

Gain Healthcare Ltd

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Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Gain Healthcare Ltd is a domiciliary care agency registered to provide personal care to people aged 18 and over. 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, only one person was receiving support with personal care.

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

People were not always safe. Risks to individuals were not appropriately assessed and managed.

Medicines were not managed safely.

Safeguarding procedures were not consistently followed.

There were not always enough staff to meet people's needs.

The provider's quality management systems were not effective and did not identify areas where the service needed to improve. The provider and registered manager did not demonstrate they understood their legal responsibilities.

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

Rating at last inspection: This service was registered with us on 10/08/2020 and this is the first inspection.

Why we inspected

We undertook this targeted inspection to follow up on specific concerns we received about the service including safe management of medicines and lack of training and recruitment processes for new staff. A decision was made for us to inspect and examine those risks.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We have found evidence that the provider needs to make improvements. Please see the Safe and Well Led sections of this full report.

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 identified breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in regulation 12 Safe care and treatment; regulation 17 Good governance and regulation 18 Staffing. We also identified a breach of the Care Quality Commission (Registration) Regulations 2009. This was regulation 12 Statement of Purpose.

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 five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected not rated

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

Inspected not rated

We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Gain Healthcare Ltd

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check specific concerns we had received about the service including safe management of medicines and lack of training and recruitment processes for new staff.

Inspection team

Two inspectors carried out the inspection.

Service and service type

This service provides care and support to people living in their own homes. This inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 3 February 2021 and ended on 15 February 2021. We visited the office location on 3 February 2021.

What we did before the inspection

We reviewed information we had received about the service since they had registered. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their experience of the care provided. We spoke with the registered manager who is also the nominated individual. The nominated individual is responsible for

supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included one person's care and medicines records. We looked at two care staff records including recruitment, training and supervision records. We also looked at a variety of records relating to the management of the service including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought feedback from the commissioning team at the local authority.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. We have not given a rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns we had about the safe management of medicines and overall management of the service. We will assess all of the key question at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management

- Not all risks were safely assessed and mitigated to maintain people's safety.
- A person had care needs to ensure their skin was kept healthy which required the application of prescribed creams and dressings. The person's care plan just stated '[Name] uses loads of cream for her skin'. It stated the following support needed by staff as, 'Applying cream or ointment. Continuous review of skin integrity.' We asked the provider whether a body map was in place to show where the creams should be applied. We were told they were in the person's daily logs but there was no evidence of these. We were then told that these records were in the person's home.
- We visited the person in their home and were told that no body maps were in use. The person told us that staff often did not know which creams should go where and she had to direct this herself. This meant information was not always available to inform staff how to manage any identified risks.
- We saw a person's mobility support plan that had been reviewed the day before the site visit. The person needed double handed assistance with transfers from their bed each morning and then assistance back to bed each evening. The risk assessments showed the person was at high risk of falls. We saw no guidance in place for staff on how to support the person in a safe way. We also found equipment to protect the person's skin was not in place when we visited. The person told us, 'I have a cushion for my chair, but the staff don't know how to use it. It's still in the box.'
- We saw a moving and handling risk assessment which contained minimum advice. It stated, 'Tissue viability - not known; History of falls - not known.' We found there was no information present that could have led to the completion of this risk assessment. The lack of this meant the person was at risk of skin damage and avoidable falls.

These issues are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Using medicines safely

- The provider was not following their policy and procedures to ensure medicines were used safely.
- The provider's 'Recording the administration of medication policy and procedures' stated 'Where topical administration is required, a body map will be used' and 'On a monthly basis, the Medication Administration Records (MARs) need to be reviewed to check if creams, ointments and dressings are still being used for the condition for which they were prescribed. [Registered manager] will ensure that 10% of MARs are audited

each month and any themes or trends are discussed at the quality meetings of Gain Healthcare Ltd.' There was no evidence of either of these actions taking place.

- The provider showed us certificates that staff completed medication training as part of their induction, However, there were no formal records of competency assessments available to ensure staff safely administered medicines. This meant the provider could not be assured that all care staff were following correct procedures after their training.
- Prior to the inspection, we were told that medicines were not available for a person during a visit. The ex-member of care staff said they reported this to the registered manager who told them to use a new box. The ex-staff member alleged there was no procedures in place or an investigation about the missing medicines. We asked the registered manager about this who said there had been an investigation, but they were unable to provide any evidence of this.

