LW Health Care Limited

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Inspection report

262 High Road
Harrow
Harrow
Middlesex
HA3 7BB

Tel: 02038621370

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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 caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

LW Health Care Limited provides personal care and support to people in their own homes.

The inspection visit was carried out on 20 July 2017. At the time of the inspection there were 10 people who used the service.

A registered manager was in place at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This was the first comprehensive inspection of this service since it was registered by CQC in September 2016.

LW Health Care Limited is a new service, which started trading in March 2017. The registered manager was abroad at the time of the inspection so we were assisted by the care manager. It was not clear to us that the registered manager had notified us as required about their absence from the service. Registered persons are required to notify CQC where they will be absent from the service for 28 days or more. We are looking further into this.

In order to carry out the inspection fully we asked for details of the contact details of people using the service and care workers. However, this was not provided to us and we were not able to speak with people using the service and care staff. We could therefore not confirm with people receiving care if they received safe, effective, caring, and responsive care from a well-led service. We could also not check the knowledge of care workers in relevant areas of their work. We have reported on the evidence we have at this stage and will carry out another inspection in the near future which will involve feedback from people receiving care, care workers and other stakeholders.

The service was not well-led. The provider did not have adequate systems in place to monitor and maintain an overview of the service. Proper recruitment checks had not been completed on all care workers before they commenced working at the service. There were no effective arrangements in place to ensure that staff received suitable training opportunities, formal supervision and an annual appraisal of their overall performance. Risk assessments were not detailed. Risk assessments had not been fully developed for all areas of identified risk.

People's care plans did not contain relevant and current information to guide staff on the most appropriate care people required to meet their needs taking into account of their privacy and dignity. We could not be sure that people were treated with compassion, kindness, dignity and respect because we were not able to speak with them.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

We also made two recommendations regarding involving people in decisions about their care and person centred care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not safe.

We could not ask people about their views regarding how safe the service was.

Risk assessments did not contain enough information to inform care workers how to mitigate risks.

Some staff had completed safeguarding training. However, we were not able to confirm if they were knowledgeable about their responsibilities to identify and report concerns in relation to protecting people from abuse.

Is the service effective?

Requires Improvement

The service was not always effective.

Improvements were required to ensure care workers received regular structured supervision and trained to meet people's individual needs.

We could not ascertain if care workers had an understanding of the principles of the Mental Capacity Act 2005 (MCA). The care plans did not make reference to people's capacity to consent to care.

Care plans did not make reference to people's religion or cultural preferences in relation to their dietary requirements.

Is the service caring?

Requires Improvement

We were unable to check if care workers treated people with compassion, kindness, dignity and respect because we were not able to speak with them and people receiving care.

Care plans did not contain guidance for care workers about how to respect and promote people's dignity.

We have made a recommendation about supporting people to express their views and involving them in decisions about their

care.

The care records of people did not contain adequate information on people's preferences and clear instructions on how staff would meet people's needs.

Is the service responsive?

Requires Improvement

The service was not responsive.

We have made a recommendation about person centred care.

We were not able to confirm from people or their relatives if the service was responsive to people's needs.

We could not verify if people knew how to make a complaint.

Care plans lacked details about how to support people and how to meet their needs.

Is the service well-led?

Requires Improvement

The service was not well led.

We could not confirm with people and relatives about their thoughts regarding the management of the service.

We were also unable to confirm with staff if they found the management approachable and responsive.

There was no evidence the service had completed quality audits or checks.

LW Health Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 July 2017 and was announced. The provider was given notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

During the inspection we reviewed a range of documents and records including three people's care records, nine staff recruitment files and training records. There were no records for the management of medicines.

We briefly spoke with the registered manager on the phone. During the inspection we also spoke with the care manager. The care manager told us the service did not support people with their medicines. We were not able to speak with staff and people receiving care.

Requires Improvement

Is the service safe?

Our findings

We looked at the staff recruitment procedures. To help us the provider gave us their 'fit and proper persons policy' which stated that before any employment offer was made, intensive pre-employment checks were undertaken, including Disclosure and Barring Service [DBS] checks and the obtaining of two references, one being from a recent employer.

We checked nine staff files and found that the company's recruitment procedure was not consistently robust. Care workers were not properly vetted. We found that eight out of nine care workers had commenced work before all of the required recruitment checks had been obtained. For example, four care workers had commenced employment without references and the other four care workers had one reference received. Other checks such as, ID verification, work history and immigration status had been completed.

Following the inspection, on 21 July 2017, the care manager informed us by email that she had retrospectively obtained a second reference for one care worker via telephone. She informed us that she was still waiting for a reference of another care worker.

