

Carebank Healthcare Limited

Carebank Healthcare Northampton

Inspection report

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Tel: 07450524083

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09 February 2021
15 February 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

Carebank Healthcare Northampton is a domiciliary care agency providing personal care to people in their own homes. At the time of inspection, the service was supporting seven 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.

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

Risk assessments were not always in place when a risk had been identified.

Medication Administration Records (MAR) did not demonstrate that people had received their medicines as prescribed.

People were not always protected from the risk of abuse. Not all safeguarding concerns had been reported to the local authority.

Staff were recruited safely. However, recruitment checks were not completed in line with the providers policy.

The provider and registered manager's oversight of the service required improvement. Audits did not identify the improvements required that were found on inspection.

People were protected against infection. People told us that staff wore appropriate personal protective equipment [PPE].

People were positive about the care they received and received support from a regular staff team.

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 Good (published 5 December 2019)

Why we inspected

We received concerns in relation to the recruitment of staff and management oversight. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Carebank Healthcare Northampton on our website at 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 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 safe care and oversight of the service.

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 for 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 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.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Carebank Healthcare Northampton

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 two inspectors.

Service and service type

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

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 24 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 9 February 2021 and ended on 15 February 2021. We visited the office location on 10 February 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and 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.

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with four members of staff including the provider, registered manager and care workers.

We reviewed a range of records. This included four people's care records and two people's medicine records. We looked at four 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 good. At this inspection this key question has now deteriorated 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; Using medicines safely;

- People with identified risks associated with their care and treatment did not always have a risk assessment in place. For example, one person was at risk of developing pressure sores and although staff had documented that they were checking the person's skin and applying creams, there was no documentation to support staff on how best to reduce the risk. This put people at risk of harm.
- There was no risk assessment or care plan in place for a person with Diabetes. The provider had a 'Diabetic Emergency Plan' in place however, it did not clearly detail what action to take if this person had a high blood sugar reading and at what stage to call the emergency services.
- Assessments were not always completed to ensure the service could meet people's needs. For example; the service had recently begun providing care for a person who they had previously supported. A new assessment of needs was not carried out prior to the care recommencing and the care plan in place was over a year old and had not been reviewed. This put this person at risk of not receiving appropriate and safe care.
- Medication Administration Records (MAR) did not demonstrate that people had received their medicines as prescribed. One person's MAR detailed that they required a medicine to be administered three times a day and records showed that this had only been administered once a day. Staff had not documented why these medicines had not been given or offered as prescribed. This put people at risk of not receiving their medicines as prescribed.
- Not all medicines documented on the MAR charts detailed the dose and frequency to administer them safely. For example; one person's MAR chart detail paracetamol as a prescribed medicine however, there was no information recorded regarding how many tablets should be taken and how many times a day. There were also handwritten entries and changes to doses that were difficult to read. This put people at risk of not receiving their medicines as prescribed.

We found no evidence that people had been harmed however, the provider had failed to assess all risks to service users and to ensure the safe and proper management of medicines. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Not all safeguarding concerns had been reported to the local authority where required, to safeguard people from the risk of abuse.

- Where safeguarding concerns had been identified by the provider or registered manager, action was taken to protect the people involved.
- People told us they felt safe. Staff demonstrated a knowledge of potential signs of abuse and told us that they would report any concerns to the provider or registered manager.

Staffing and recruitment

- Recruitment checks were not conducted in line with the provider's policy. Not all staff had evidence of an interview taking place or two references from previous employers. A second reference for one staff member was gained following the inspection.
- The providers policy on recruitment needed reviewing as it did not detail how the provider or registered manager should check and ensure that Disclosure and Barring Service (DBS) obtained from previous employers were appropriate. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Following inspection, the provider advised that new DBS checks will be applied for.
- At the time of inspection there was enough staff to meet people's needs. People told us that staff arrived on time and stayed for the time allocated. People received support from the same members of staff, including the provider and registered manager.

Preventing and controlling infection

- The provider had an infection control policy and procedure in place to protect people from the spread of infections.
- Staff had received training for COVID-19 and infection control and demonstrated a good knowledge of the PPE requirements when supporting people.
- People told us that staff wore the appropriate PPE when in their homes.

Learning lessons when things go wrong

- When things had gone wrong, the provider and registered manager acted upon this. For example, there was an incident where one person had taken their medicines incorrectly and was placing themselves at risk. It was agreed for the service to take over the management of this person's medicines and they were placed in a secured box to reduce the risk of further incidents occurring.

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.

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

- There was no system in place to review people's care plans, to ensure the information recorded was reflective of people's current needs including identified risks. For example; one person's care plan contained conflicting information regarding personal care support.
- There was no system in place to identify when statutory notifications were required to be sent to the CQC. The provider and registered manager had not submitted all statutory notifications to the CQC where required.
- The system in place to audit medicines management was not effective and did not identify the concerns found during the inspection.
- There was no system in place to monitor the information held in recruitment files to ensure the provider and registered manager had recruited staff safely and complied with their own policy.
- The providers recruitment policy did not detail what checks were required to assure the provider that agency staff they used were suitable to provide care. We identified missing evidence of identification and right to work which had not been identified by the provider or registered manager.

We found no evidence that people had been harmed however, systems and processes were either not effective or robust enough to monitor the quality and safety of the service. This placed people at risk of harm. This was a continued breach of regulation 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care;

- Regular staff meetings took place however, minutes of these meetings did not evidence which staff attended the meeting and that staff feedback was sought and considered. The meeting minutes viewed showed that topics of discussion remained the same each month.
- The provider completed feedback surveys with people to gain feedback on the care they received. People told us that they were happy with the care and the provider was easily accessible via telephone. One person said, "[the provider] asks me how I am getting on".

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

- Complaints were appropriately responded to and people told us that they would speak to the provider or staff if they had any concerns. The provider's complaints policy and service user guide required reviewing to ensure it contained information to support people to make a complaint outside of the organisation.
- The provider understood their responsibility under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

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

- People received person-centred care that took into consideration their individual needs.
- People were supported by a consistent staff team and staff demonstrated that they knew people well. People spoke positively about the care they received. One person said, "They [staff] are nice and friendly".
- The registered manager conducted spot checks on staff to ensure that people's assessed needs were met including staff communication with people.

Working in partnership with others

- The provider worked with GP's and social workers to ensure people received the care that met their needs.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to assess all risks to service users and to ensure the safe and proper management of medicines.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were either not effective or robust enough to monitor the quality and safety of the service

The enforcement action we took:

We issued the provider with a warning notice to be compliant with by 24 May 2021.