

HMS Services Limited

HMS Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

About the service

HMS Care is a domiciliary care service providing personal care to adults in their own homes. Not everyone who uses the service received personal care. CQC only inspects where people receive personal care. At the time of the inspection 45 people were using the service.

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

Following the previous inspection in October 2019 the provider sent us an action plan. This included information about the actions they had taken to make improvements within the service.

At the last inspection medicines were not managed safely. At this inspection? whilst paperwork had been put in place to support medicines administration, records continued to be incomplete. Whilst audits had identified the gaps in administration records, actions had not been taken to address these errors and ensure people had received their medicines or medical advice sought.

At the last inspection staff had not always received supervision, competency checks and spots checks. At this inspection some improvements had been made with spot checks and competencies being undertaken. Supervisions were in the process of being completed. Actions had been taken to improve core training to ensure staff received the correct information to develop their skills and knowledge. Not all training was up to date due to Covid-19.

Whilst there were processes in place to support staff with using personal protective equipment (PPE), it was feedback by people using the service and their relatives during inspection that not all staff were wearing appropriate PPE. This has also been substantiated by some of the staff who have feedback. The registered manager did address this via an email to staff during the inspection.

At the last inspection governance and performance management systems were not effective. During this inspection improvements to governance systems had not been made. The provider and registered manager had no oversight of the audits being completed and therefore had not been able to identify any actions required. The provider's action plan stated there would be a "new audit schedule" introduced to ensure monitoring. There was no evidence of this being in place. There was no evidence that the provider had an oversight of the service as they had not completed any management audits.

People said they felt safe with the service they received. They said they would raise concerns but that concerns were not always responded to. People spoken with felt communication could be improved. People feedback that the allocated times of visits were not always adhered to and they did not always have regular carers. People found the carers to be "caring, polite and good company."

Care plans were currently being updated in to a new person-centred format. Records we reviewed contained information on people's care routines and preferences for how they wished to receive their care. Changes to

risk assessment paperwork was being implemented. However, risk assessments were not completely up-to-date and had not been embedded sufficiently to evidence they were suitable.

People were 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.

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 requires improvement (published 12 November 2019). There were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. 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 two consecutive inspections.

Why we inspected

We carried out an announced comprehensive inspection of this service on 01 October 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what actions they had completed in respect of the improvements they needed to do.

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective 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. The overall rating for the service has remained as requires improvement. 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 HMS Care on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to safe care and treatment, staffing and the management of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 effective?

The service was not always effective.

Details are in our effective 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 ●

HMS Care

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

This 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

HMS Care 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

This inspection was announced. We gave a short notice period that the inspection would be taking place. This ensured we were able to work alongside the registered manager to identify any potential risks associated with Covid-19 and put measures in place to manage them.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information about concerns and incidents the provider must notify us about. We sought feedback from the local authority professionals who work with the service. The provider was not asked to submit a provider information return prior to our inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make or have made since the last inspection. We accounted for this when we inspected the service and made the judgements identified in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with two members of staff including the registered manager and a supervisor.

The Expert by Experience contacted 21 people who use the service. They managed to seek feedback from five people.

We reviewed a range of records. This included three people's care records, risk assessments and monitoring records. We reviewed a variety of records related to the management and quality assurance of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the provider's action plan and policies and procedures. We emailed 31 staff to seek their views on how care is provided. Six staff responded to the email correspondence and we spoke with one staff member on the telephone. We received feedback from three health and social care professionals who work alongside the service.



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.

At the last inspection November 2019, the provider had failed to safely manage medicines and identify and address risk. During this inspection we found the provider had not made sufficient improvement to meet the breach in regulation. This meant the provider remained in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Safe care and treatment).

Using medicines safely

- Medicines were not always managed safely. Records continued to not always be fully completed. Protocols were not in place for people who required medicines 'as necessary'.
- Medicines disposed of were not always recorded. Whilst the registered manager had implemented a new system for disposing of medicines, staff did not always record which medicines they had disposed of and the quantity. This meant there was no clear record of the actual medicines being disposed.
- Most staff had undertaken a competency check to ensure they were safe to administer medicines.

Whilst new systems had been implemented, they continued not to be robust enough to demonstrate medicines were being managed and recorded effectively. This placed people at risk of harm. This continued to be a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Safe care and treatment).

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

- Risks identified were in the process of being updated on the providers new paperwork. This meant some aspects of risk assessing whilst improved, needed further time to be fully embedded into everyday practice to ensure people received consistent safe care.
- The registered manager reviewed accidents and incidents and identified any actions required. However, there was no clear record of what action had been taken or if there had been any learning from the incident.

Whilst risks to people's safety had been assessed, paperwork needed further time to be fully embedded into everyday practice to ensure people received consistent safe care. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Safe care and treatment).

Preventing and controlling infection

- Whilst there were processes in place to support staff with using personal protective equipment (PPE), it was feedback by people and their relatives during inspection that not all staff were wearing appropriate PPE. This was also substantiated by some of the staff who provided feedback. The registered manager did address these concerns via an email to staff during the inspection.

Systems and processes to safeguard people from the risk of abuse

- The provider and registered manager had reported safeguarding concerns to the Commission in line with their legal responsibilities.
- People said they felt safe with the staff who provided their care. One person said "Yes, I feel safe with staff. I have known them for years and they are nice people."
- Staff had received training and updates. One staff member told us, "HMS Care is a safe service for people to use, as all carers are given training on various subjects which allow carers to provide correct care for each client."

