

Tabitha Homebase Care Limited

Tabitha Homecare Ltd

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Requires Improvement 

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

Tabitha Homecare Ltd is a domiciliary care service providing personal care to people living in their own homes. At the time of the inspection the service supported 74 people. Not everyone who used the service received personal care. 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.

Peoples experience of using this service

There was a lack of provider oversight which meant risks to people's safety had not been responded to appropriately. Risk management plans were not always in place to guide staff on how risks should be managed and minimised. The provider's monitoring systems were not effective as internal audits did not identify the issues we found on inspection. Following the inspection, the provider told us they had employed a quality monitoring person to support them in addressing the concerns we found at this inspection.

People we spoke with did not always feel their care was provided by trained staff. People and their relatives had been consulted about their care and support but felt that when concerns were reported to the provider actions were not always taken to resolve the concerns they raised.

The provider did not always complete full employment checks to ensure staff were suitable to work with vulnerable people.

Infection control systems were in place but needed to be consistent throughout the service and required strengthening to limit the risk of infection in the office environment. Staff confirmed that they had enough personal protective equipment (PPE) to support people's safely when providing personal care

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.

Rating at last inspection-

This service was registered with us on 24 January 2020 and this is the first inspection.

Why we inspected

The inspection was prompted due to concerns about the service in relation to allegations of unsafe practice, not reporting incidents, staff conduct issues, poor staff culture and not following infection prevention and control guidelines.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering

what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to Regulation 17 good governance due to the lack of provider systems and process' in place to assess, monitor and improve the quality and safety of the services provided. Regulation 12 safe care and treatment because people were exposed to the risk of harm as their care needs and risks associated with their care were not clearly identified and recorded. Regulation 19 fit and proper persons employed due to failing to follow safe recruitment processes at this inspection and Regulation 13 safeguarding service users from abuse and improper treatment, for failing to notify the appropriate authority and take the appropriate action when required to safeguarding people from potential harm.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme we will check the providers progress against the action they have told us they will take at our next inspection.

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 not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.
Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.
Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.
Details are in our well led findings below.

Inadequate ●

Tabitha Homecare Ltd

Detailed findings

Background to this 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 two inspectors, and an expert by experience completed telephone calls to people using the service and relatives to gain their views about the service provided. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We continued to review records following the inspection. Feed back to the provider was 18 January 2021 after we had completed the inspection.

Service and service type

Tabitha homecare Ltd is a domiciliary care service. It provides care to people living in their own homes. At the time of the inspection there was a registered manager in post who was also the registered provider. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was announced. We gave the provider 24 hours' notice before the visit. This is because we needed to be sure the provider would be in the office to support the inspection.

Inspection activity started on 06 January 2021 and was completed on 18 January 2021. We visited the office location on 06 January 2021 and continued to request further information from the provider following the office visit.

What we did before the inspection

We reviewed the information we held, we sought feedback from professionals who work with the service. We used all this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require provider to complete and send to

us to give key information about the service, what the service does well and improvement they plan to make. We took this into consideration when we inspected.

During the inspection

We spoke with the provider and we reviewed a range of records on the site visit. This included six people's care records. We looked at six staff files in relation to recruitment. We also looked at the providers policies, complaints, safeguarding and audits that related to the management and quality assurance of the service.

After the inspection

We continued to request further information from the provider to validate evidence found and sought assurance and written confirmation about the action the provider was taking to keep people safe. We attempted to contact 22 people using the service and spoke with nine people or their relatives. We also spoke with seven care staff. The provider sent us additional information that included audits completed and training records for staff.



Is the service safe?

Our findings

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

This was the first inspection for this newly registered service. At this inspection, this key question was 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

- Staff told us they follow the risk assessments in people's care plans so that they knew how to support people safely. They also told us risk assessments could be improved and give more detail about people different care needs. For example, medical conditions.
- When we reviewed people's risk assessment, we found the care plans did not comprehensively reflect current risks relating to people's care. Risk management plans were not clear to ensure staff had the information they needed to keep people safe. For example, one person had been identified as being at risk because of diabetes, the person's care records said, 'monitor blood levels and provide appropriate diet,' but gave no information what an appropriate diet was. This meant staff may not manage the risk appropriately, for example by giving the person foods that were not suitable.
- Another person had been identified as being at risk because they had suffered a stroke and was supported in bed and had a catheter. There were no risk management plans in place for any of these identified risks. We saw a risk assessment had been completed for staff in relation to back injury but not for the person to guide staff on how to move them safely.
- Details in one care plan said, 'staff to monitor catheter care, ensure catheter care is maintained to mitigate the risk of infection.' There were no risk management plans in place to give staff directions of what monitoring was required. This meant staff did not have the information or the direction of how to identify areas of concern to prevent infection.
- A relative told us, "Yes there are risks assessment in [named persons] but they are not clear and have little relevance. They are very brief and do not tell staff what the risks are to [named person] so think they are a waste of time."

