Nomase Care Ltd

Nomase Care Ltd - Chadwell Heath

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Nomase Care Ltd - Chadwell Heath is a domiciliary care agency based in the London Borough of Barking & Dagenham. The service provides personal care to adults in their own homes. 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 the inspection, the service was supporting 48 people with personal care.

People's experience of using this service and what we found
People and relatives had concerns about the care people received and staff not staying the allocated times. We found robust systems were not in place to ensure staff attended calls on time.

Not all risks were identified and assessed to ensure people received safe care. Pre-admission assessments and care plans were not robust to ensure people's preferences with support and care were captured. Care plans did not include how staff should communicate with people effectively. Medicines were not being managed safely in some areas.

People were not supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Robust systems were not in place to analyse and learn from complaints and incidents to minimise the risk of reoccurrence.

People were not involved in decisions about their care. We made a recommendation in this area.

Robust quality assurance systems were not in place to identify shortfalls and take prompt action to ensure people received safe and effective care at all times.

Pre-employment checks had been carried out to ensure staff were suitable to support people. Staff had completed essential training to perform their roles effectively and felt supported in their roles. People had choices during mealtimes and were supported to access healthcare services. People were encouraged to be independent and to carry out tasks without support. Feedback was sought from people and staff.

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 10 July 2018).

Why we inspected
The inspection was prompted in part due to concerns received about care planning, staff attending calls

late and staff approach. A decision was made for us to inspect and examine those risks.

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 risk assessments, medicine management, staffing, need for consent, care planning and good governance. You can see what action we have asked the provider to take at the end of this full 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 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 always well-led. Details are in our well-led findings below.	**Requires Improvement**

Nomase Care Ltd - Chadwell Heath

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, a CQC pharmacist specialist 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 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 announced the inspection and gave the provider 24 hours' notice. This was because we wanted to make sure the registered manager would be available to support us with the inspection.

What we did before the inspection
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 reviewed the information we already held about the service such as notifications and the findings of the last inspection.

During the inspection
We spoke with the registered manager, the provider, care coordinator and two care staff. We reviewed documents and records that related to people's care and the management of the service. We reviewed four care plans, which included risk assessments and four staff files, which included pre-employment checks. We looked at other documents such as training, medicine and quality monitoring records.

After the inspection
We continued to seek clarification from the registered manager to validate evidence we found, such as reviewing training certificates. We spoke with six people who used the service and five relatives. We also spoke with five staff and contacted professionals that the service worked with for feedback about the service.

Inadequate

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

Assessing risk, safety monitoring and management

- Risks were not always managed safely because risk assessments had not been completed in full for some people to ensure they received safe care at all times.
- There were risk assessments in place for dehydration and skin integrity. Although the risk assessments for people at risk of dehydration included signs and symptoms staff should look out for, the control measures were not robust to include that staff should seek medical attention if people were dehydrated.
- Risk assessments had not been completed in relation to people's health conditions. For example, some people had physical conditions that impacted on their ability to mobilise. Risk assessments had not been completed on how peoples condition affected them and how staff can support them safely. A person told us, "I have had a stroke and have no use of my right arm, but I am not sure if the carers are aware of my health condition because no one has ever asked me what support I need. I have to tell them what support I need." A relative commented, "We have never had an assessment of [person's] health condition with the company so they do not know what [persons] needs are. I have to show each new and existing carer what needs to be done and how to do it."
- Risk assessments had not been completed for people at risk of falls. Records showed some people were at risk of falls due to their health condition or falls history. However, robust risk assessments had not been completed to minimise people from falling.
- Failure to complete risk assessments in these areas meant that there was a risk people may not receive safe care at all times.

Using medicines safely

- Medicines were not managed safely in some areas. We saw evidence that some people had their medicines administered when required on the medicines administration records (MAR) (known as PRN medicines), such as pain killers. However, we did not see any PRN protocols or guidance in place to guide staff on how and when to administer these medicines, either on MAR or in care plans. We saw that when PRN medicines were not administered, the MAR chat space was left blank.
- We saw that one person had their medicines administered covertly. This was not stated on the MAR chart, and there was no guidance on the MAR to advise staff how this should be done. We saw on the care plan, instruction on how these medicines should be administered but this was not readily available to staff providing care. We spoke to two care workers to ask how they administer this medicine and was told by both that they crush all medicines together and place in the person's tea. Professional advice had not been sought from the pharmacist to check if it is safe to give all the medicines together especially if the person does not drink all the tea.
- The provider did not always reconciled and reviewed people medicine in a timely manner. One person had list of medicines in their care plan that was not on their MAR chart, and there was no evidence whether

these medicines were stopped or ongoing. Also, when a person had been referred to the service, medicines should be reconciled by verifying people's medicines with the GP, hospital and people's own records. We did not see any documented evidence to show that this was done.
● Medicines risk assessment lacked detail and did not provide information that may be needed in an emergency.
● Staff told us that they completed medicines administration competency assessment. However, we saw evidence that some of these assessments had not been signed by the assessor, names of the staff being assessed were not included and action plans were not completed where required.

The above concerns meant that risk assessments were not completed in full to demonstrate the appropriate management of risks and to ensure support and care was always delivered in a safe way. Medicines were not being managed safely to ensure people received their medicines in a safe way. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Staffing and recruitment
● The systems that were in place to monitor time keeping to ensure staff attended calls on time were not effective. The service used an online call monitoring system to monitor staff timekeeping and attendance. Staff logged in and out of visits electronically. This showed they had attended and left their visit after carrying out personal care. However, there was number of blank entries as staff had not logged into calls, which meant the service would not have oversight if staff attended calls on time.
● Records also showed the planned time that staff were supposed to attend call visits. However, entries showed a number of calls had not been attended on time, in some cases staff either being two hours late or an hour early. The care coordinator told us that people changed the time, however this was not recorded therefore we were not assured that staff attended calls on time.
● People and relatives told us that care workers did not arrive on time and also not stayed the required times. A person told us, "No, the carers do not come when they should do. When carers record their time of arrival, tasks done and times leaving it is not the same as I have recorded. Such as today they left after 13 minutes and they stated they left after 30 minutes." Another person commented, "No, the carers have never arrived on time or stayed the allotted time of half an hour. Carers have only stayed a maximum of 12 minutes for an hour visit." A third person said, "Today the carer recorded that she had bathed me and creamed my legs and made my bed. She only creamed my legs. All carers seem to be recording they take 20 minutes to do tasks which they do not do."

The above concerns meant that effective systems were not in place to ensure people received safe high-quality care in a timely manner. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

● Records showed that relevant pre-employment checks, such as criminal record checks, references and proof of staff's identity had been carried out. This ensured staff were suitable to provide safe care to people.

Learning lessons when things go wrong
● Robust systems were not in place to learn from lessons following incidents.
● Incidents and accidents had been recorded with details of action taken. However, robust systems were not in place to analyse incidents and accidents to learn from lessons and minimise the risk of re-occurrence.
● The registered manager showed as a template that she was working on that would ensure all incidents and accidents would be analysed monthly and used to learn from lessons. Evidence was sent after the inspection that incidents had been analysed.

Systems and processes to safeguard people from the risk of abuse

● There was mixed feedback from people about safety. A person told us, "Yes, I do feel very safe as the carers are very caring and very friendly. It is a good service." However, another person told us, "I don't think safe is the word I would use here in answer as the carers do not do anything they should do."

● Records showed that staff had been trained in safeguarding and understood how to safeguard people from harm. A safeguarding and whistleblowing policy was in place. Whistleblowing is a person who informs a person or relevant authorities regarding abuse or unlawful activity.

Preventing and controlling infection

● Systems were in place to reduce the risk and spread of infection.

● People and relatives told us that staff wore personal protective equipment (PPE) such as gloves and aprons when supporting them.

● People and relatives told us that staff wore PPE when supporting them and followed good infection control practices. Staff confirmed this. A staff member told us, "We are given everything like masks, gloves, aprons to support people safely."

Requires Improvement

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.
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.

- Robust systems were not in place to obtain consent from people to provide care and support.
- Records showed one person may not have capacity to make specific decisions and this was confirmed by the management team. However, MCA assessment had not been completed to determine if the person had capacity to ensure decisions were made in their best interests and as least restrictive as possible.
- Staff had received training on the MCA and were aware of the principles of the act.
- Staff told us that they always requested people's consent before doing any tasks. A staff member told us, "Of course, we have to get consent and permission before we do anything." However, people told us that consent was not sought by staff when supporting them, which was primarily because staff members did not speak English.

The above concerns meant that failure to seek consent and carry out a mental capacity assessment demonstrated that people's legal rights were not being adhered to. This was a breach of Regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- Robust systems were not in place to assess people's needs and choices.
- Pre-assessments had been carried out to ensure the service was able to provide person-centred support

to people in some areas. However, we found the assessments were not comprehensive on how people with dementia can be supported in person centred way, reconciling medicines and identifying risks in detail to ensure it was personalised to people.

● People and relatives told us that they had not been involved in care planning. A person told us, "No, I definitely not had any discussions about the support I should receive."

● We fed this back to the management team who informed they would ensure pre-assessments were made robust.

Staff support: induction, training, skills and experience

● Staff had been trained and supported to perform their roles effectively.

● Staff had completed essential training and refresher courses to perform their roles effectively such as on safeguarding, infection control, manual handling and basic life support. A staff member told us, "They have given me training. It helped me a lot."

● Staff were supported in their roles. Regular supervisions had been carried out with staff. Staff told us they felt supported. A staff member said, "[Registered manager] is a good manager, she knows how to speak with staff. She supports me."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

● People were supported to eat and drink to maintain a balanced diet and supported to access healthcare services.

● Care plans included the level of support people required with meals or drinks and their likes and dislikes.

● Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health.

● Records showed the service worked with professionals such as health professionals to ensure people were in the best of health.

Requires Improvement

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.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; equality and diversity

- People had mixed feelings about staff approach. A person told us, "Yes, I have not had any problems [with staff]. However, another person commented, "I wouldn't say caring or kind, they are off hand or blunt."
- People were protected from discrimination within the service. The registered manager and staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. Care plans include people's backgrounds and belief's and information on how to meet these needs had been included.

