

Verity Healthcare Limited

Verity Healthcare - Haringey

Inspection report

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Date of inspection visit:
22 March 2021

Date of publication:
17 September 2021

Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

Verity Healthcare – Haringey is a domiciliary care agency. The service provides personal care and support to people from various client groups, including older people, people with physical and mental disabilities, sensory impairment and younger adults living in their own homes. Not everyone using Verity Healthcare – Haringey receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection there were 19 people using the service. This provider is also registered to provide Treatment for Disease, Disorder and Injury but were not delivering this at the time of our inspection.

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

People and their relatives provided mixed feedback about the management of the service. This location has two registered managers. Feedback about one of the registered managers was that they were at times aggressive and rude and this impacted their experience of using the service negatively. Feedback from professionals such as the local authority was also that one of the registered managers was aggressive and difficult to work with.

Positive comments were received about the care coordinator but people did not seem to know who the other registered manager was. Some carers were described as respectful, but others as abrupt and rude. People told us they had not been asked to complete satisfaction surveys.

We found that the registered managers were open to having discussions about our findings during the inspection in a professional manner. However, as we identified more concerns, the registered managers cooperation decreased. They showed a lack of accountability when we raised concerns, placing the blame on others, including service users and their families and relatives.

The provider was not routinely notifying us of notifiable events without delay.

Risk assessments were not always robust enough to protect people from harm and we found not all risk assessments were accurate or up to date.

Medicines were not always managed safely. There was no written guidance for staff about when to administer medicines on an as required basis putting people at risk of not getting medicine when they needed it.

The registered manager had not completed monthly medicine audits in line with the provider's expectation and the management team did not have satisfactory oversight of the people they supported with medicines.

People did not receive continuity of care as the deployment of staff did not consider their needs effectively.

We could not be assured that care was delivered in line with the contractual hours or in accordance with people's plan of care where two staff members were required.

We found multiple breaches of Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 18 September 2019).

Why we inspected

We carried out this inspection due to an increase in whistleblowings, complaints and safeguardings. The inspection was also prompted in part due to the increase of concerns including concerns about the management of the service.

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 multiple breaches of regulation. These were in relation to staff deployment, medicines, risks assessments and the overall management of the service.

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

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate ●

The service was not well led.

Details are in our safe findings below.

Verity Healthcare - Haringey

Detailed findings

Background to this inspection

The inspection

This was a focused inspection to check specific concerns we had. We received a whistleblowing in regard to the lack of management oversight, staffing levels and the support people received. Whistleblowing is the act of disclosing information about wrongdoing in the workplace. This could mean highlighting possible unlawful activities in the organisation, failures to comply with legal obligations, miscarriages of justice or reporting on risks to the health and safety of individuals or to the environment. We also received a complaint regarding concerns about the personal care of one person.

Inspection team

The inspection team consisted of three inspectors and an Expert by Experience. Two of our inspectors were on site and one was working remotely. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had two managers 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 we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including information we received from the registered managers prior to the inspection such as their training matrix and complaints. We also 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 the registered manager, the care coordinator and the office administrator. We also spoken with eleven people consisting of two people who used the service and nine relatives. We reviewed three people's care records, five staff files, and five medicines records. We also looked at records relating to electronic call monitoring, safeguarding, accidents and incidents, and quality assurance documents.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed five people's care records, staff meeting minutes, staff rotas and quality assurance documents. We also spoke with three care workers.

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 the rating has deteriorated to inadequate. This meant people were not always safe and were at risk of avoidable harm.

Systems and processes to safeguard people from the risk of abuse

Assessing risk, safety monitoring and management; Learning lessons when things go wrong;

- Risk assessments were not always robust enough to protect people from harm. Some risk assessments were in place and covered areas such as, the environment, medicines, falls and food and drink.
- However, we found not all risk assessments were accurate or up to date. For example, the risk assessment for one person with pressure ulcers had not been updated to include a health and social care professional's treatment plan. This meant the provider had not done all that was reasonable to ensure staff knew how to prevent the person's pressure sores from reoccurring.
- The person's daily notes showed that staff were supporting the person using an out of date care plan rather than the new plan. This put the person at risk of injury.
- The local authority had requested these care plans be updated in December 2020 after pressure sores occurred. The provider had not learnt from this incident because the plans had not been updated at the time of the inspection. We asked the registered manager during the inspection to update this person's records however the registered manager sent us the same document again after the inspection, demonstrating they had not identified or rectified the concern.

