

County Healthcare Services Ltd

# County Healthcare Services Limited

## Inspection report

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Tel: 01384623522

Date of inspection visit:  
27 January 2021  
02 February 2021

Date of publication:  
14 May 2021

### Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
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

County Healthcare Services Ltd is a domiciliary care agency providing personal care to people in their own homes. The service was supporting two people from the location, with personal care in their own homes at the time of our inspection.

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

Some records were not available when requested at the time of the inspection of the office visit. This was due to documents such as care plans and risk assessments not being in place for people using the service.

There was a lack of provider oversight which meant risks to people's safety had not been identified and responded to appropriately. Systems to monitor the quality and safety of the service were ineffective and placed people at the risk of harm. The systems in place had failed to identify the areas for improvement found at this inspection including the care planning, risk assessments, safe recruitment processes and safe administration of medication.

Care plans were not in place for known health conditions to enable staff to have the information they needed to mitigate risk and meet or respond to their needs.

People and relatives we spoke to said they felt safe however, one health professional told us they had some concerns about staff members approach when supporting people to transfer safely. Staff we spoke to told us they had received some training to meet people's needs.

Medication administration records (MAR) did not always include the current list of medications prescribed for people using the service. This meant care staff did not have accurate records to refer to, ensuring they were giving the correct medication at the correct time.

Audits need to be improved to provide clear and robust information and evidence of outcomes for people.

Systems and process which were in place were not robust to protect people from potential harm. Staff we spoke to told us they understood their roles and responsibilities, had received some training and felt supported by the management.

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 (and update)

This service was registered with us on 03 September 2019 and this is the first inspection.

### Why we inspected

The inspection was prompted in part due to concerns received about the lack of pre-assessments, care

plans, risk assessments, medication management, poor communication and concerns with the safe and correct use of equipment. A decision was made for us to inspect and examine those risks.

We reviewed the information we held about the service.

The overall rating for the service following the first inspection is Inadequate. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, caring, responsive and well-led sections of this full report to see what actions we have asked the provider to take.

#### 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 oversight, systems and process' in place to assess, monitor and improve the quality and safety of the services provided. Regulation 12 Safe care because people were exposed to the risk of harm as their care needs and risk associated with their care were not identified and recorded. and treatment and Regulation 19 Fit and proper persons employed due to failing to follow safe recruitment processes at this inspection.

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.

#### Follow up

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of Inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

## 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 safe.

Details are in our safe findings below.

**Inadequate** ●

### 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** ●

# 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. At the time of the inspection there were two people using the service.

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 26 January 2021 and ended on 02 February 2021. We visited the office location on 27 January 2021.

#### What we did before the inspection

We reviewed information we had received about the service since they registered with CQC. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England.

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 one person who used the service and four relatives about their experience of the care provided. We spoke with two members of staff including the provider/registered manager and care worker. We also spoke with the former director who is supporting the provider in the capacity of advisor.

We reviewed a range of records. This included two people's care records and medication records. We looked at the one staff members file 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. We spoke with two professionals who have supported people using the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this service since it was registered. This key question has been rated Inadequate.

This meant people were not safe and were at risk of avoidable harm.

### Staffing and recruitment

- There was only one staff member employed however, we found their full employment history was not provided and dates of employment were not clear.
- Risk assessments were not completed where required, based on the criminal records checks and no photographic identification was held on their individual file. We were provided with a copy of a suitable risk assessment following the inspection taking place.
- Suitable references had not been obtained. The registered manager told us they had attempted to obtain a reference from the last employer, but they had refused to provide one. There was no evidence that alternative references had been sought. This meant that the provider did not follow their own recruitment policy or adhere to regulations to ensure that people employed were suitable to work with people.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safe recruitment. This placed people at the risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- The Provider did not have care plans or risk assessments in place which detailed the support people required prior to our inspection. On the day of the inspection the registered manager provided us with a partial care plan which they had just started to create for one person. The second person's care plan and both people's risk assessments were sent to us the following day. However, these were not always sufficiently detailed and meant people were at risk of not receiving care that meets their individually assessed needs.
- There was conflicting information in the care plan, risk assessments and what people told us their health conditions and treatment were. We were told by staff and the relative of one person that they were at risk of developing pressure sores and had a known history of this. However, the provider had failed to implement a risk assessment or written guidance, to guide staff on how to reduce the potential risk.
- Pre-admission assessments, care plans and risk assessments had conflicting information regards their health condition and how this was managed, this meant people were at risk of not receiving the care they needed.
- During a conversation with a family member, we became aware that one person's care plan did not mention they had a health condition. Care records did not reference the treatment required for this condition. Staff we spoke with were aware of the person's health condition but had not been provided with training or written guidance from the Provider.

