

Inna Care Ltd

# Inna Care

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Inna care is a domiciliary care agency located in the London Borough of Havering. It is registered to provide personal care to people in their own homes. At the time of the inspection, 39 people were receiving support with personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where people do receive personal care, we also consider any wider social care provided.

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

This service was poorly organised. Staff time keeping was poor, this was due to poor call planning. Recruitment processes were not robust; application forms and interview notes lacked information such as their full employment histories. Infection control practice did not follow government guidance. Risks to people were not always recorded or monitored. Incidents and accidents were not recorded as per the provider's policies, though we saw evidence of actions taken in an attempt to keep people safe.

People's needs were not always assessed before they began using the service. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. The provider was not seeking people's consent before providing them with care. Staff did not always receive an induction before starting employment.

Records of staff training and supervision were not up to date when we initially inspected the service; the provider sent us updated records following the inspection. People's dietary needs were not always recorded in their care plans.

The service was not providing a positive person-centred culture. Quality assurance measures were not effective, and the provider did not always address concerns we highlighted, such as things which could improve call monitoring. The service's transfer from paper to digital systems had left gaps in their service as it was not planned effectively.

People's healthcare needs were found in referral paperwork. Staff worked with other agencies to support people to receive effective timely care. There was a safeguarding policy for staff to follow and people told us they felt safe receiving care. There were spot checks being completed with service users and feedback from people was being gathered.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The previous rating for this service was good (published 25 May 2019).

### Why we inspected

We received concerns in relation to staffing at the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We expanded our focus to the key question of effective during the inspection as we found concerns relating to assessing people's needs and staff induction.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Inna Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### 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 monitor the service and will take further action if needed.

We have identified breaches in relation to staffing, fit and proper persons employed, safe care and treatment, person centred care, consent and good governance at this inspection.

### 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 not always effective.

Details are in our effective 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** ●

# Inna 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. 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 Health and Social Care Act 2008.

#### 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 and specialist housing.

#### 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.

#### Notice of inspection

The inspection was unannounced.

#### What we did before the inspection

We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with four members of staff, which included three care staff and the registered manager.

We reviewed a range of records. This included five people's care plans and multiple medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Following our site visit we spoke over the phone with three people who used the service and four relatives about their experience of care. We continued to seek clarification from the provider to validate evidence found. We looked at training data, meeting minutes and quality assurance documentation.

# 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 Requires Improvement. At this inspection this key question has remained the same. 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.

### Staffing and recruitment

- Robust systems were not in place to ensure staff attended calls on time. One person said, "Sometimes they are late their timing isn't good." The provider used call monitoring software to coordinate calls to people. We analysed call data prior to attending the inspection and found high levels of lateness with little or no travel time planned, and staff being logged into multiple places at once.
- Our analysis reflected what we read on one spot check, which stated the person receiving care did not know when staff will turn up. There were also multiple complaints about staff punctuality. We also looked at the staff rota on the day of the inspection and saw one staff member was running late to numerous calls, which we saw was due to poor planning of routes with no travel time.
- During calls with people as part of our inspection process, we were concerned about whether one person was receiving safe care. We looked at their individual call data to see whether all their planned calls were being met. We found numerous instances where there appeared to be missed calls and the provider was unable to give us good reason as to why this may be. This resulted in our raising a safeguarding alert with the local authority.
- We asked the provider to send us some further call data to analyse following the inspection to see whether they had made any improvements to the call planning and management. We found little improvement had been made and no travel time had been planned for more than half the calls, subsequently over half the calls were late and people were not receiving care on time. This meant that people may be placed at risk of not receiving care in a timely manner, which may place them at risk of harm.

The provider had not deployed sufficient numbers of suitably qualified, competent, skilled and experienced persons. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for staffing.

Following the inspection upon giving our analysis to the provider they told us that they attempted to improve the rota regularly but cannot account for staff absence, mobile phone network coverage, working with people who present with behaviour that may challenge and software inefficiencies.

- Recruitment systems were not robust. We looked at five staff files and saw that although some checks had been made, such as criminal record and identity checks, there were no interview notes for at least three staff and another three staff had only one reference. The provider's recruitment and selection policy cited two references are needed, one from a previous employer and if verbal references are taken for these to be recorded. We found these were not recorded.
- Some application forms were poorly completed with little work experience noted. Application forms

stated full employment was to be recorded with gaps explained. The registered manager was unable to tell us why the applications forms had not been completed properly but said they felt they had been let down by poor administrators.

Recruitment procedures did not ensure persons employed had the competence, skills and experience necessary for work they performed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for fit and proper persons employed.

#### Preventing and controlling infection

- There were infection prevention measures in place. However, the provider was not following government guidance with regards to staff testing. At the time of our inspection, government guidance stated people working in adult social care should test twice a week. There was no system in place to monitor whether staff testing was occurring as regularly as recommended in government guidance. Government guidance has now changed and staff who are asymptomatic are no longer to test regularly.
- People told us staff wore Personal Protective Equipment (PPE) and records indicated they had been trained in infection control. We saw ample supply of PPE and the provider had policies on infection prevention and control and COVID-19. Infection control was also discussed in staff supervisions. One relative told us, "They wear the gloves and masks" a staff member said, "We try to use PPE, gloves and masks to prevent infection."

#### Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people were not always recorded and assessed to ensure people received safe care at all times. The provider told us the service was in the process of transferring from paper to digital systems. We found people did not have risk assessments in place for identified risks. We also saw risk assessments were not personalised and did not cover all the risks people had. For example, we saw people had numerous health conditions, such as diabetes, but these were not covered in their risk assessments.
- Similarly, people who were being administered medicines did not always have a risk assessment for medicines, such as benzodiazepines, and when they did there was little or no information about the specific risks about the medicines they took.
- Medicines being administered to people were recorded on digital system for the most part. We were told the system alerted management when medicines were not taken. However, there were some people who still used paper Medicine Administration Record (MAR) charts. The service was not keeping a record of these MAR charts in the office and therefore not auditing or checking whether the medicine had been administered. Therefore, we could not be assured if people received their medicines as prescribed.
- At the time of the inspection the registered manager was unable to show us whether all staff had received training in medicines administration as their training matrix was not up to date.

The provider had not assessed the risk to the health and safety of service users receiving care, followed government guidance on infection control or ensured the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for Safe Care and Treatment.

Following the inspection, the provider sent us updated risk assessments, MAR records and audits to indicate these were now taking place.

#### Learning lessons when things go wrong

- Lessons were not always learned when things went wrong. The provider was not following their incident and accident policy which stated, "all accidents and incidents involving injury to staff or service users are



reported and recorded in the accident book no matter how minor." The service had an accident book, but it was blank and was not being used. However, the registered manager showed us where they had made digital record of where a person had gone missing, which included what actions they had taken to seek to keep the person safe.

- At the time of the inspection, the registered manager was unable to evidence meetings or supervision notes, which could show how information about incidents or accidents were shared with staff. The registered manager told us an administrator who no longer worked at the service, had recorded meeting minutes in a book and had left with the book. However, following the inspection they sent us some supervision and meeting minutes notes; it was not always apparent whether incidents and accidents were being discussed as this was not a recurring item agenda, though it was clear staff discussed people and their needs.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people from abuse, though at the time of the inspection it was not clear whether all staff had been trained in safeguarding. This was something we had highlighted as a concern at our previous inspection. Following this inspection, the provider sent us a training matrix indicating all staff had been trained on safeguarding.

- The provider had a safeguarding policy, which staff could follow. The policy highlighted the different types of abuse staff may find, as well as procedure about how and to whom to report abuse. The provider had records of safeguarding and had notified CQC when they had reported abuse to a local authority, which was their legal responsibility to do so. People told us they felt safe. One person said, "I feel safe."

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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

- People's needs were not always assessed before they began using the service. We saw multiple instances where they relied solely on the information provided by the referral agent, usually a local authority, without completing a pre-assessment to determine if support could be provided effectively.
- We saw one example where the police were called by the service as a person had gone missing. Whilst the service completed the right action by contacting emergency services, it was clear from the care notes that the person had mental health concerns. These had not been identified by the service as the person had not been assessed and referral information had been minimal. Had this person been assessed there would have been potential to refer on to other health care professionals and or back to the referring local authority to ensure the person received appropriate support to meet their needs. This meant people might not receive the right care in the right way.

The provider was not carrying out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for person-centred care.

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.

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

- There were no documentary records of people consenting to their care. It is usual in care services for the care provider to get written consent from people to provide care to them. In some cases where people are unable to consent to their own care, relatives or advocates will do so, providing it is in their best interests.
- The registered manager told us they used to seek written consent but had stopped since changing to a digital system. Similarly, we saw no records of any best interest decisions being made where people lacked capacity to make decisions about their care. We did see people's capacity to make decision discussed at

care plan review and information about people's capacity was recorded in their referral paperwork, when referred from local authorities. We spoke with the registered manager about making changes to how they record people's consent and their capacity to make decisions.

Care and treatment of service users must only be provided with the consent of the relevant person. The service was not seeking people's consent. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for need for consent.

- People told us, and staff confirmed, they were offered choices with their care. One person told us, "Yes, I tell them what I want, and I say yes or no." A staff member said, "People make their choices with care. We ask them what they like."

Staff support: induction, training, skills and experience

- Staff were not being properly supported to fulfil their roles. The registered manager told us staff no longer received inductions when they began working for the service. This meant staff were not being properly prepared to fulfil their roles and may not know what to do in certain situations. This was compounded by what we saw in staff files with recruitment processes not being completed properly and little regard for checks on previous experience.
- They were then not being trained and checked through induction so as to understand the duties they were tasked with carrying out or to check their competency. This lack of induction placed people at risk of not receiving safe and effective care.

The provider had not ensured an induction programme to prepare staff for their role. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 for staffing.

