets and we saw documented evidence of this

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. There were systems in place to help safeguard people from harm and abuse.
- When asked whether they felt people were safe in the presence of care workers, one person told us, "I feel safe with care workers in my home. I have no issues with this." One relative said, "My [family member] is safe and well looked after by the carer. The carer is very careful when looking after my [family member]."
- Staff completed safeguarding training and we saw documented evidence of this. Staff said they would not hesitate to report concerns about poor or abusive practices to the registered manager. They were confident that the registered manager would take appropriate action when required. However, not all care workers we spoke with were aware that they could report their concerns to the local authority or CQC. We raised this with the registered manager who advised that care workers would be reminded of this and this would be discussed further at the next staff meeting.
- No safeguarding concerns had been raised since the service was registered. However, the registered manager understood their responsibilities in relation to safeguarding, including how to report any concerns immediately to the local authority and CQC.

Preventing and controlling infection

- The service had an infection prevention and control and COVID-19 policy in place. The service ensured an adequate supply of personal protective equipment (PPE) was available to staff. This was confirmed by care workers.
- Care workers completed infection control training and had up to date guidance to follow. Induction, training and spot checks on care workers helped to ensure they were following procedures correctly.
- Feedback indicated that care workers wore PPE and no issues were raised in respect of this.

Using medicines safely

- At the time of this inspection the registered manager advised us that they were not administering medicines to people. As a result of this, we did not look at how the service managed medicines as part of this inspection. However, we did look at what medicines systems the service had in place should people require medicines support in the future. The service had a medicines policy in place. Care workers had all completed medicines training and told us they were confident administering medicines should they be required to in the future.

Learning lessons when things go wrong.

- A system was in place to report, record and monitor incidents and accidents to help ensure people were supported safely. The registered manager confirmed that there had been no incidents or accidents since the service started operating.

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager explained that before people's care visits commenced, their care needs and preferences had been assessed with them and where applicable others involved in their care. This assessment helped to determine if the service had the right care workers with the appropriate skills and abilities to support each person and meet their individual care needs and choices.
- Care plans were then developed from the initial assessment. These included guidance for staff to follow to help ensure people received the care and support they needed in the way they wanted.
- People's care plans included details of their specific needs, interests and the support they required to make choices. People's dietary, cultural, religious and health needs had been identified in the assessment and care plan records and supported by the service.

Staff support: induction, training, skills and experience

- Care workers were knowledgeable about people's care needs. One person told us, "I am confident that care workers know what they are doing when it comes to my care."
- Staff received support through induction, training and supervision. Staff completed an induction based on the Care Certificate which sets out an agreed set of standards for workers in the social care sector.
- There was a training programme in place. Training records showed staff had completed training which included safeguarding adults, health and safety, first aid, Mental Capacity Act, infection control and manual handling.
- Staff were supported by the registered manager and there were arrangements for supervision and on-site spot checks.
- Staff told us that they felt supported and regularly met with the registered manager to discuss any concerns or training needs. One care worker said, "The support I get from [the registered manager] is good. Any time I need some help she always helps."
- The registered manager had oversight of the training completed so that they could monitor when updates were required and identify any gaps in training.
- Care workers were not yet due an appraisal at the time of the inspection. The registered manager confirmed that these would be carried out in due course.

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

- At the time of this inspection, the service did not support people with their meals. This was all carried out by people's families. People's support plans contained information about their dietary needs where appropriate.

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

- The registered manager explained that care workers were not directly involved in people's healthcare needs. Care plans showed healthcare formed part of people's initial assessments, which were taken into consideration before support started.
- Care workers were able to give examples of how well they knew the people they supported which enabled them to immediately observe changes in people's health and access appropriate support.

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. 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.

- The service was currently not supporting anyone who was subject to a Court of Protection application in relation to the deprivation of their liberty.
- People were supported to make choices and decisions about their lives. Care records included some information about the support people needed from relatives with decisions to do with their care and the assistance they needed.
- Staff sought people's consent and supported them to make choices and decisions, to maximise people's control over their lives.
- Staff completed training to help them understand the principles of the MCA. They understood the importance of gaining people's consent before providing care and support and promoting people's rights and choices.
- Staff knew they needed to report to the registered manager when they noticed any changes in people's ability to make decisions and choices.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- People were cared for by care workers that were kind and caring. One person told us, "I am happy with the care I receive here. [Care workers] are friendly and helpful." One relative said, "[My family member] is happy with the care and so am I. The carer is very kind."
- The registered manager told us they encouraged people and their relatives to be open about their religious and cultural needs. Some people required their care worker to provide care at different times than normal during religious festivals. Some people required assistance to wash in accordance with religious practices. The registered manager explained that they always made attempts to ensure they accommodated people's individual requests.
- The service understood the importance of working within the principles of the Equality Act and supported people's diversity in relation to their protected characteristics including their race, disability, sexuality, sexual orientation and religion in a caring way. For example, people were asked questions relating to their protected characteristics before the support commenced.
- People and care workers were matched together based on their personality, interests and cultural needs. The registered manager explained that they ensured care workers were able to speak people's first or preferred language so that they could easily communicate with them and talk about cultural topics. This was important as it encouraged people to speak to their care workers and develop a positive relationship based on trust and understanding. One relative told us, "[The care worker] speaks the same language as [my relative]. This makes such a positive difference. They have conversations."

