Hospiva Care & Associates Agency Ltd

Romford

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

Summary of findings

Overall summary

We carried out an announced inspection of Romford on 9 April 2018. Romford is registered to provide personal care to people in their own homes.

The CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, the service provided personal care to nine people in their homes. This was the first inspection of the service since it registered with the CQC.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run. The registered manager was not available on the day of the inspection and the director supported us with the inspection.

Risks were not always robustly managed. We found care plans did not contain suitable and sufficient risk assessments to effectively manage risks. This placed people at risk of not being supported in a safe way at all times.

The director told us they only reminded people to take their medicines. Assessments had been carried out on how to support people with medicines. However, there were discrepancy on one person's medicine records on the level of support they would require.

Staff had been trained to perform their roles by the provider's in-house trainer. However, the qualification held by the trainer was not recent. Therefore important updates on certain areas may not have been covered when training was delivered.

Pre-assessment forms had been completed in full to assess people's needs and their background before they started using the service. However, regular reviews of people's care had not been carried out and care plans had not been updated when a person's condition had changed. Some care plans did not include the support people would require in relation to their current circumstances. We made a recommendation in this area.

Effective quality assurance systems were not in place. Spot checks had been carried out to observe staff performance. However, aside from the spot check audits, no other audits such as checking care plans and risk assessments had been carried out that may have identified the shortfalls we found during the inspection. Therefore necessary action was not always taken to rectify them.

People and relatives were positive about the regular carers that supported people. However, some people and relatives raised concerns in relation to staff attitude when supporting people and the knowledge of

carers that provided cover for people's regular carers.

Accurate and complete records had not been kept to ensure people received high quality care and support.

Staff were aware of how to identify abuse and knew who to report abuse to, both within the organisation and externally.

Pre-employment checks had been carried out to ensure staff were suitable to provide care and support to people safely.

There were arrangements in place to ensure staff attended care visits on time. Staff told us they had time to provide person centred care and the service had enough staff to support people.

Staff had received training on the Mental Capacity Act 2005 (MCA) and staff were aware of the act. Consent had been obtained from people for the service to support them with personal care.

People were being cared for by staff who felt supported by the management team.

People had access to healthcare if needed.

People's privacy and dignity were respected by staff. People and relatives told us that most staff were caring and they had a good relationship with them.

Staff, relatives and people were positive about the management. People's feedback was sought from surveys.

We identified three breaches of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to risk assessments, training and good governance. You can see what action we have asked the provider to take at the back of the full version of this report.

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 always safe.

Risks assessments had not been completed for people with identified risks. This is to ensure people were kept safe at all times.

People and relatives told us that they were reminded by staff on when to take medicines by staff. However, there were discrepancy on one person's medicine records on the level of support they would require.

Staff were aware of safeguarding procedures and knew how to identify and report abuse.

There were appropriate staffing arrangements to ensure staff attended care visits.

Pre-employment checks had been carried out to ensure staff were suitable to care for people safely.

Appropriate infection control arrangements were in place.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had not received essential training needed to care for people effectively.

Staff sought people's consent before carrying out tasks.

People's needs and choices were not being assessed effectively to achieve effective outcomes.

Staff were supported to carry out their roles.

People had access to healthcare services when required.

Is the service caring?

Good

The service was caring.

Most staff had positive relationships with people.

People told us that they were involved in decision making.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive

Most care plans were person centred and included people's support needs. Some care plans were inconsistent and did not include up to date information that may impact on the support a person may require.

Staff had a good understanding of people's needs and preferences.

People's ability to communicate was recorded in their care plans.

Staff knew how to manage complaints and people were confident with raising concerns if required.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The systems in place to monitor and improve the quality of service provided were not robust. Shortfalls in the service were not always identified by the management team.

Accurate and complete records had not been kept.

Staff, people and relatives were positive about the management team. Regular staff meetings were held.

People's feedback about the service was obtained from surveys.

Romford

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.

The inspection was carried out on 9 April 2018 and was announced. We announced our inspection because we wanted to be certain that someone would be available to support us. The inspection was undertaken 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.

Before the inspection we reviewed relevant information that we had about the provider. We also sought feedback from the local authority. During the inspection, we spoke with the director and administration staff.

We reviewed documents and records that related to people's care and the management of the service. We reviewed five people's care plans, which included risk assessments and five staff files which included pre-employment checks. We looked at other documents held at the service such as medicine, training and supervision records.

After the inspection, we spoke to three people who used the service, five relatives and three staff.

Requires Improvement

Is the service safe?

Our findings

During our inspection, we found risk assessments had not been completed for people with identified risks. Records showed that some people had specific health conditions such as diabetes, tremors, a history of strokes, Parkinson's disease and multiple sclerosis. Risk assessments had not been completed in these areas. There was no information regarding what action staff should take if people found it difficult to move, if they were displaying signs of a stroke or how to prevent hyperglycaemia (high blood sugar levels) or hypoglycaemia (low blood sugar levels). The failings to accurately assess and document the risks in these areas therefore may place people at risk of harm.

One person took Warfarin medicine, which thins the blood in order to treat blood clots. Warfarin could increase the risk of severe bleeding, headaches, joint pain and swelling. However, risk assessments had not been completed on what staff should do to minimise these risks.

For one person, records showed that they could demonstrate behaviours that may challenge the service. This risk was identified and information included the triggers to this. However, there was no de-escalation techniques listed on how to calm the person, to ensure the person and staff were safe at all times.

The above concerns meant that risk assessments were not completed to demonstrate the appropriate management of risks and to ensure support and care was always delivered in a safe way. Although some staff were aware of people's conditions, any unfamiliar, new or agency staff would not have this information. This placed people at risk of not being supported in a safe way at all times.

The above issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

People and relatives had mixed responses about people's safety when they were supported. A relative told us, "She is perfectly safe, six days a week and it is perfect." Another relative commented, "We like the staff and they make her feel safe." One person told us, "Yes, I feel safe." A relative told us, "Yes, we feel safe."

However, some people and relatives raised concerns about stand-in carers, who covered for people's regular carers when needed. A relative told us, "Six days a week, she is safe as she has the same team, the other day not. It's just on the odd day when the regulars are off. The normal [care staff] are great. She has been left lying on the bed at night with no covers over her when they left. Then one day a week it all goes to pot! They don't even clean the commode properly." We fed this back to the director after the inspection, who informed us they were not aware of this. The director spoke with people and relatives and told us this was being addressed.

Staff were aware of their responsibilities in relation to safeguarding people. A staff member told us, "There is a wide range of abuse such as physical, financial, emotional and verbal. If I see this, I will let my manager know straight away. I know I could also come to you [CQC]." Staff were able to explain what abuse is and who to report abuse to. Staff also understood how to whistle blow and knew they could report to outside

organisations, such as the Care Quality Commission (CQC) and the police.

Pre-employment checks had been carried out to ensure staff that were recruited were suitable to provide care and support to people safely. We checked five staff records. Relevant pre-employment checks such as criminal record checks, references and proof of the person's identity had been carried out as part of the recruitment process. However, there were some discrepancies. Records showed that one staff member had a prior conviction and this had not been explored at the interview stage. The director told us that control measures had been put in place to ensure the safety of people and the staff. This was confirmed by staff. However, this had not been recorded and a risk assessment had not been created. In addition, another staff member had declared a health condition on their application form. This had not been explored at the interview stage in terms of the support they would require with the role, to ensure they were in the best of health when supporting people. The director informed that they would look to change the format of the interview notes to ensure any convictions or health conditions could be explored to identify the support staff may require if employed.

The director told us the service supported people with medicines by reminding them when it was due. This was recorded on medicine charts that staff reminded people when to take their medicines. Assessments were carried out on the level of support people would require with medicines. However, for one person records showed that this had not been completed. This meant that staff may not know the level of support the person would require with their medicines. The director informed they would complete the assessment and ensure assessments are completed in full in the future.

Staffing levels in the service were appropriate. Staff told us that they were not rushed in their duties and had time to provide person centred care and support to people when needed. This was confirmed by people and relatives. A staff member told us, "I always do double handed calls so there is always two of us." Another staff member told us, "I do not have any problems with staffing." People and relatives had no concerns with staff attendance and time keeping. A relative told us, "They are usually on time but they phone if there has been a problem." Another relative told us, "There are always two as she needs hoisting." A third relative told us, "They are on time and we have not had any missed visits."

The director told us that staff were always on standby if staff could not attend appointments. This meant that missed visits were minimised. The service had a digital monitoring system, which enabled them to monitor staff attendance and time keeping. The service was alerted if staff did not check in on a visit after a certain time, which allowed them to investigate lateness or missed visits and arrange a cover if needed.

We found that there were no recorded incidents or accidents. The director told us that there had been no incidents or accidents since people started using the service. People, relatives and staff confirmed this. The registered manager and staff were aware on what to do if accidents or incidents occurred. There was a form in place that could be used to record them. In addition, the registered manager told us that if incidents or accidents were to occur, then this would be analysed and used to learn from lessons to ensure the risk of re-occurrence was minimised.

There were systems in place to reduce the risk and spread of infection. Staff had been trained on infection control. We asked staff on how they minimised the risk of infection and cross contamination. They told us they washed their hands thoroughly when providing personal care. Staff were supplied with personal protective equipment (PPE) such as gloves, aprons and sanitisers when supporting a person. Staff told us they disposed of PPE in a separate bag when completing personal care.

Requires Improvement

Is the service effective?

Our findings

People and relatives told us that most staff were skilled, knowledgeable and able to provide care and support. However concerns were raised about the stand-in carers knowledge on the support they provided to people. A person told us, "Most of them seem to be skilled and know what to do, it's just the odd one or two that don't seem very confident but I have never had a real problem." A relative told us, "The stand-in ones are not so good. The ones that stand in just literally do just that, stand in." Another relative told us, "They do understand her needs but not on the bad care day." The relative confirmed the bad care day was when the stand-in carers provided support to their family member.

Records showed that the service provided specialist care for people that were incontinent and needed support with catheter care. The director told us that catheter care support was covered under the medicine training staff received. However, a relative expressed concerns with catheter care and told us this had been used incorrectly by staff. Records showed that staff received refresher training and this was delivered by the director, who was also the in house trainer. We checked their qualification and found the certificates were from 2008 and 2009. There was a train the trainer certificate on moving and handling, however this was also completed in 2009 and the certificate stated an update was required after two years. We did not see any evidence that refresher training had been completed by the trainer. This meant that staff may not have received important updates in areas of care to ensure people received high quality care at all times. We were informed that this would be arranged as soon as possible after the inspection.

This meant that staff had not received up to date training to be able to perform their roles to ensure people received safe and effective support at all times.

The above issues were a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Staff told us they got regular training and this helped them to perform their roles effectively. A staff member told us, "Training was helpful. It is so important as I could not have done this without it." Another staff member told us, "I did induction training when I first started. This included shadowing other staff and meeting people." Records showed that staff had received an induction. The induction involved looking at care plans and shadowing experienced members of staff. Records showed that staff received Care Certificate training, when they had been employed by the service. The Care Certificate is a set of standards that health and social care workers comply with in their daily working life. The training included, infection control, food hygiene, moving and handling and health and safety. A staff member told us, "I have done 15 standards and now I am completing the care certificate book before I am given my certificate."

Supervision meetings were held between staff and their line managers to discuss staff progress, identify developments and provide support if required. The provider's policy showed that supervision should be carried out every three months. We found two staff had last received supervision on November 2017. Supervision included discussions on staff performance, service users, personal development plans and any training needs. The registered manager told us, after a discussion with the staff team, the frequency was

now two supervisions a year. The policy had been updated and they sent us the updated policy after the inspection. Staff told us that they were supported in their role. A staff member told us, "Yes, I am supported." Another staff member told us, "They listen to our needs if we have any needs."

Appraisals are important to ensure staff performance for the year is reviewed and objectives are set to ensure staff felt supported and were able to develop. This would ensure people always received high quality care. However, for two staff, who had been employed by the service since 2016, there were no records that appraisals had been completed. The director told us that both staff were away for a long period of time but they would check with the care coordinator and find out if this had been completed. If not, an appraisal would be scheduled with the staff members.

Pre assessments had been completed prior to people receiving support and care from the service. Records showed that information was obtained on people's health conditions and support needs prior to delivering support and care to them. This was obtained from professionals and through meetings with people and their relatives.

Care plans did not show that people's circumstances and support needs had been reviewed. There was a section on the care plan that included the date assessments took place and when the review was due. We found in four care plans that this was blank. Records showed a person had sores on their legs and the care plan had not been updated or reviewed to reflect this. For another two people, their assessments initially included that creams should be applied throughout their body. This had now stopped but the care plans had not been updated to reflect this. This meant that people's needs and choices were not being assessed to achieve effective outcomes.

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. We checked whether the service was working within the principles of the MCA.

The director and staff were able to tell us the principles of the MCA and the best interest decision process and how this should be applied for people living in their homes. The director told us that people had capacity and there was consent forms that had been signed by people agreeing to the support provide by the service. A staff member told us, "It is assessing people's ability to make decisions. If they cannot make a decision then you wait and give them time to make it. If they still cannot make a decision then we have to make a decision in their best interest with people that know them."

Staff we spoke with told us that they always requested consent before doing anything. A staff member told us, "I will always ask for permission before I do anything." People and relatives we spoke with confirmed this. A relative told us, "They ask her [person] if she wants things done."

Much of the food preparation in people's home were completed by family members. Staff were required to reheat and ensure meals were accessible to people who used the service. Care plans included the level of support people would require with meals such as with feeding. Two relatives raised concerns with the support people received with meals from stand in carers. One relative told us, "They will feed her but they rush, they leave things out of her reach." Another relative told us, "The microwave meal is still cold in the middle." We fed this back to the director after the inspection, who told us that they have spoken to the relatives and this was being addressed.

Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health. Where staff had more immediate concerns about a person's health, they called for a health professional to support the person and support their healthcare needs. Staff were able to tell us the signs people would display if they did not feel well. One relative told us, "If my wife is unwell, they will tell me to get the doctor, for example if she has a headache or stomach ache they will tell me." Another relative told us, "They would call a doctor if needed or ask me to call him as we have the same doctor." Records showed that on a number of occasions staff had called health professionals when people were unwell. This meant that the service worked with health professionals to ensure people were in the best of health.

Good

Is the service caring?

Our findings

Staff told us how they built positive relationship with people. A staff member told us, "When I walk in, I talk to them as if I knew them already. I treat them with respect like I would do to my nan and granddad." People and relatives told us that most staff were caring. A person told us, "The carers all seem very nice." One relative told us, "The staff are very friendly and nice." Another relative told us, "Staff are approachable and friendly and leave a note for me if anything is needed." A third relative told us, "They are very caring with her. We do dot to dot with her and make cakes while she helps us."

However, some people and relatives expressed concerns with the approach of staff, particular from stand-in carers. One relative told us, "They are very kind and thoughtful. 99% of the staff are lovely but two of them are awful! They are arrogant. I complain via the other carers but nothing has changed. I think most of the staff are skilled but the two that are arrogant should not be caring, they don't even say goodbye when they go." A person told us, "I feel safe apart from Thursdays when I have a couple who I do not like." This meant that people were not receiving support in a caring and safe way that may impact on their wellbeing. We fed this back to the director, who told us they were not aware of this. We were informed that the director spoke to people and relatives who raised the concerns and told us the staff members would be monitored and this would be addressed with them.

People and relatives confirmed that they had been involved in decision making on the care people received. There was a section where people could sign to evidence that they agreed with the contents of their care plan. Staff told us they supported people to make choices in their day-to-day lives with personal hygiene and care. A staff member told us, "It is their decision on how they would like to be helped, so I always ask them on how I can help them."

People's independence was promoted. A staff member told us, "If I think someone can possibly do something by themselves, I encourage that and tell them I am here to help them if they cannot do it." A relative told us, "They encourage her to walk with the frame from room to room and she does." This meant that staff supported people to ensure they were less dependent on staff support which would have a positive impact on people's wellbeing.

Staff ensured people's privacy and dignity were respected. They told us that when providing particular support or treatment, it was done in private. A staff member told us, "If we are on double handed call and one of the staff is a man and we are supporting a woman, when giving personal care such as a shower; then the male carer would stand outside while I help the person." People and relatives confirmed this. A relative told us, "They treat her with respect and wash her daily, they now send a man and a woman and we are alright with that, the woman does the personal care and the man stands outside the room." A person told us, "They respect my dignity."

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. We saw that confidential information such as people's care plans and medicines records were stored securely in the office.

People were protected from discrimination within the service. 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. People and their relatives we spoke with confirmed that they were treated equally and had no concerns about discrimination.

Good

Is the service responsive?

Our findings

Each person had an individual care plan which contained information about the support they needed from staff. One staff member told us, "Care plans are so important. It tells us what we need to do." Most care plans detailed the support people would require and included a description of the service that described the tasks that staff would need to complete during care visits. They also contained people's family contact details and people's personal information. Plans included people's likes and dislikes and their background information. In one person's care plan, information included that person does not like being told what to do. On another person's care plan who was at risk of depression, information included, does not like being alone, anxiety gets high if lonely and for staff to ensure they provide companionship to the person

However, we found inconsistencies with care plans. For one person with risk of depression there was no information on what signs the person would display if they were not well and what staff should do when supporting the person. For example, offering companionship or engaging with the person whilst supporting them. We found inconsistencies with care plans for people who had mobility conditions. On one care plan for a person who had multiple sclerosis, information was included that both legs had been affected and there was weakness on the right side. However, for another person who had arthritis there was information lacking on what part of the body arthritis affected them and if staff should avoid this area when supporting the person, to ensure they were not in any discomfort or pain.

We recommend the service follows best practise guidance on ensuring care plans are always up to date.

Staff we spoke with were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. People and relatives we spoke with told us that staff were responsive and knowledgeable. One relative told us, "Staff are amazing! We idolise them, they are like family to us. It makes me want to cry as they have changed my life because before I had to do it all and I go to work as well." Another relative told us, "We have an [care staff members] who care for us most of the time." A person told us, "They seem to know what I need and how to do it."

There was a complaints policy in place. People and relatives knew how to make complaints. A relative told us, "I ring the office if I have to complain and they are always helpful." Another relative told us, "I would complain to head office but never had to. I think they would help if needed. They do listen to us." The director and staff were aware of how to manage complaints. The director told us that no complaints had been received. Staff were aware on how to manage complaints. A staff member told us, "If I do get complaints, I will notify the office and let the care coordinator know."

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information would tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. Care plans included how people communicated and how to communicate information. Staff we spoke to did not know what AIS was in full

but told us they looked at people's care plans on how to communicate with people and how to make information accessible. For example, one person's care plan contained that the person had difficulties with their hearing and therefore, staff should speak loudly so the person could hear them.

Requires Improvement

Is the service well-led?

Our findings

The provider had failed to ensure that adequate quality assurance and systems were in place. The director told us that annual audits would be carried out and an annual audit for the service was due. This meant that there was no quality assurance systems in place to carry out more regular or monthly audits that may have identified the shortfalls we found during the inspection. In particular, the concerns around risk assessments, which would ensure immediate action was taken. This was required to ensure high quality care was being delivered and people were kept safe at all times.

Records were not always kept up to date. We found some care plans had not been updated and reviewed to reflect people's current circumstances. Risk assessments and Topical Medicine Administration Charts had not been completed in full in order to ensure staff had the relevant information to provide high quality care at all times. Keeping accurate records is important to ensure the service had oversight of the support people required and if support had been delivered effectively to ensure people were safe and supported at all times.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Observations of staff supporting people had been carried out and this had been recorded. This was then communicated to staff and formed part of their supervision. This meant that the service was able to identify what areas staff were doing well in and identify if further development was required, to ensure people received effective care and support.

Staff told us that they were supported in their role and the service was well-led. One staff member told us, "[Director] is amazing." Another staff member commented, "They always leave the door open for us should we need anything." Staff told us that they enjoyed working at the service. One staff member told us, "I love my job. I love helping people." Another staff member commented, "Yes, I do enjoy it here."

People and relatives were very positive about the management and the service. One person told us, "Everything is fine." A relative commented, "They are all very nice in the office." A relative told us, "We are very happy with them." A third relative told us, "The supervisor pops round now and again. We have no problems with them at all and we have used them now for over a year." People's and relatives' feedback were sought through surveys. The results of the survey was generally positive. A comment from a survey included, "Happy with service." A relative told us, "They bought in some forms last night for me to fill in. It's an opportunity for the agency to know how they are doing."

Staff meetings were held regularly. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Minutes showed staff held discussions on time keeping, infection control and updates on service users. This meant that staff were able to discuss any ideas or areas of improvements as a team, to ensure people received high quality support and care.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider 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)(2)(a)(b).

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)(2)(a)(b). The provider had not maintained securely an accurate, complete and contemporaneous record in respect of each service user. Regulation 17(1)(2)(c).

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received effective training to be able to perform their roles effectively. Regulation 18(1).