People were placed at potential risk of harm due to the poor management of risks. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Safeguarding policies and procedures were in place.
- The training matrix showed staff completed training in safeguarding in 2020. Care workers told us they knew what to do if they had any safeguarding concerns. One care worker said, "I need to record it and report it to the care manager."
- The provider had not reported safeguarding incidents to the CQC as required. The provider's safeguarding action plan had not identified or addressed this concern and their report had not included these safeguarding incidents.

Using medicines safely

- Medicine administration records (MAR) were not accurate. For example, staff had signed medicine as being administered at the wrong times which the provider had not investigated and medical advice had not been sought to check whether the person had been harmed.
- At other times the MAR showed that a person had not received their medicine and there was no explanation given nor investigation to check if there had been an impact on the person. In addition, one person did not have a MAR chart, despite their care plan stating that they were prescribed medicines. No further information was provided by the registered manager. As part of the factual accuracy process the

registered manager informed us that this person was no longer in receipt of care.

- The provider did not have a protocol in place for medicines that were prescribed on an as and when basis, putting people at risk of not receiving their medicines when they needed it, including pain relief.
- The provider had not completed monthly medicine audits in line with the registered manager's expectation and the management team did not have satisfactory oversight of the people they supported with medicines.

Systems were either not in place or robust enough to ensure the proper and safe 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.

- The provider had a medicines policy and procedures were in place. Most people managed their own medicines with support from relatives.
- Where people received support with their medicines, relatives told us staff kept them informed of their family member's medicine needs and recorded what they had administered. One relative told us, "Yes, they do and also the [care staff] who goes to [person] always calls me if [person] needs to give [person] paracetamol, just to make sure I'm happy. [Person] has blister packs."

Staffing and recruitment

- People did not receive continuity of care as the deployment of staff did not consider their needs effectively. Comments from people and relatives included, "No they don't come on time because they have to come on buses. No, they are not really punctual" and "No they don't [arrive on time]. [Person] has a different carer at the weekends and they definitely don't come back at lunch time to heat up [persons] meals."
- Records of call logs showed a number of discrepancies between contracted hours and actual hours delivered. We found that care logs were not always consistent and daily logs did not always provide details of the care delivered. We could not be assured that care was delivered in line with the contractual hours or in accordance with people's plan of care where two staff members were required.

Staff were not effectively deployed to ensure they could safely meet people's care and support needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff recruitment records showed pre-employment checks were carried out before staff joined the service. Gaps in employment were explored and documented. We found a staff member had a reference written by the provider covering a period when they were employed by them between 2017 and 2018. The registered manager told us the staff member had previously worked for them and worked well, therefore they did the reference.

Preventing and controlling infection

- The service had sufficient amounts of personal protective equipment (PPE), including gloves, aprons and hand sanitiser.
- People and relatives told us staff wore PPE before entering their home and providing care. One person told us staff wore, "Masks and gloves, apron and foot protection." Relatives' comments included, "Yes they do gloves and aprons," and "Masks yes, gloves yes, there's a box full of gloves, aprons no."
- Care plans provided reminders for staff to ensure they wore PPE before entering people's homes.

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 the rating has deteriorated to 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.

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;

- We asked the registered manager what their understanding was of duty of candour, they told us "I should be responsible for the welfare of the people we are taking care of, calling them identify what their needs are, getting feedback from the carers, if any safeguarding." We explained that this was also about openness, transparency and admitting when things go wrong.
- Evidence from safeguarding alerts and complaints suggested the provider did not accept responsibility when issues were raised and was defensive in their responses to people and any relevant professionals or representatives. This meant they did not demonstrate accountability towards people who used the service in line with duty of candour principles.
- We saw examples of this when looking at email exchanges between the provider and other professionals whereby they refused to take responsibility for when things went wrong and blamed other people instead, and then resorted to cancelling the care package.

The registered manager did not act in an open and transparent way. This was a breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was not an open and positive culture at the service. The registered manager did not have a sufficient understanding of the principles of transparency and accountability and the provider's systems did not create an honest and caring culture at the service.
- The registered manager had failed to report several notifiable incidents to the CQC, involving allegations of abuse raised in relation to a fall and grade three pressure ulcers. The registered manager told us notifications were dealt with by the other registered manager, who is also the nominated individual for the service (a nominated individual is responsible for supervising the regulated activity on behalf of the provider). The failure to notify the CQC of incidents puts people at risk of receiving poor care on an ongoing basis. We are considering what action is to be taken.

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

- The nominated individual (who is also one of the registered managers) for this service failed to demonstrate they were of good character, honest, trustworthy, reliable or respectful (we acknowledge that

since the inspection the provider has changed the nominated individual. References to the nominated individual relate to the nominated individual at the time of the inspection).