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

- People were not always supported to be involved in making decisions about their care.
- People and relatives told us that they were not involved in decisions about their care or involved in any reviews. A relative commented, "[Person] hasn't had any discussions about health care needs and support required." Another relative told us, "No, not at all, whenever I phoned for a meeting to discuss care planning they always tell me they would get back to me but that never happened."
- Care plans did not include if people had been involved as part of decision making into the care they would be receiving.

We recommend the service follows best practice guidance on ensuring people are involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected when they were supported by staff.
- Staff told us that when providing support with personal care, it was done in private. A staff member told us, "We cover them [people] when supporting them, we make sure doors and curtain are closed and try not to make people uncomfortable."
- Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- Staff encouraged people to be independent. Care plans included information on areas people were independent and where they needed support. A staff member told us, "We try to promote independence by just supporting them and helping them to do certain tasks if they can but we are nearby to support if they

need help."

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to 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; End of Life care and support

- Care plans were not consistently person-centred. Some care plans included information on how to support people in a person-centred way on areas such as continence, personal hygiene and dressing and included their background history and upbringing.
- Care plans had not been completed for people with dementia to include their level of dementia and how support can be personalised to ensure they received person-centred care. We were shown that the service was transitioning towards digital care planning and that care plans on dementia would be included on the digital care plans.
- People and relatives told us that care plans were not accurate or they did not have a care plan in their home. A relative told us, "No [person] has never had a care plan or an assessment of needs, only a purple file where carers record times of attendance." A person commented, "Yes, I do but its not a care plan only a file for carers to record their attendance." Another person said, "Yes (there is a care plan), but it's not accurate."
- The service was not providing end of life support to people.

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.

- People told us that communication was not effective. A person told us, "The carers do not speak English and I cannot understand them, so they just point at me to move my arm, leg, body etc when washing and dressing me." Another person told us, "No the carers that come to us cannot speak English."
- People's ability to communicate was not robustly recorded in their communication care plan, to help ensure their communication needs were met. We fed this back to the registered manager who informed that this would be included.

The above concerns meant that care plans and communication plans had not been completed accurately or personalised to ensure people received high quality person-centred care. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. Records showed a number of complaints had been received. A log was kept of complaints and when a response was sent with the action being taken. However, complaints

had not been analysed to identify potential trends and to ensure improvements can be made to the service and minimise risk of reoccurrence. The registered manager showed us evidence that complaints would be analysed to ensure there was a cycle of continuous improvement and sent us evidence after the inspection that this had been completed.

- The registered manager told us people were made aware of the complaints process and were aware of how to make complaints. Staff were able to tell us how to manage complaints.

Requires Improvement

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

- Robust quality assurance systems were not in place to ensure shortfalls were identified and prompt action taken to ensure people received safe and effective care at all times.
- Audits were carried out on aspects of the services, which included medicines, care plans and spot checks. However, they had not identified the shortfalls we found with medicines, risk assessments and care plan.
- Audits were not carried out on staff call logs, which may have enabled the management team to identify the shortfalls we found with staff time-keeping. This meant that people were placed at risk of harm if staff did not deliver care in a timely manner.
- In addition, information had not been kept about people's communication abilities, which was important to ensure peoples communication needs were being consistently met.
- The service also did not have robust systems in place to analyse incidents and complaints to ensure the risk of reoccurrence was minimised and lessons were learnt. This would help support the service in creating a culture of continuous improvement to ensure people received high quality support at all times.
- People and relatives were not positive about the service. A person told us, "I would never recommend them because the service is so impersonal." A relative commented, "I know [person] wasn't pleased with this agency and [office staff] was very abrupt and rude towards us."

This meant the service had failed to ensure that adequate quality assurance systems were in place to identify shortfalls and ensure people received safe care. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- Staff told us they were clear about their roles and were positive about the management of the service. One staff member told us, "Yeah I like working for them, its fine."

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

- Staff meetings were held to share information. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues or areas for improvement as a team.
- People's beliefs and backgrounds were recorded and staff were aware of how to support people considering their equality characteristics.

● The management team told us they obtained feedback from staff and people about the service through telephone monitoring. Records confirmed this.

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 was aware that it was their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of the service and be open and transparent to people should something go wrong.

Working in partnership with others:

● The service worked in partnership with professionals to ensure people were in good health.

● The registered manager gave us an example of good partnership working where they supported one person whose mobility improved considerably through support and working with professionals. Records showed that the service worked with professionals when required.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered provider was doing everything that is reasonably practicable to make sure that people who use the service receive person centred care. Regulation 9 (1)

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Care and treatment was not always provided with the consent of the relevant person as the registered person was not always acting in accordance with the Mental Capacity Act 2005. Regulation 11(1)(3).

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users. Regulation 12(1).

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 The registered provider was not robustly assessing, monitoring, improving the quality and safety of the service users and mitigating the risks to ensure people were safe at all times. Regulation 17(1).

The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider was not deploying sufficient numbers of staff to ensure people received support in a timely manner. Regulation 18(1).

The enforcement action we took:

Warning Notice