

H & S MEDICAL LIMITED

H & S Care & Medical Professionals

Inspection report

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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

H & S Care & Medical Professionals is a domiciliary care agency which provides personal care to people living in their own homes in the community. 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. At the time of this inspection the service was providing personal care to 10 people.

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

Some improvements had been made since our last inspection which took place in August 2019. However, we found examples when records of care and support provided to people were not completed. Also, governance arrangements were not as effective or reliable as they should be. Further improvement was needed in the quality assurance processes to identify shortfalls and to drive improvement. Also, people who used the service and their relatives told us they had not been given the opportunity to give feedback to the service via a quality assurance process. We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This could place people at risk of harm.

At the last inspection we found when people were first receiving the service, there were delays in care plans and risk assessments being made available in people's homes. This meant staff did not always have access to clear guidance to assist in the reduction of potential risks or to ensure people's care was managed safely. There had been times when staff had been expected to lift or move people without appropriate instruction in the use of people's equipment. This meant staff had had to rely on verbal instruction about people's needs and preferences.

At this inspection some improvements had been made. Although some people spoken with were not sure they had a care plan in their home, we saw evidence of detailed care plans and risk assessments in place. These set out the actions needed by staff to ensure people were cared for according to their assessed needs and wishes. Staff told us care plans and risk assessments were in people's homes and they were able to look at these and see where changes or updates had been made.

People spoken with who required assistance with moving and handling said they felt safe whilst being moved by staff. Relatives also said they had no concerns about the moving and handling of their family member. Staff told us they had received training in moving and handling people and healthcare professionals were on hand to give guidance and advice. People and relatives spoken with told us they felt safe whilst being cared for by the staff at H & S Care Professionals.

There were enough staff available to meet people's needs whilst adhering to the current restrictions due to the COVID-19 pandemic. The registered manager had managed the current COVID-19 pandemic well, although records of such things as staff testing were not fully completed.

People and relatives spoken with were very happy with the way staff had cared for them during the pandemic. They said staff always wore the appropriate Personal Protective Equipment (PPE) and had very high standards of personal hygiene.

People were happy with the quality of care and support they or their family member received. A small number of people told us newer staff could be better trained and visit times could be improved.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 03 December 2019) and there was one breach of regulation.

At this inspection enough improvement had not been made and the provider was still in breach of regulations. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected

The inspection was prompted in part due to concerns received about the staffs understanding of COVID-19 protocols and guidance. A decision was made for us to inspect and examine those risks.

During this focused inspection we checked they had followed their action plan and checked to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for H & S Care & Medical Professionals 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 treatment and good governance at this inspection.

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 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 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.

Details are in our safe 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 ●

H & S Care & Medical Professionals

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 and an Expert by Experience. 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 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

This inspection was announced. We gave the service two days' notice of the inspection. This was because we needed time for the agency to request permission from people for us to contact them by phone to gain their views of the service.

Inspection activity started on 8 July 2021 and ended on 15 July 2021. We visited the office location on 12 July 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 five relatives. We e-mailed all staff to ask a range of questions, two staff replied to us. We visited the office location to see the registered manager and to review written records. We looked at two people's care records. We checked records relating to the management of the service including policies and procedures and quality assurance records.

After the inspection

We continued to ask for further information from the registered manager to validate evidence found.

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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- The provider records did not ensure a system was in place to demonstrate safety was effectively managed.
- For example, staff had been asked to monitor, the blood pressure of one person who had returned from hospital. They were instructed to inform the GP if the person's blood pressure changed. Records of this could not be found either written in the care plan or on the electronic App. The registered manager told us she was confident staff had carried out the checks but didn't know where this was recorded.
- The care record for one person showed they had returned from hospital with new medicines. The medication administration record (MAR) record showed this was not given on their first two days at home. When we asked the registered manager why this was, she said the staff had given it but it could not be recorded as she had not put this on the App system quickly enough for staff to be able to sign. We asked if there was a record of this anywhere, but she said not.
- A relative told us, "The care workers do not use the App called 'Birdy' correctly and are late putting information on it and do not record things properly."

We found no evidence 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 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk assessments had been completed for each person covering areas such as environmental risks, medicine administration, infection control and use of equipment. Where people had any specific needs, individual risk assessments had been completed. These contained information to support staff to reduce identified risks safely.

Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- We found gaps in MAR where staff had not signed as given or recorded why not given. The registered manager told us she was confident medicines had been given but staff had not recorded as given on the electronic App.
- When MAR were returned to the office there was some evidence these were checked and audited. For example, one staff member had been spoken with and a 'professional discussion' was to follow but there was no evidence any actions had been taken with other staff.
- Staff told us they had received training in the safe handling of medicines. However, there was no evidence of this or that they had a competency check completed on an annual basis, or before if required.