Staffing and recruitment

- The provider followed safe recruitment practices. Staff files contained a full employment history and checks to ensure staff were of good character.
- There were sufficient staff available to meet people's needs. However, some staff told us they often felt rushed and didn't have sufficient travel time. This was fed back to the registered manager who said they would review staffing rotas to address this.

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

At the last inspection November 2019, the provider had failed to ensure staff training, support and monitoring was robust and in place. During this inspection we found the provider had not made sufficient improvement to meet the breach in regulation. This meant the provider remained in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing).

Staff support: induction, training, skills and experience

- At the last inspection staff had not always received supervision, competency checks and spots checks. Records showed some improvements had been made with some spot checks and competencies being undertaken. The registered manager told us supervisions were in the process of being completed. There were no formal records to evidence the registered manager had received supervision by the provider since starting at the service.
- We viewed the training records for staff. Whilst core training was in place there was no specific training for the different service user groups staff were expected to support. For example, training in dementia, sensory impairment or learning disabilities was currently not available. Not all training was up to date due to Covid-19.
- The registered manager had made some improvements to how training was delivered to staff. This included experiential face-to-face training for staff to support them to understand the needs of the people they were supporting.

Whilst some improvements to staff support and training had been made, systems needed further time to be fully embedded into everyday practice to ensure people received consistent effective care. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Staffing).

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

- Support provided ensured people had sufficient to eat and drink. Staff were able to explain how they would support people with their nutrition and hydration needs. One staff member told us "If someone requires a special or specific diet this will be clearly stated in their care plan. It will then be explored on their risk assessment. We work with clients themselves to ensure we maintain their choice and control over their nutrition and hydration, but we also work alongside dieticians and family members to ensure this is managed safely."
- People's dietary needs and preferences were documented in their care records. Where required food diaries were in place to monitor people's food and fluid intake.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to ensure care and support was delivered in line with their preferences and choices.
- Care plans contained information on people's preferences and choices. For example, in one person's care plan contained detailed information on how the person wished to receive their care during each care visit.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health care needs were monitored and any changes in their health and well-being were discussed with the person's representative or health professionals. One health professional told us "HMS care contact the link adult social care worker should they identify a new risk or feel a new well-being assessment is needed."

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.

- The service continued to understand their responsibilities under the Mental Capacity Act. Where required mental capacity assessments were undertaken as part of the pre-admission assessment.
- People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. One staff member told us "To ensure clients are always involved in the decision and are always in control of their care they are always offered choice on every call."

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.

At our last inspection the provider did not have robust quality assurance systems in place and had not always identified issues. The provider and management team did not always have a clear oversight of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Although some improvements had been made, we found further work was required and this breach of regulation 17 continued.

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

- The provider did not have robust quality assurance systems in place. A range of audits and checks to monitor the quality of the service had been undertaken by office staff. However, where issues had been identified appropriate action had not been taken to address these issues.
- The provider was not clear about their responsibility regarding quality monitoring. Evidence was not available to demonstrate the provider's and registered manager's oversight and management of the service to ensure that service users' needs were met, and effective monitoring systems were in place.
- All audits and checks were stored on an electronic system. Information relating to these checks had been inputted incorrectly in to the system. Therefore, office staff were unable to run a report to evidence what audits had been completed and when.
- The service had sent us notifications about events they were required to do so by law.

The provider continued not to have a robust governance system in place. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This will be the third inspection they have been in breach of regulation 17 (Good governance).

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; Continuous learning and improving care

- The registered manager investigated incidents and was open and honest with exploring any lessons to be learned. However, this was not always recorded during audits of accidents and incidents.
- The provider had an action plan to drive forward improvements identified within the service. However, some actions had been recorded as being complete when there was no evidence to substantiate this.

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

- People and their relatives were generally happy with the care. They said they felt able to raise concerns but that concerns were not always responded to. Service users and relatives spoken with felt communication with the service could be improved.
- Staff who responded felt supported by the new registered manager. However, they stated that some of the office staff were dismissive and didn't listen to their communications. Staff felt communication between themselves and office staff could be improved.
- Service user care records were being up-dated to ensure good outcomes for people. One health professional said "If I have had to make amendments to a support plan due to a change in a person's condition this is followed through and conversations are always positive, and HMS will endeavour to be accommodating."

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

- The service continued to maintain relationships with health and social care professionals to meet people's health and care needs. One healthcare professional told us "I do think that the service works hand in hand with the social work team. I feel I am listened to and my advice is taken. Any time I have needed a meeting, a member of the senior team has always been available."
- People and relatives could not remember being asked for their opinions of the service. The provider had sent a survey in January 2020. 39 people had responded and shared their views. Feedback was given to people and their relatives about what actions the service had undertaken to address their feedback.
- Staff genuinely wanted to work for the company. Staff felt supported by the new registered manager and felt she was approachable, and that they could raise their concerns.

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 Medicines were not managed safely and risk was not always identified and addressed. Regulation 12 (c)(g)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff training, support and monitoring was not robust or always in place. Regulation 18 (1)(2)

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to operate effective systems to monitor the quality, safety and effectiveness of the service.</p> <p>Regulation 17 (1)(2)(a)(b)(f)</p>

The enforcement action we took:

We issued a warning notice