These issues are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staffing and recruitment

- There was not always enough staff to deliver planned care to people. One person required two people to assist transfers. They told us that they had to remain in bed for four days as only one member of staff attended. This meant the staff were unable to undertake moving and handling alone meaning the person remained in bed.
- We received an anonymous concern that staff had not undertaken training. An ex-employee stated, "No training was provided". We were also contacted by a member of staff after the inspection to say they had not received appropriate training. The provider told us staff undertook the care certificate when they started working for the service.
- We asked a person if they felt staff had the appropriate training when they were delivering their care. The person said, "I trained [staff name]. When she arrived, I taught them how to do my care as they did not know what to do."

These issues are a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Systems and processes to safeguard people from the risk of abuse

- We saw on one person's records that they returned home from hospital with bruising on their wrist. We asked the registered manager about this. There was no evidence they had looked into the cause of the bruising to consider the cause and to record it on a body map.

Learning lessons when things go wrong

- Systems in place did not allow for the monitoring and oversight required to evidence that lessons were learnt when things went wrong.

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 and fair culture.

This is the first inspection for this newly registered service. We have not given a rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about the management of the service. We will assess all of the key question at the next comprehensive inspection of the service.

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

- We saw no evidence that systems in place to assess, monitor and mitigate risks and to improve the quality and safety of the service were effective.
- The provider had not identified the issues we highlighted during the inspection, such as those relating to risk management and safe management of medicines. There were no audits in place to monitor care plans or safeguarding incidents. This meant there was limited provider oversight of the service.
- Feedback from people was not used to evaluate and improve the service. One person told us they phoned the registered manager on many occasions, but their calls were not returned. The person had raised this with the local authority who spoke with the provider to prompt a response.
- The provider had not always ensured that all requirements of legislation were met to ensure staff were suitable to deliver the regulated activity. For example, where a staff member had been previously employed in a position whose duties involved work with vulnerable adults, there was no satisfactory verification of the reason why their employment in that position ended.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The provider's statement of purpose did not contain accurate information as required by legislation. A statement of purpose is a legally required document that includes a standard set of information about a provider's service. This includes the details of the services provided including the service types (for example, supported living) and the service user bands (for example, adults aged 65+). The information in statements of purpose must always be accurate and up to date. CQC had informed the provider the statement of purpose was not accurate or up to date on 10 December 2020. The provider did not submit an updated statement of purpose for approval until 2 February 2021 after the inspection was announced.

This issue was a breach of Regulation 12 of the Care Quality Commission (Registration) Regulations 2009

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 Registration Regulations 2009 (Schedule 3) Statement of purpose The provider's statement of purpose did not contain accurate information as required by legislation.

The enforcement action we took:

We imposed conditions on the registered provider's registration including not providing a regulated activity to any new clients without prior written agreement of the Care Quality Commission. We requested information about the registered providers' quality assurance system. We asked the provider to evidence training delivered to meet the client's needs when requesting agreement.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Not all risks were safely assessed and mitigated to maintain people's safety. The provider was not following their policy and procedures to ensure medicines were used safely.

The enforcement action we took:

We imposed conditions on the registered provider's registration including not providing a regulated activity to any new clients without prior written agreement of the Care Quality Commission. We requested information about the registered providers' quality assurance system. We asked the provider to evidence training delivered to meet the client's needs when requesting agreement.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were ineffective in assessing, monitoring and mitigating risks to improve the quality and safety of the service.

The enforcement action we took:

We imposed conditions on the registered provider's registration including not providing a regulated activity to any new clients without prior written agreement of the Care Quality Commission. We requested information about the registered providers' quality assurance system. We asked the provider to evidence training delivered to meet the client's needs when requesting agreement.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>There were not always enough staff with the appropriate training to deliver planned care to people.</p>

The enforcement action we took:

We imposed conditions on the registered provider's registration including not providing a regulated activity to any new clients without prior written agreement of the Care Quality Commission. We requested information about the registered providers' quality assurance system. We asked the provider to evidence training delivered to meet the client's needs when requesting agreement.