- Records of staff training were not up to date at the time of the inspection. We were shown a training matrix, which indicated staff had not completed all the training required to fulfil their roles. This included but was not limited to nine staff not receiving infection control training, eleven staff not having health and safety training, seven not having medicines administration and nine not having safeguarding training. Neither were all certificates for these training found in the staff files we viewed.
- The registered manager told us staff had completed the training, but the matrix had not been kept up to date. Following the inspection, the registered manager provided us with an updated matrix and training certificates, which indicated staff had completed their training.
- At the inspection, the provider was unable to demonstrate staff were receiving regular supervision and a supervision matrix indicated as much. Following inspection, the registered manager sent us an updated supervision matrix and supervision records to indicate these had been occurring. One staff member told us, "I had one (supervision one to one) in the office."

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

- People dietary needs were not always recorded correctly. The provider had recently sought to transfer from paper to digital systems. We saw some people's dietary needs had not been recorded on the digital system. This meant staff might not know what people's needs and preferences were when supporting them with meals.
- We found one instance where a person had diabetes and their food preferences had not been recorded on their digital care plan. We found this information on their referral paperwork from the local authority, which was not readily accessible to staff within the digital care planning app.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The service worked alongside other agencies to ensure people received consistent effective care. One person told us, "I called my cleaner to not come as I was ill, and the carer and they called 111 and they are good." Staff worked alongside other agencies and supported people with their healthcare needs. Records showed interaction with relevant agencies.
- People's health care needs were usually recorded in their referral paperwork which the provider kept copies of. In most instances people's needs were recorded in their care plans, so staff were aware of these.

# 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 Good. At this inspection this key question has now deteriorated 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service was not promoting a positive person-centred culture. We completed this focused inspection in response to a complaint raised about staffing and this work involved us in analysis of the service's electronic call monitoring data. The call data corroborated the complaint we received, which showed that people were not receiving calls in a person-centred way. Furthermore, even though we highlighted our concerns to the provider about the lack of planning around calls, our follow up analysis to check whether improvements had been made showed they had done very little to rectify the issues we had highlighted.
- Staff and people had mixed views on how the service was being run. Our conversations with people and relatives led to our discovering where one person appeared to have multiple missed calls, which the provider was unable to explain satisfactorily. This resulted in our raising a safeguarding alert with the local authority.
- We found numerous instances where records we would expect to see were either not in place, were missing entirely and or lacked information. These included people's needs not being assessed, risk assessments being incomplete or missing, medicines not being managed safely, consent agreements not being in place, staff recruitment documentation being disjointed and staff not receiving an induction.
- The provider had sought to transfer their systems from paper based to digital. The transfer lacked planning and oversight, which meant it had been completed ineffectively; This led to some, but not all, of the issues we have outlined above.
- The provider's quality assurance systems did not identify the concerns we found and therefore were insufficient and ineffective. The staff training matrix was out of date at inspection as was the staff supervision and appraisal matrix.

The service had failed to establish effective governance systems or processes to oversee the running of the service and monitor, assess and improve the quality of care being provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider sent us updated care plans, risk assessments, consent agreements and told us they had employed some new office staff. They told us care had been provided to people as planned, and that any perception of missed calls was because staff did not write any care notes. They also

told us they tried to improve call planning on a weekly basis and that our analysis did not account for a variety of reasons as to why calls might be delayed or cancelled. They told us they were learning every day.

- At the time of the inspection, the provider was unable to show us minutes of meetings held. They stated they had issues with administration staff leaving with no notice. Following the inspection, they provided minutes of staff meetings, which indicated a variety of discussion topics such as people's care, feedback and COVID-19 testing.
- There were spot checks being completed on staff providing care to people. These provided an opportunity for staff competency and quality of service to be checked. They also provided an opportunity for people and all relatives to provide feedback. We saw mixed views in spot checks, some of which clearly referenced carers not staying for all allocated time. Other spot checks highlighted a happiness with carers.
- Feedback from people and staff was also gathered through quality questionnaires and surveys. People and relatives, we spoke to were generally positive about the service. One person said, "They are top notch." A relative said, "They do their best."
- People's equality and diversity characteristics and or needs were recorded, the service supported people with their cultural needs. We saw one instance where a person required staff who was able to speak their first language, the provider had supported with this.

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

- Managers and staff had roles identified through job description. There was a management structure in place.
- The registered manager, who was also the nominated individual and one of two directors for the provider, was aware of their role with respect to regulatory requirements and knew they were supposed to provide information to both the local authority and CQC with respect to certain matters.
- We saw complaints were investigated and actions completed by the service to remedy concerns. Families were informed about incidents and people referred to other services, where deemed appropriate.

Working in partnership with others

- The provider worked in partnership with other agencies. The service worked alongside other health and social care professionals sharing information where required. These relationships sought to enhance people's care.

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 9 HSCA RA Regulations 2014 Person-centred care  People's needs were not being assessed before being provided care.
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  People's consent was not always sought before care was being provided.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people were not always assessed. The provider was not following government guidance with respect to infection prevention control at the time of the inspection.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Quality assurance systems were ineffective and had not picked up on issues of concern found at inspection. Documentation and systems were not maintained contemporaneously.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and

proper persons employed

Recruitment procedures were not robust. The provider was not following their own policy with respect to references obtained. Application forms were poorly completed.

## Regulated activity

Personal care

## Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff were late were calls as these were poorly planned. Staff were not receiving inductions before employment.