Preventing and controlling infection.

- The provider had not completed a risk assessment of the office environment or risk assessments for staff in relation to Covid-19. During the inspection we saw some office staff wearing masks, we asked the provider where masks were disposed of for office staff. The provider told us there was no designated bin, and masks were disposed of in the normal office bin.

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

- Staff told us that they had enough personal protective equipment PPE for when they visited service users.

Staffing and recruitment

- The provider did not always carry out checks to make sure staff employed were suitable to work in care. Application forms were not always completed with past employment history.
- Staff did not always have a new Disclosure and Barring Service (DBS) check carried out when they started to work for the employer. Where issues were identified as part of DBS checks these were not always risk assessed to ensure staff employed were safe to work with vulnerable people.
- The providers own recruitment policy was not followed. For example, we saw in one staff recruitment file the date given as working for their previous employer was not the same as the application form. The provider did not explore this further. One staff file showed they commenced employment on 20 May 2020 the reference was not obtained until 14 September 2020. Therefore, the provider had not verified the conduct of the person in their previous employment prior to them starting work, in order to check they were suitable to work in the service.

This was a breach of regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and process to safeguard peoples from the risk of abuse.

- Although the provider had systems in place to safeguard people from the risk of abuse, they told us they would not report to the local authority until an internal investigation had been completed. This meant that the investigation could be compromised. It is the responsibility of the provider to report all safeguarding concerns immediately to the local authority and to the commission.,
- The provider was made aware of an allegation of assault from a person using the service in relation to a member of staff. The staff member was removed from the call. However, the provider did not take preventive action and allowed the staff member to continue working with other vulnerable people. At the time of the inspection the staff member was still providing care to people using the service and no further action was taken until we highlighted this issue. This meant other service users, may have been placed at risk of harm.
- The provider did not follow their own procedures by informing the local authority to protect people from the risk of harm and potential abuse. The provider did not meet their legal responsibilities and inform CQC.

This was a breach of regulation 13 (safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Care plans did not always give details of assistance required by staff or time specific medication details. Time specific may means medication taken before meals or after meals. However, people told us they were supported with their medication safely. One person told us, "The staff help me, they have to get my medication out of the box for me and they make sure I take it." Another person told us, "They [staff] have been helping me with my medication. I take it myself, but staff check I have done so".
- The provider told us that a new electronic system had been recently added. Staff need to enter the details on to the system when people had support with their medication to make sure that medication had been taken. Where the entry was not made, office staff would contact the staff member to ensure that the person had taken their medication.
- All Staff told us medication training had been provided.

Learning lessons when things go wrong

- Incidents, accidents and complaints were recorded in brief detail. However, records did not always give the details of action taken or the outcome, so lessons could not be learned to prevent the incident from happening again in the future.

Is the service effective?

Our findings

Effective – this means 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 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 choice, delivering care in line with standards, guidance and the law.

- People's care needs were assessed to identify the support they required however care plans did not give staff details on how to support people according to their assessed needs, for example how to move people safely.
- One relative told us, "Some staff know what to do and other don't, I have to tell them. This worries me a bit if I am not there and the staff are new, I don't think they have enough information in the care records I think they should reflect [name person] more so when I am not there the staff know what to do".
- The provider told us that people's care plans were reviewed when required. Records sampled indicated reviews were held every three months.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The provider told us they were aware of this act and would seek guidance from other professionals.
- People told us staff asked what they wanted help with at each visit. One person told us, "Some of the staff don't do what I need they rush me. I don't like some of the staff. The ones I have now are ok they listen to what I want".

Supporting people to eat and drink to maintain a balanced diet

- Some people were supported with the preparation of meals. Details in care records were not clear about the support required. For example, one person required a diabetic diet, the care plan did not identify what foods were suitable or what foods to avoid. The person may not be able to give this information. This meant staff may not give the person appropriate food in line with their condition.

Staff support, induction, training, skills and experience

- The provider and staff told us, they had completed on line training in areas that were required to enable them to support people safely. The provider did not assess staff competence, following this training to ensure staff were using this in practice.
- Training records provided by the provider did not show that all staff had completed training in all required areas. For example, not all staff had completed training in safeguarding people from harm and manual handling.
- The provider told us the training records needed to be updated but assured us that all staff had completed this training. One staff member told us, "The only training I have done is watching videos in relation to health and safety (appliances around the home) and fire safety, medication and manual handling. Although I have been employed since 2019."
- Following the inspection, the provider sent us an updated training matrix that identified on line learning had taken place in infection control, manual handling and safeguarding.

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

- The provider told us that staff would report concerns to the office, staff told us that if they were any problems with service user, they would contact the on-call person. Staff told us the on-call person would inform service users families.
- The provider told us he worked with healthcare professionals such as district nurses.