We found no evidence 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 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives spoken with said staff supported them to take their medicines as prescribed and raised no concerns about medicine administration.

Staffing and recruitment

- Safe recruitment procedures were in place. This helped to make sure people received care from staff who were of good character and suitable to work in care.
- Enough staff were employed to meet the needs of the people being supported. However, a relative told us, "The call times need to be managed better as does the training. I have spoken to the manager. She does listen but has not acted yet." One person who used the service also echoed these concerns.
- Most people said staff were well trained and referred to them as "professional and competent." Some people said 'newer' staff would benefit from more training.

Preventing and controlling infection

- The service had an infection control policy and procedure which included risks related to COVID-19.
- Staff were expected to carry out their own lateral flow tests weekly and a PCR test if they showed any symptoms or had been in contact with someone with COVID-19. The registered manager told us as this was only good practice guidance, she had not recorded all results or registered results with the government portal. The registered manager said she would start to do this immediately.
- People and relatives were happy with the way the registered manager and staff had dealt with the pandemic. They told us, "This has all been good. [Staff] always come with masks, aprons and gloves and are very thorough on cleaning up everything to reduce any infection chances" and "They [staff] all wear PPE, so I've had no worries over this and how things have been managed, especially as [name] has full time care. Staff are very careful and clean."
- Staff told us they had received training on how to apply PPE and were given information from management on how to handle suspected cases. They said the company also provided a 'toolbox' which set out steps to be taken if there was a positive case. The toolbox detailed such things as the symptoms of COVID-19, self-declaration requirements, situations whereby staff were required to self-isolate and social

distancing measures.

Systems and processes to safeguard people from the risk of abuse

- People and relatives spoken with told us they felt safe whilst being cared for by the staff at H & S Care Professionals. Comments included, "I am very safe indeed" and "Safety wise there's no problems."
- Staff were able to explain what their responsibilities were in keeping people safe and what action they would take if they had any concerns about people's wellbeing.

Learning lessons when things go wrong

- Following the last inspection, the registered manager had implemented an action plan which told us would address the shortfalls in the service. However, this had not fully addressed all areas.
- Staff were aware they needed to report any incidents or accidents to the registered manager.

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 requires improvement. At this inspection this key question has remained the same. 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; Continuous learning and improving care

- Governance and oversight systems had failed to identify the issues found at this inspection. The registered manager told us they audited all areas of the service however, there was little recorded evidence of this.
- The registered manager had developed some governance systems to monitor the service. However, these were not always effective, and did not always identify areas to improve on. For example, when gaps were identified on MAR charts there was no clear evidence full and appropriate action was taken to ensure people were receiving their medicines as prescribed.
- Reviews and audits of care plans and risk assessments had been completed in part but did not always show any required changes or updates. For example, the registered manager had not identified staff were not recording a person's blood pressure daily, as agreed with the GP when the person had returned from hospital. This could put people at risk of inadequate care and support.
- On 8 July 2021 we requested information to be sent to us to assist with the inspection. Much of this information was not sent so we requested this again on 12 July 2021. Not all information requested was sent. For example, copies of staff rotas and the staff training matrix.

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

- There was no quality assurance system in place to formally request feedback from people who used the service, relatives or staff.
- All people who used the service and relatives told us they had never been asked to complete a survey or questionnaire giving their views of the service.
- Feedback from people who used the service and their relatives varied regarding feeling listened to. Most people said communication was good, but others told us, "The care is good but not the communication. We get on well, [with the registered manager] but she does not always act on things told to her" and "Communication is variable. The manager is quite helpful but does not always return calls."

The lack of a robust quality assurance system giving a clear oversight of the service was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager acknowledged she needed support with the audits and monitoring of the service

and had employed a senior member of staff to assist with this. Following the inspection, the senior had commenced this role and was working alongside the registered manager.

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

- People who used the service and their relatives were mostly happy with the service they were receiving. Comments included, "I am absolutely delighted with everything," "They [staff] provide good consistent care" and "They [staff] are all approachable and professional. They treat [name] as an adult, not like a child."
- A small number (one person and two relatives) told us staff could be better trained, call times could be improved and communication with the registered manager could be better.
- Staff were positive about their experience of working for the provider. Comments included, "I can freely express my views, and nothing stops me from speaking out" and "I get all the support I need from my manager. We are treated fairly and well."

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

- The registered manager understood their regulatory requirements to inform us of important events such as accidents, incidents, safeguarding concerns and deaths.

Working in partnership with others

- The service worked closely with other health and social care professionals to ensure people received consistent and timely care. Records noted the involvement of family members, social workers, GPs and district nurses.
- The registered manager and staff understood the importance and benefits of working alongside other professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider records did not ensure a system was in place to demonstrate safety was effectively managed.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to ensure safety was effectively managed. This placed people at risk of harm.