

County Healthcare Services Ltd

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Inspection report

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Tel: 01384385976

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16 December 2021

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

County Healthcare Services Limited is a domiciliary care agency registered to provide personal care to people living with dementia, learning disabilities or autism, mental health, older people, younger adults and sensory impairment. One person was receiving personal care at the time of the inspection.

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

Whilst people's regular medicines had been given safely further improvement was needed around the records of medicines given on an 'as required' basis. The person was supported by staff who understood how to recognise and escalate safeguarding concerns should they have any.

Improvements had been made to the recruitment systems in place. Whilst we noted some improvement to care records people did not always have care records in place that reflected their needs.

Whilst some improvements had been made to systems that monitored safety in the service following our last inspection, we found they had not always been effective at identifying concerns. Further improvements were needed to ensure a robust, planned monitoring system was put in place to enable the provider to have oversight of the quality of people's care.

People were happy with the care they received and felt safe. Improvements had been made in seeking feedback from people who received support from the service. Staff felt supported by the registered manager.

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

Rating at last inspection

The last rating for this service was inadequate (Published 14/05/2021) and there were multiple breaches of regulation. We placed conditions on the providers registration for the requirement to send CQC monthly reports on key areas.

At this inspection enough improvement had been made to ensure staff were safely recruited and the provider was no longer in breach of this regulation. However enough improvement had not been made to the systems that ensure people receive safe care or in the monitoring of the service and the provider remains in breach of these regulations (Regulation 12, safe care and treatment and Regulation 17, good governance).

This service has been in Special Measures since 14 May 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

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.

This inspection has identified a continued breach relating to the governance and oversight at the service and ensuring people received safe care and treatment. We will continue to monitor the improvement within the service through existing conditions we have placed on the providers registration. This includes sending us monthly reports of action the provider has taken to make improvements within the service.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

County Healthcare Services Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 16/12/2021 and ended on 21/12/2021. We visited the office location on 16/12/2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and one member of staff. We reviewed care records and medicine records for one person. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with one person and the person's representative. We looked at quality assurance records and policies. We continued to seek clarification from the provider to validate evidence found.

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. At this inspection this had improved to 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

At the last inspection we identified a Breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems were not in place or robust enough to demonstrate people were always safe and received appropriate care and treatment or safe support with their medicines.

At this inspection the provider had not made sufficient improvement and they remained in breach of Regulation 12.

- At our last inspection care plans and risk assessments were either not in place or contained sufficient detail around the support people would need in their care. At times there was conflicting information in people's care plans.
- At this inspection a care plan and risk assessments had been developed around the person's care. However, these had not considered all of the specific risks associated with the person's individual health needs.
- For example, where people were at risk of choking there was no record of the risk or of what action should be taken to mitigate the risk for the person. This placed the person at potential risk of harm. Whilst the registered manager was able to tell us which foods people could eat safely and how to prepare these it was important for detailed records to be made around this should another member of staff be needed to support the person. A risk assessment was sent following the inspection, but this required further detail.
- Where people were at risk of non-epileptic seizures there was a lack of guidance available that would direct staff should a seizure occur. Whilst the registered manager was able to tell us appropriate action they had taken where people had experienced a seizure, not having clear guidance in place placed people at risk of harm. A risk assessment was sent following the inspection, but this required further detail such as what the seizure looked like, how long seizures could last for and at what point to call for emergency services.
- People told us that the registered manager understood their needs. The person's partner informed us that the registered manager was supporting the person well and followed up on healthcare related concerns as and when they happened.

Using medicines safely

- At our last inspection we found that information around when to give 'as required' medicines was not available and prescribed creams were not recorded on the medicine administration records (MAR).
- At this inspection protocols around 'as required' medicines were not in place for most of the medicines prescribed in this manner. These give staff clear guidance and instruction around the signs of a person

needing these types of medicines and the frequency in which to give them to ensure consistency and safe administration of these type of medicines. Not having 'as required' protocols in place placed people at risk of not receiving their medicines as prescribed.

- The provider had not followed their own medicines policy, for a short period of time, in relation to the level of training staff needed to administer medicines in a specific manner. The day before the inspection training and competency checks had been completed to enable the medicines to be given safely.
- Where regular medicines had been given there were MAR charts available that recorded when medicines were given. Checks were carried out on medicines records to ensure medicines had been given as prescribed.
- People were happy with the support they were receiving with their medicines. One person's representative told us, "[Name of registered manager] is doing what she can for [name of person]. She is doing a great job and gives [name of person] their medicines which is good."

We found no evidence that people had been harmed however, the issues relating to the systems in place to ensure people received safe care and medicines concerns constituted a continued breach of regulation 12.

Staffing and recruitment

At the last inspection we identified a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems were either not in place or robust enough to demonstrate safe recruitment.

At this inspection sufficient improvement had been made and the provider was no longer in breach of this regulation.

- There was only one staff member employed, who was not working regularly. An employment checklist had been developed and risk assessments were in place where recruitment checks had identified concerns.
- We noted there was still one gap in employment that hadn't been explored. This was resolved during the inspection and records made in the staff members file.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received training in safeguarding.
- A staff member we spoke with was able to tell us the appropriate action to take should they have any safeguarding concerns. They told us, "I would contact [name of registered manager] if I had concerns. She has to inform the local authority and CQC."

Preventing and controlling infection

- An infection control policy was in place. However, this had not been consistently followed as risk assessments had not been developed to consider infection risks to people in line with government guidance. The policy also stated that a programme of audits around infection control would be developed. These had not occurred, however, the registered manager said they were in the process of developing these.
- People told us staff wore personal protective equipment (PPE) when they carried out their visits. We saw that there was sufficient supplies of PPE available for use.
- Training on infection control and the use of PPE had been completed by the registered manager and staff.

Learning lessons when things go wrong

- The registered manager told us there had not been any incidents or accidents at the service since the last inspection. There were systems in place to ensure incidents or accidents would be monitored should these

occur.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection we identified that systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst we noted some improvements, insufficient improvement had been sustained or embedded to meet this regulation and the provider remains in breach of Regulation 17.

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

- The provider had started to introduce an audit system for the service. However, some audits that had been developed had not considered all of the areas to monitor. For example, a care plan audit had not included the prompt to check the person's risk assessments or 'as required' medicines. Therefore, the concerns we found at the inspection had not been identified by the providers own monitoring systems.
- Audits had been developed around the recruitment of staff although these had not been effective at identifying the one gap in employment history that we identified.
- There were limited audits available to enable monitoring of the service should the service become larger. The registered manager advised us that these were going to be developed and that a schedule for audits would be put into place. We will check this at our next inspection.
- Monitoring checks on staff practice had not been carried out as the registered manager was the sole person presently providing care. The registered manager told us that spot checks were in the process of being developed for when more people were being supported by a larger staff team.
- Audits had not identified that the providers own policies had not consistently been followed.

We found no evidence that people had been harmed however the above issues constituted a continued breach of Regulation 17.

- The registered manager informed us that they had joined various groups that supported registered managers to enable them to keep up to date with any changes to guidance and to seek support.

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

- At our last inspection feedback from people had not been sought. At this inspection the registered

manager had sought feedback from people via a survey and we noted positive comments from those who had completed these.

- A staff member we spoke with told us they felt they could offer their feedback about the service and said, "[Name of registered manager] will include me and ask me what I think about things. I'm not just told to do something."

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

- People were happy with the support they received and told us the registered manager was, "very good." A person's representative told us the registered manager was, "Doing a brilliant job."

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 open and transparent throughout the inspection.
- The registered manager understood their responsibility to notify us of key events that had happened at the service through statutory notifications.

Working in partnership with others

- The registered manager worked with other healthcare professionals to support people receiving care. These included occupational therapists, dieticians and district nursing teams. One person told us that they asked the registered manager to act on their behalf at times to communicate with these professionals.