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

- People and those acting on their behalf were encouraged to express their views about the care. The registered manager explained that she had regular telephone calls with people and their relatives.
- Details of people's interests and important things in their life had been documented in their care plans.
- People felt listened to and valued by staff. People had been consulted about their care and support needs. The service involved people and their relatives in making decisions to ensure their needs were met.

Respecting and promoting people's privacy, dignity and independence

- Care workers were aware of the importance of dignity and privacy and knew how to support people with dignity and respect. Feedback from relatives indicated that care workers were respectful of people's privacy and dignity.
- Care records and files containing information about staff were held securely stored electronically. Paper records were stored in a locked cabinet. We observed in the office that computers were password protected to ensure only those authorised to do so could access them.

Is the service responsive?

Our findings

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

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

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

- Care support plans included information about people's medical background, health needs and social history.
- Care plans were personalised to reflect people's care needs. People's likes, dislikes and what was important to the person were recorded. People's care plans included details about their needs and preferences.
- Staff were knowledgeable about people's specific needs and preferences. Staff could explain how they supported people in line with this information.
- People and their relatives were involved in care planning and care plans included preferences for care. For example; where people wished to be provided care by a care worker of a specific gender, this was clearly documented and the registered manager ensured that these wishes were respected and 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.

- Care support plans included some information about how people communicated and how staff should communicate with them.
- There was an AIS policy in place.
- The registered manager was aware of the importance of information being as accessible as possible to people and told us they would make sure information was always provided in a way each person understood, such as in large print and/or pictures.
- Staff communicated with people well and understood how they wished their care to be provided.

Improving care quality in response to complaints or concerns

- The service had a complaints policy in place. The registered manager advised that the service had not received any complaints since it was registered with the CQC.
- The complaints policy included information about how to make a complaint and what people could expect to happen if they raised a concern. This included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.
- Staff we spoke with told us they wouldn't hesitate to raise concerns with management and were confident that they would be listened to.

End of life care and support

- At the time of the inspection, no one was receiving end of life care from the service.
- The training matrix indicated that staff had completed end of life training and this was confirmed by the registered manager.



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; Continuous learning and improving care

- Effective audit systems were not in place. There was a lack of evidence that the registered manager had implemented and carried out audits and checks. We raised this with the registered manager who explained they had recently started providing care to people and were in the process of introducing checks and audits. However, we did not see sufficient documented evidence of audits and checks.
- At the time of this inspection, we found deficiencies in relation to risk assessments. The service had failed to identify this shortfall.
- The service had failed to ensure that references obtained for newly recruited staff had been verified to check their authenticity. Audits and checks had failed to identify this deficiency.

We found no evidence that people had been harmed however, systems were not robust enough to assess and improve the quality and safety of the services being provided to people. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was evidence that the registered manager had carried out some spot checks on care workers to monitor how they were providing care, their punctuality and professionalism. However, there was a lack of evidence that these had been carried out consistently for all care workers.
- The registered manager understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service.

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

- The registered manager aimed to promote a positive culture within the service which impacted positively on staff. Staff told us they enjoyed working at the service and felt well supported. One care worker said, "I have had a positive experience working here. The support I get is good. I can talk to [the registered manager] anytime. She is approachable." Another member of staff told us, "I have worked with different agencies before but I like this one. The [registered manager] is helpful."
- People and their relatives were complimentary and praised the service. When asked about management of the service, relatives spoke positively about how the service was running. They told us that they were confident with how the service operated and said it was well-led. One person said, "They agency is absolutely running well from my experience." One relative said, "I think [the service] is running well. The manager asks for my thoughts and feedback."

- The registered manager was aware of the incidents they needed to report to us. She understood the need to be open and honest if and when things went wrong.
- The registered manager discussed their plans for the future and said that they had hoped to expand but would do this gradually so that this did not compromise on the level of care and support people received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The service obtained feedback from people and relatives about the service through telephone calls to improve the service where needed. The registered manager had also carried out a survey with people and their relatives to obtain feedback. We noted that the feedback was positive.
- The registered manager told us that they wouldn't hesitate to communicate and work in partnership with external parties where appropriate.

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 understood information sharing requirements, and knew that when concerns were raised, appropriate notifications should be sent to the CQC and the local authority as required by law.
- As the service had not yet been rated, there was no current requirement for them to display any ratings.

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 Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always assessed effectively and appropriate risk assessments were not always in place.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 HSCA RA Regulations 2014 Good governance The quality systems in place were not effective in the monitoring of the service or identifying areas for improvement.