We saw that DBS checks had been completed for all care workers except one. This care worker had a DBS check that was completed in 2015 by another organisation. In these circumstances providers are required to obtain new DBS checks. We asked the care manager about this. She told us that this care worker had not commenced employment with the service. We could not confirm the employment dates with the member of staff or the people receiving care. However, we saw a payment invoice in the file of this care worker. We asked the care manager to clarify what this payment was for but she offered no explanation. Therefore we could not be assured that this care worker had not provided care to people.

We could not check the staff recruitment process with staff. However, we were not assured from the records seen and the provider's policy that the staff recruitment system was operating effectively. The above is evidence of a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The required information about staff employed had not been obtained.

We looked at the safeguarding adults arrangements. There was a safeguarding policy. Training records showed three staff had completed safeguarding training. We were not able to check their knowledge or gain feedback from people using the service. We could therefore not conclude that the arrangements, particularly with regards to training were adequate. No safeguarding matters had been reported to us.

The care plans we examined did not always have sufficient information to support care workers on how to effectively and safely mitigate identified risks. For example, one care plan highlighted that one person was allergic to latex and penicillin. However, there was no risk assessment or a plan to show how this was safely mitigated. For instance, the care plan instructed care workers to use gloves for certain procedures, but did not specify non-latex gloves to make it safe for this person. However, we saw that there was a separate risk assessment for hoist and wheel chairs.

Whilst the 'personal assistants' handbook highlighted the need for recording 'accidents, incidents and hazards', the service did not have effective systems in place to ensure this was monitored. The service did not have an accident or incident book or a system to log incidents. The care manager told us this will be put in place. She told us they had not experienced any incidents since they started trading.

We also checked to see if medicines were managed safely. The care manager said the service did not support people with their medicines.

Although the care manager showed us a cupboard for personal protective equipment (PPE), we were not able to verify with care workers if they had access to PPE. PPE includes gloves and aprons used by care workers when carrying out personal care duties. They are used to reduce the likelihood of spreading infections.

Requires Improvement

Is the service effective?

Our findings

We looked at records of staff and saw that care workers had not received supervision from their line manager. There were no plans for appraisals. We asked if care workers received appropriate on-going or periodic supervision in their role. The care manager told us, "No formal supervisions take place other than shadowing." We asked if there were arrangements for regular appraisal of staff and the care manager told us, "No, because staff are not employed by [LW Health Care Limited]." We asked to see a supervision policy and the care manager told us the service did not have a supervision policy. There were no supervision notes in personnel files of staff. This meant care workers did not have a structured opportunity to discuss their practice and development to ensure that they continued to deliver care effectively and safely to people.

Care workers received an induction when they started work. We asked the care manager for training records for staff. She gave us a record, which showed five care workers had variably covered some modules of the Care Certificate. The Care Certificate is a work based achievement aimed at staff who are new to working in the health and social care field and covers 15 essential health and social care topics. Modules that had been completed included equality and diversity, communication, privacy and dignity and safeguarding adults. The care manager told us work was underway to enrol care workers on an in-house training programme to be provided alongside existing training arrangements.

We saw no evidence of training in health and safety, food hygiene, first aid, and the Mental Capacity Act 2005. There was no training programme or training plan identifying when staff required training, refresher training or training updates. The care manager told us that relevant training had been arranged.

The above is evidence of breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA).The MCA 2005 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 the best interests and as least restrictive as possible.

The training records showed that some staff had not completed training in the MCA. We could not be sure if care workers had an understanding of the principles of the Mental Capacity Act 2005 (MCA). The care plans did not make reference to people's capacity to consent to care.

People, who required assistance and support to prepare food and drink due to their assessed needs, had a care plan which stated this. For example, under nutrition and hydration, the care plans highlighted the support that people required with food and drink, even though not as detailed. The service had a 'dietary awareness' policy. This stated, 'LW Health Care is aware that service users have a variety of dietary requirements, some by choice other by medical restriction'. The policy listed different dietary requirements,

including vegetarian, and vegan, kosher, halal and other allergies.

We looked at three care plans and found that no specific information was entered regarding dietary needs. Two care plans stated 'not applicable'.

A third care plan was also not detailed to give guidance to care workers on how they should support the preferences of this person. Under dietary requirements, the care plan stated, 'milk and meat'. There was not further information. There was a risk that the preference of this person may not be met, as care workers may have different understanding of what this meant.

The care plans stated that some people required support to access health professionals if needed. The care plans contained contact details of their GPs.

Requires Improvement

Is the service caring?

Our findings

The care plans had a section called, 'personal profile'. Where this section was completed, it provided good background information for care workers about the person. This is important as a basis of forming positive caring relationships. People's confidentiality was maintained. Records that contained personal details were stored securely in a locked office environment.