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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People we spoke with had mixed views about the service and how they were supported and treated. One person told us, "Some of the staff are rude and are in and out within a few minutes". Another person told us, "The staff don't talk to me they just come in do what they have to do and go". Another person told us, "I am not happy they are very erratic. They do seem caring I do feel safe with them and they do involve me in what I want doing." A fourth person told us, "I cannot fault them the staff member I have is brilliant, involves me in everything they do, and treats me with respect".

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

- Care plans did not reflect how people were involved in their care or reflect their choices about preferences such as having a male or female care staff to support them. One person using the service told us, "Yes they ask me all the time when they do something and ask how you want this done or that done so I am quite happy."

Respecting and promoting people's privacy and independence

- Staff told us they would speak with the person when they visited to ensure the person's needs were being met. One staff member told us, "I never assume, I always ask what a person needs. I respect the choice the person makes." One person using the service told us, "Yes staff do respect my privacy when I need personal care, she [staff member] covers me up, I do what I can and then [she] staff member supports me with what I cannot do." A relative told us, "Oh they are very good the ones that visit [named person] they make sure that his dignity is maintained at all times, they ask me to leave the room".

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. At this inspection, this key question was rated Requires Improvement. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People did not always receive person-centred care. Care plans did not always contain relevant information in how staff were to support the person in relation to risk identified as part of the person's assessment. For example, people who needed support with manual handling did not have personalised information in their care plan about how to support them.
- Care plans were very task focussed. They did not contain information about people's personal and family history or their interests, likes and dislikes which would help staff in getting to know people so that they could provide personalised care.
- People we spoke with told us they were not always given choices, for example times suitable, for them, male or female care staff. One person told us "Staff just do their tasks, there is nothing personal about it".

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 registered manager told us there was no-one who needed information in another format. However, if required information would be provided in a format that met people's needs. For example, large print, alternative languages.

Improving care quality in response to complaints or concerns:

- People spoken with told us they knew how to make a complaint, but action was not always taken. One person told us, "I have complained and spoke with the manager all I got was "It's one of those things and continued to tell me about the huge injustice of it all."
- There was a complaints procedure in place, but complaints were not always addressed appropriately to prevent reoccurrence.

End of life care and support.

- At the time of the inspection no one was being supported with end of life care, however the registered manager told us they would seek advice from external professionals.

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 promoted an open, fair culture.

This is the first inspection for this newly registered service. At this inspection, this key question was rated Requires Improvement. This is the first inspection for this newly registered service. At this inspection, this key question was rated 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; 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; Working in partnership with others.

- The provider had a lack of oversight of the service. The provider had quality assurance systems in place that were not effectively utilised to monitor the service delivery. Audits had not identified the issues or concerns we found at this inspection, so action had not been taken to make the necessary improvements.
- The provider did not ensure people's care records had enough information to guide staff in people's support needs. For example, ensuring risk management plans were in place that gave staff information about people's medical needs and how to support them safely.
- The provider told us reviews of people's care plans had taken place. However, there was no evidence to suggest that these reviews identified areas for improvement as identified by our inspection.
- The provider was not always open and honest and did not always act on the duty of candour. One person told us when they raised issues with the provider, they felt they were defensive and did not listen. The person told us the provider's response was, "it's just one of those things".
- Systems and processes were not in place to ensure the provider followed their own policies and met with their legal requirements. As a result, notifiable incidents such as safeguarding were not always reported to the relevant authority.
- Robust processes were not in place to ensure fit and proper persons were employed. As a result, the provider had not identified missing records from employee files which were necessary to demonstrate that staff were safe to work with vulnerable people.
- The provider sought people's views, however people told us when they reported their concerns to the provider they felt they were not proactive in following up areas identified for improvement.
- The provider did not have a system in place to analyse complaints in order to identify areas for improvement or good practice.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us they would be making improvements to the way they obtained feedback from people

and their families. However, as these were not in place at the time of the inspection, we were unable to establish the effectiveness of these.

- The provider told us that information is shared with other professionals, to ensure people's healthcare needs are met.
- Following the inspection, the provider told us they had carried out a full review of all care plans as well as a review of their recruitment procedures and employee records to ensure they were all up to date. They also told us they had employed someone to monitor the quality of care and support the organisation to improve. We will check on the effectiveness of the actions they have taken at our next inspection.

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 Staff did not always have access to relevant information or guidance on how to manage people's identified risks and did not always received adequate training to manage people's risks. Regulation 12(1)(2)(b)
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems and process were not fully established to ensure action was taken when concerns were identified to prevent abuse to service users. Regulation 13(1)(2)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective arrangement in place to assess, monitor and improve the quality of the service to ensure risks to service users were mitigated. Regulation 17(1)(2)(b)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and

proper persons employed

The provider did not have an effective system to ensure Fit and proper person were employed.

Regulation 19(1)(a)(b)(c)