- One person who displays behaviours that may challenge others, did not have behaviour support plans in place to inform staff of what steps the carer should take to offer assurances, to enable them to reassure the person to reduce their distressed behaviour.
- The lack of written information about how to support people was unsafe as if the current staff became unwell during the pandemic and agency staff needed to be relied on, there was insufficient information for them to meet people's needs.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people were always safe and received appropriate care and treatment. This placed people at the 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.

#### Using medicines safely

- Prior to this inspection, we were made aware by the local authority of concerns which had arisen with medication not being recorded as required to ensure correct administration and support. We looked at this matter during this inspection
- When people required medicines to be administered on an 'as and when required' there was no guidance in place for staff to follow so they would know when to give the medicine. This meant there was the risk 'as and when required' medication might not be given in a consistent and safe way. Medication Administration Records (MAR) should specify the maximum dose of tablets in a 24-hour period. For example, a maximum of eight paracetamol in 24-hours. This meant there was a potential risk for over use of these medications. There were no records for each person to include, the name of the medication, dosage and frequency to be administered. This presents a potential risk of medication not been administered as prescribed.
- Prescribed creams were not recorded on MAR charts meaning there were no clear instructions of when, where and how these prescribed creams should be applied and meant there was a potential risk of mal administration.
- Staff we spoke with told us that they had received training in the safe administration of medication. The Provider's own medication policy stated that staff must have completed level 2 safe handling of medicines course. The policy also refers to staff being monitored and competencies assessed and that they should attend medication updates annually. Records were not available to confirm this level of training had taken place or that staff competency had been monitored and assessed in line with their own policies.

#### Preventing and controlling infection

- During the inspection we had received concerns that care workers were not wearing the correct personal protective equipment during some calls. Personal protective equipment (PPE) includes items such as gloves, aprons, masks and eye protection. One relative told us they had witnessed staff not wearing PPE when attending the property. One person we spoke to told us, "They [carers] put gloves on when they are doing anything with me". We spoke with the registered manager who assured us PPE was worn following the current guidelines.
- The support and correct use of PPE was not monitored by the completion of spot checks as the registered manager is the provider who attends care calls with another care worker. During the inspection we saw that the provider had a plentiful supply of PPE.
- At the time of the inspection there were individual risk assessments relating to the current pandemic for people using the service. However, these did not consider individual's age or known health conditions to individually assess the risk to each person using the service.

#### Systems and processes to safeguard people from the risk of abuse

- Staff members had a good understanding of how to safeguard people from abuse, they were able to



explain how to protect people they supported. Staff had received training in these areas.

- Staff were aware of the whistleblowing policy and told us how they would raise concern, ensuring people were protected.
- People told us they knew how to raise concerns or make a complaint.

Learning lessons when things go wrong

- The registered manager showed us the complaints matrix, we saw they had recorded reflective practice and lessons learnt for one complaint and the other complaint was still open pending investigation.
- The registered manager had not sought formal feedback since March 2020 from people using the service. There were positive comments captured in this feedback. There was no analysis of these comments and no evidence that this feedback had been shared with people using the service. However, no feedback at all had been sought from staff, relatives or health professionals. Gathering this information would provide them with information on how to improve the service they provide.

# Is the service effective?

## Our findings

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

This is the first inspection for this service since it was registered. 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.

Staff support: induction, training, skills and experience

- There was not an induction programme in the staff file which the registered manager provided us with on the day of inspection, to evidence the care staff member had completed an induction. However, since the inspection we have been provided with a copy of a completed induction. The staff member did tell us they had shadowed the registered manager when they joined the service, to get to know people's needs.
- The registered manager was unable to provide us with staff meeting minutes as no formal meetings had taken place and said they had only held informal conversations.
- The staff file we looked at did not contain any evidence of qualifications obtained from outside organisation such as vocational qualifications as detailed on their application form. The Provider could not be assured the staff member held these qualifications as the registered manager told us the staff member had moved house and did not have their certificates.
- A member of staff told us they felt, they had enough training and support from the management, to be able to meet the needs of people and to keep them safe.
- We saw evidence that the staff member had infrequent supervision, having had supervision at the end of their probationary period and again six months afterwards. The staff member told us that they had to opportunity to speak to the registered manager all the time as they work together during care calls.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- On the day of inspection, the registered manager was unable to provide us with evidence that assessments of people's needs had taken place. The registered manager told us this information was at the houses of the people using the service. We received these documents the day after our visit to the office.
- We saw there had been contact with health professionals, and people were encouraged and supported by care staff when they needed to see a doctor, district nurse or other health professionals.
- We spoke with two health professionals who are involved with people who use the service. One health professional told us, "I have never found them anything but exemplary and I don't say that lightly. They contact us whenever there are any issues". Another health professional told us, "My observations were that my guidance and advice was not being taken by the carers. I put instructions in place for the carers to follow as when we observed, I felt how they were supporting (with transfers) was not professional and was not as we are trained".
- Speaking to staff it was clear they knew people's needs and wishes well.

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

- We saw from records that people were given choice of meals and drinks and were able to, make their own decisions of what meals they would like.
- One person who was supported with the preparation of their meals has their shopping done by their family, who ensure they have the food of their choice available.

Supporting people to live healthier lives, access healthcare services and support

- Doctor's visits and details of professionals visiting people in their own homes were documented in the individuals care records.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training in and understood, people's rights under the MCA and when to act in their best interests to ensure peoples safety and welfare is maintained.
- Staff told us how they offered choice, gained consent and respected people's choices.
- Care plans we received demonstrated that the registered manager had taken into account people's capacity and when they may need to act in people's best interests.

# 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 service since it was registered. 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.

Respecting and promoting people's privacy, dignity and independence

- The registered manager told us how one person is very private and likes to keep covered up as much as possible when they provide support. This was not documented in the person's care plan, which had the potential to cause the person to experience emotional distress if another staff member was supporting them without this knowledge.
- Staff gained access to people's homes by using the key safe or keys they held. They were not adhering to their own policy which stated, where the person had a key safe or staff held a key to gain entry to the property there should be a care plan and risk assessments in place to provide staff with guidance about the privacy and the security of individuals' home.
- The providers' lack of some systems and processes meant that people may be at risk of receiving care that did not meet their needs.
- People and relatives we spoke to were overall complimentary about the staff. One person told us, "They [carers] treat me well, I don't want anyone else." A relative told us, "As long as [Name] is happy and safe that is the main thing for me".

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

- There was no evidence of people's views about the service being gathered during the last nine months and reviewed to ensure the service was meeting their needs. The registered manager told us they speak to people regularly but there was no documentation to support this.

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

- Training records showed that staff had received training in equality and diversity.
- Staff recognised people's individuality and the importance of treating everyone as an individual. Staff told us how they supported people to meet their individual needs and wishes.
- Staff knew people well and people told us they had a good rapport with them.
- People we spoke to and their relatives told us they were treated well. One relative told us when asked if they felt staff were caring, "Yes very, I have no complaints, I would not put up with it".

# 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 service since it was registered. This key question has been rated Requires improvement.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Improving care quality in response to complaints or concerns

- We were told by families, they had provided lots of information to the registered manager to help develop support plans for their relatives, so the care they received met their needs and wishes. However, family members told us they had not been provided with a copy of a care plan and couldn't confirm that this information had been incorporated in to the care plan. One relative told us they had asked for a copy of the care plan on several occasions but had not seen it.
- Family members told us their relatives were provided with personalised care and support that was responsive to their needs. We were told, "[Person] does not want to be tied down with times and they are flexible to suit this".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We spoke to the registered manager who said that they were aware of the AIS, but they did not have any alternative formats for communication in place at this time. AIS should be in place for prospective service users for who the standard printed information is not suitable.
- People told us they knew how to complain.

End of life care and support

- The service was not supporting people with end of life (EOL) care at the time of the inspection.
- Care plans did not incorporate advanced decisions or end of life planning. There was a policy in place and the registered manager told us about how they would support service users, family members and staff in the event of deteriorating health or death, in a dignified and respectful way.
- Staff had received training in EOL care.

# Is the service well-led?

## Our findings

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

This is the first inspection for this service since it was registered. This key question has been 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

- The management of safety, risk and governance had not been effective. We identified concerns about people's safety during the inspection.
- There was not a robust auditing system in place and there were areas in which no audits are completed at all. Audits which did take place had not been operated effectively and had failed to identify the concerns we found during the inspection.
- Audits had failed to identify that accurate records relating to people's care were not being maintained, to ensure staff had access to consistent and accurate information about people's support needs. For example, they had failed to identify that there was conflicting information in some care records, such as the support people needed. This could have resulted in service users receiving incorrect support and treatment.
- Care plans and risk assessments were not in place. After the inspection we reviewed care plans which highlighted that plans for specific known health conditions were not consistently in place to provide care staff with knowledge of the persons condition and how to support them. We also saw that risk assessments for known risks to people were not in place.
- Audits had failed to identify prescribed medications had not been recorded on the Medication Administration Records, the registered manager failed to maintain the records with up to date information for each person to include, the name of the medication, dosage and frequency to be administered.
- The Provider's audits had not identified they were not consistently following their own policies.
- The registered manager understood their responsibilities to notify us of certain events such as abuse, and serious incidents.

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

- Relatives felt able to speak with staff at the service when needed. One relative told us, "They are good but some days their communication is not great". Another relative told us, "I contact [Name] the registered manager if I need to know anything. If I leave a message, they do not always get back to me."
- The registered manager had not sought recent feedback from people using the service, relatives or health professionals. There was not a system in place to plan or hold care reviews with people to discuss the quality of the support and service they receive.

We found no evidence that people had been harmed however, systems were either not in place or robust

enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We were aware that concerns had been raised by the local authority and other professionals to the local safeguarding team as no one at the service had taken appropriate action to safeguard people.
- The registered manager understood their responsibilities about duty of candour and promoting an open and honest culture.
- The staff member we spoke with told us that they felt supported by the management team and said if they made suggestions they would be listened to.
- People we spoke with told us that they knew how make a complaint. One relative told us that when raising concerns with the registered manager, they found them to be responsive most of the time.
- One family member told us they had not had a care review for their relative, another person had to request a review to discuss concerns, as this had not been arranged by the registered manager.

Continuous learning and improving care

- The registered manager was not able to provide evidence of some of their own training and told us that they needed to renew their manual handling and medication training which had now expired. They had not sourced refresher training at the time of the inspection.

Training had been provided for staff and completed however, the registered manager was unable to provide information about the contents of this training or it's suitability. The registered manager has told us since the inspection took place they are planning to engage with skills for care and west midlands care association to complete accredited training for themselves and the staff member.

- After the inspection the registered manager provided us with an action plan identifying the need to improve the following processes; pre-assessment, care planning, risk assessing and recruitment.
- The registered manager told us she keeps herself up to date by referring to the CQC website, which she finds is good.

Working in partnership with others

- We contacted health professionals before the inspection took place. One professional we spoke to shared their concerns about the management of the service in relation to care records and risk assessments not being available when requested and poor communication.
- Another health professional told us they had provided training following the change in needs of a person using the service however, they felt the registered manager was not responsive to this support and advice.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to identify and record the risk of harm people were exposed to in regards to their care needs and associated risks. Medication was recorded in a way that the provider could not be assured it had been given as prescribed and there were unsafe recruitment practices.</p>

### The enforcement action we took:

Positive conditions imposed

1. Evidence of audits and findings to be submitted to CQC each month.
2. Monthly action plan to be submitted to CQC with actions taken based on the findings of the audits that have been implemented.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider failed to implement effective and robust audits and systems. Poor governance, systems and processes in place. Inadequate auditing systems. Lack of oversight of the service and the impact on service users due to known risks not being managed effectively.</p>

### The enforcement action we took:

Positive conditions imposed

1. Evidence of audits and findings to be submitted to CQC each month.
2. Monthly action plan to be submitted to CQC with actions taken based on the findings of the audits that have been implemented.

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to follow safe recruitment process and implement effective and robust audits and systems.</p>



Inadequate auditing systems.  
Lack of oversight of the service and known risks not being managed effectively.

**The enforcement action we took:**

Positive conditions imposed

1. Evidence of audits and findings to be submitted to CQC each month.
2. Monthly action plan to be submitted to CQC with actions taken based on the findings of the audits that have been implemented.