- We saw examples of these failings where the nominated individual was unprofessional in their conduct during meetings, as well as within email exchanges with the CQC and other professionals.
- People who used the service and their relatives also told us that the nominated individual was often rude. Comments about the nominated individual included and that they had a history of 'shouting and [a] bad temper'.
- The nominated individual should also demonstrate that they have appropriate knowledge of applicable legislation including the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relevant best practice and guidance and understand the consequences of failing to take action on set requirements. For example, the nominated individual had not ensured that risk assessments were updated with specific advice from health professionals. We found one example where a person who had pressure ulcers had not had their treatment plan incorporated into their care plan, which meant that they were not receiving care in line with their needs.
- We also found that the nominated individual had a lack of understanding of consequences especially in relation to their conduct during meetings, which was often aggressive.

The registered person did not take all reasonable steps to ensure that the nominated individual was of good character. This was a breach of regulation 6 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Registered managers are expected to be of good character, honest, trustworthy, reliable and respectful. The information we acquired before, during and after our inspection showed that the registered manager did not demonstrate these characteristics.
- We were not assured that the registered manager always acted in good faith. For example they gave us misleading information with regards to one persons medicine and consultation with their GP. We found the registered manager was not receptive to suggestions for improvement.

This was a breach of regulation 7 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service was not well run and the provider did not have effective systems to monitor the quality of the care provided. The service had two registered managers who worked across this service and another in a neighbouring London borough. The registered manager present during the inspection told us, "Although I'm the registered manager here, it doesn't mean this is strictly where I work, I work across services, [the other registered manager] oversees all the branches. More or less we work hand in hand."
- The day to day running of the service was led by the registered manager with the support of the care coordinator. The care coordinator was also responsible for providing support for some weekend calls and care to a person who required double up care (two staff members). During our visit the care coordinator and the registered manager could not provide us with an up to date list of people using the service with an overview of their needs, necessary to fully support care staff and the operation of the organisation. This meant the management team did not have clear roles and responsibilities at the service.
- The provider's audits were not fit for purpose and did not contain actions to drive forward improvements. For example, the improvement plan did not highlight the areas of concern we found during the inspection and found care delivery to be outstanding and requiring no improvement.
- Daily notes and care records were not audited effectively meaning they were inaccurate and out of date, putting people at risk of not receiving care that met their needs and keep them safe. Daily notes lacked sufficient detail to demonstrate to people and staff what care had taken place. For example, one person's

daily notes often only read, 'personal care.' This had not been identified by the provider.

- Medicine administration record audits were not always up to date and did not address errors we found to ensure people had received the right medicine at the right time. The provider had not taken into consideration the checks they needed to complete for people receiving controlled drugs because the audit did not always identify when a person was prescribed controlled drugs.

Systems were either not in place or robust enough to ensure the service was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider had completed spot checks to assess staff during care visits.

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

- The provider did not work in partnership with others to improve the quality of care.
- People were asked their views about the service and care they received, although several told us they had not been asked to complete satisfaction surveys. A relative told us, "Yes, sometimes they call to see if everything is alright."
- Feedback from local authorities was not positive about the management of the service. One of the registered managers was often described as being aggressive and unprofessional and not always willing to be accountable when things went wrong or when suggestions for improving the service were made, with them often placing blame on others.
- We recently witnessed this manager being aggressive and disruptive during a safeguarding meeting. A relative of a person who used the service explained that this registered manager had a 'bad temper' and that they were known to 'shout'. This meant that this particular registered manager did not have the characteristics required to provide a professional or caring service.
- Positive comments were received about the care coordinator but people did not seem to know who the second registered manager was.
- Surveys were not conducted with health and social care professionals.

Systems were either not in place or robust enough to ensure the service was effectively managed. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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 6 HSCA RA Regulations 2014 Requirements where the service provider is a body other than a partnership</p> <p>The provider did not take all reasonable steps to ensure that the nominated individual was of good character.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 7 HSCA RA Regulations 2014 Requirements relating to registered managers</p> <p>The registered manager did not always demonstrate they were of good character.</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 12 HSCA RA Regulations 2014 Safe care and treatment People were placed at potential risk of harm due to the poor management of risks and medicines.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to ensure the service was effectively managed.

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Personal care	Regulation 20 HSCA RA Regulations 2014 Duty of candour The registered manager did not act in an open and transparent way.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not effectively deployed to ensure they could safely meet people's care and support needs.

The enforcement action we took:

Warning notice