We examined the care records of people to check if the service's approach was caring. We found that care plans did not contain guidance for care workers about how to respect and promote people's dignity. There was no detailed information on people's preferences and choices or clear instructions on how staff would meet people's needs. For example, the support that was required for 'preparing food and drink', for one person was highlighted as, 'prepare breakfast only'. There was no information as to how the person preferred their breakfast.

We discussed issues relating to people's rights, equality, culture and religion. The care manager told us this was covered at the initial stage of assessments. We saw that the care plans identified people's religion as Jewish under the 'personal details' section. However, there was no reference with regard to whether they practiced the religion and how they may have wished their care to be delivered. For instance, there was no record of what was expected of care workers during important Jewish festivals such as Passover, dietary requirements, and other important ritual observances.

Whilst care plans highlighted gender preference, we were not able to check if this was being respected. Generally, we found that care plans did not make reference to people's privacy and dignity. Care plans contained a section on 'agreed activities and how delivered'. Where this section was completed, it listed a number of agreed activities such as personal care but there was no detail regarding how this was delivered and how the person preferred this to be carried out.

We recommend that the service seek advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their care, treatment and support.

Requires Improvement

Is the service responsive?

Our findings

We asked the care manager if people were given regular opportunity to comment or feedback about their care. The care manager told us feedback forms had been sent to people to provide their feedback but this was still pending. We checked to see whether there was any feedback or compliments recorded but there was none. The care manager told us, "They [compliments] are on text messages."

We reviewed people's care plans to check if they received care that was centred on them as an individual. All care plans contained a generic moving and handling risk assessment. This was the main source of information for care workers. We found that the care plans did not always contain sufficient information and guidance to make sure that care was provided in a way that met people's individual needs.

In one example, one person required support with their personal care. The care plan recorded a list of activities such as showering, skin care, hair clipping and dressing without detailed information and guidance to enable care workers to effectively carry out these tasks in line with the person's specific care needs.

In the same way, a care plan of another person highlighted, '[This person] is in pain from his legs as he is unable to raise them. This is due to not having a recliner chair suitable for his needs'. However, there was no further information about what action was being taken to support this person's need. It was not clear this person was on 'when required' pain killers. This risked staff not having clear and up to date information on how to support people. There was a risk of people receiving inconsistent care.

The care manager told us that people were involved in their care. She told us people, and where necessary, their relatives were involved at the assessment stage as well as reviews. We were not able to confirm this with people.

People's care plans contained details of their nutritional needs and the support they required. For example, one person's care record stated the person 'likes all foods, but doesn't have a big appetite'. It was not clear whether this was a concern or if the person was at risk of losing weight. The care plan did not give guidance in relation to whether the person required monitoring or whether care workers needed to record what the person had eaten. Therefore, it was not clear whether this person's nutrition was being monitored.

We recommend that the service seek advice and guidance from a reputable source, about person centred care.

There was a complaints folder in place. The service had not received any complaints at the time of this inspection.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in post who had been registered with the Care Quality Commission (CQC) since 13 September 2016. At this inspection, we were informed that the registered manager was away. We were not clear that this had been communicated properly to CQC as part of the provider's obligations under the regulations and we are looking at this further.

Quality monitoring systems had not been developed to ensure the registered provider and the registered manager had proper oversight of the quality and safety of the care agency. Providers are required to carry out and keep records of their checks and audits of all aspects of the service in order to be satisfied that people are receiving safe, effective, compassionate and responsive care. We asked to look at the service's quality assurance and governance processes. The service did not have documented evidence of audit processes in place for areas such as recruitment, care plans, safeguarding, training and development and accidents and incidents.

There was no evidence of a system for monitoring accidents and incidents. Providers are required to keep records of any accidents or incidents to monitor trends and common themes such as, time of day and place. There was no accident and incident book in place. Therefore we could not be assured that accidents or incidents were effectively responded to and action taken to reduce the risk of re-occurrence.

The care manager told us that feedback forms had been sent to people to complete. However, we did not see evidence of this. This meant that at the time of this inspection the service had no means of seeking the views of staff, people and other stakeholders in order to improve the quality of care being provided.

We checked if staff meetings were happening. Staff meetings are important for a number of reasons, including keeping care workers updated on people's care needs. The care manager told us they did not have periodic staff meetings because, '[care workers] are not employees." She told us, "We chat on the phone; send emails; and they [care workers] come in and out of office." She also said, "We have a group 'whats-app', and messages are sent through the group." On the same day, the care manager later gave us an update from an email she had received from the registered manager, stating "We call them [staff meetings] staff briefings."

The above issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

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 17 HSCA RA Regulations 2014 Good governance We found the provider had not implemented systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. The provider did not assess, monitor and mitigate the risks and maintain a contemporaneous record in relation to the care and treatment provided.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered provider did not always ensured persons employed for the purposes of carrying on a regulated activity where checked to confirm that they were of good character.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff did not receive appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform.