

Naid Care Limited

Naidcare

Inspection report

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Date of inspection visit: 1 September 2015, 4
September 2015, 7 September 2015 and 8
September 2015
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Ratings

Overall rating for this service

Inadequate



Is the service safe?

Requires improvement



Is the service effective?

Inadequate



Is the service caring?

Requires improvement



Is the service responsive?

Requires improvement



Is the service well-led?

Inadequate



Overall summary

Naid Care provides personal care and support to people in their own homes.

The inspection was completed on 1 September 2015, 4 September 2015, 7 September 2015 and 8 September 2015. At the time of the inspection there were six people who used the service.

The overall rating for this provider is 'Inadequate'. This means that it has been placed into 'Special measures' by CQC. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care and work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide or we will seek to take further action, for example cancel their registration.

Summary of findings

Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action.

A registered manager was in post. 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 requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Appropriate arrangements were not in place to manage risks to people's safety. Risks for people had not been identified or anticipated and people were at potential risk of receiving care and support that was unsafe and did not meet their needs.

Proper recruitment checks had not been completed on all staff before they commenced working at the service. Recruitment practices were not safe and had not been operated in line with the provider's own policy and procedures.

Not all staff had received appropriate and up-to-date training to enable them to deliver care and support to people who used the service safely and to an appropriate

standard. Formal arrangements were not in place to ensure that newly employed staff received a comprehensive induction, regular supervision or appraisal.

Information relating to people's ability to consent to their care and support was not recorded and some staff members' understanding relating to the Mental Capacity Act 2005 required improvement.

Care plans did not reflect current information to guide staff on the most appropriate care people required to meet their needs. Care plans had not always been reviewed as changes in people's circumstances had changed.

The provider did not have an effective and proactive quality monitoring and assurance system in place to ensure that the service performed safely and to an appropriate standard so as to drive improvements.

Relatives told us that their member of family was kept safe. Staffing levels were suitable to meet people's needs.

Relatives told us that their member of family was treated with kindness and consideration by staff and that they demonstrated a good knowledge and understanding of the people they cared for and supported. Relatives stated that their member of family was treated with respect and dignity. They also told us that they were confident that any areas of concern or complaints would be listened to and acted upon by the provider.

You can see what actions we told the provider to take at the back of the full version of the report.

Summary of findings

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 consistently safe.

Appropriate arrangements were not in place to ensure that the right staff were employed at the service.

Proper arrangements were not in place to manage risks to people's safety.

Appropriate arrangements were in place to ensure that there were sufficient numbers of staff available to support people who used the service.

Relatives confirmed that in their opinion their member of family was kept safe.

Requires improvement



Is the service effective?

The service was not effective.

Staff did not receive effective induction and training to ensure they had the right knowledge and skills to carry out their roles and responsibilities to an appropriate standard or to meet people's needs.

Staff were not effectively supported in their role through regular supervision and appraisal.

Information relating to people's ability to consent to their care and support was not recorded and some staff members' understanding relating to the Mental Capacity Act 2005 required improvement.

Inadequate



Is the service caring?

The service was not consistently caring.

Relatives told us that their member of family was treated with kindness and consideration by staff.

Staff demonstrated a good knowledge and understanding of the people they cared for and supported.

Relatives told us that their member of family was treated with respect and dignity.

Requires improvement



Is the service responsive?

The service was not consistently responsive.

We found that people's care plans did not reflect current information to guide staff on the most appropriate care people required to meet their needs. Care plans had not always been reviewed when changes in people's circumstances had changed.

Relatives were confident that areas of improvement and concern would be listened to and addressed.

Requires improvement



Summary of findings

Is the service well-led?

The service was not well-led.

We found that the provider had failed to implement a robust quality monitoring system that operated effectively to ensure compliance with regulatory requirements.

The provider had failed to recognise and identify the shortcomings in the service so as to improve the quality and safety of the services provided.

Inadequate



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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 1 September 2015, 4 September 2015, 7 September 2015 and 8 September 2015 and was announced. The provider was given 36 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of two inspectors.

We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

We spoke with four relatives of people who used the service, five members of care staff, the registered provider and the administrator.

We reviewed six people's care plans and care records. We looked at the service's staff support records for 11 members of staff. We also looked at the service's arrangements for the management of complaints, compliments, safeguarding information and the provider's quality monitoring and audit information.

Is the service safe?

Our findings

The provider was unable to show that effective and proper recruitment checks had been completed on all staff before they commenced working at the service. Staff recruitment records showed that the provider's recruitment practices were not safe and had not been operated in line with the provider's own policy and procedure or staff handbook. We found that satisfactory evidence of conduct in their previous employment, in the form of references, had not been received for six members of care staff prior to their employment at this service. In addition, there was only one reference instead of two for three members of staff and one member of staff's reference was received eight months after they had commenced employment. No proof of identification was available for one member of staff and the photocopy of another staff's identity documentation was not decipherable. The recruitment records for one staff member showed that they did not have written authorisation to remain in the United Kingdom.

No employment file was available for the service's administrator and two drivers who transport staff to people's home. The provider was unable to demonstrate that proper recruitment checks had been conducted; however the administrator had access to confidential information relating to people who used the service and staff employed by the provider. The drivers know the home addresses where vulnerable people are supported by care staff employed by the service.

This demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Appropriate arrangements were not in place to manage risks to people's safety. Where assessments were in place we found that these solely related to people's manual

handling needs. Other risks relating to environmental risks to both people who used the service and staff and people's health and wellbeing had not been considered. This meant that risks for people had not been identified or anticipated and people were at potential risk of receiving care and support that was unsafe and did not meet their needs.

Relatives told us that they were confident that their member of family was kept safe. Staff told us that they had received safeguarding training; however staff training records showed that not all staff had received this. Not all staff were able to demonstrate a good understanding and awareness of the different types of abuse or knew what to do if safeguarding concerns were raised and which external agencies would need to be contacted.

The majority of people who received a service had their care package funded by the NHS. The care package assessment determined the staffing levels to be provided in order to meet the person's needs. Relatives told us that staff stayed for the full amount of time allocated and in some instances stayed longer so as to ensure care tasks had been completed and to meet the person's comfort needs. Relatives told us there had not been any missed calls and few late visits. People confirmed that where the latter occurred they were informed by the staff or the office in a timely manner. The provider was unable to provide 'worked' staff rosters for the people they supported. The provider stated that staff were not provided with a written roster but were sent an electronic text advising them where and when they were needed for the forthcoming week. This was confirmed by staff.

We were unable to assess if the provider's arrangements for the management for medicines were appropriate and safe as relatives of people who used the service told us that they administered their member of family's medication.

Is the service effective?

Our findings

Relatives of people who used the service told us that in their opinion their member of family's needs were met by staff that were appropriately trained. Staff told us that video and e-learning training was provided and that they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Evidence available to us at the time of the inspection did not concur with what staff told us and records showed that not all staff had been provided with training that equipped them with the skills and knowledge to undertake their role and responsibilities, to meet their personal training and development needs and to ensure people's needs were being met safely and to an acceptable standard.

Staff had not undertaken the level of training required to ensure that they were skilled and worked safely to meet people's needs. For example, no training records were available for two members of staff who had no previous experience of working within a care setting prior to being employed at the service. Another member of staff's training from a previous employer had expired in 2014 and no training had been provided by the provider following their employment at the service. We discussed this with the provider and they were unable to provide a rationale for this. They confirmed that staff had not received specialist training relating to the needs of some of the people staff supported, for example, dementia awareness, catheter care, diabetes and nasogastric and PEG tube care but were in the process of speaking to someone to put this training in place.

The provider did not have an effective induction programme in place. Staff recruitment files viewed showed that there had been no induction for 11 members of staff, that they had the skills, knowledge and competencies to ensure they were able to provide high quality care and support and were aware of the role they were to undertake. We discussed this with the provider but they were unable to provide a rationale for this. Staff told us that they had received an induction however for one person this had only been completed over the past two to three months and not at the time that they were first employed by the service some seven to eight months previous.

Although four staff had evidence of completion of the Skills for Care 'Care Certificate' through e-learning and a certificate had been generated for each standard, there was no evidence to show that staff had been assessed as meeting the standards through the completion of workbooks or that their performance had been assessed during 'real work activity.' Where staff had been graded as 'D' or 'E' for a particular standard and achieved a low score, there was no evidence to show that they had been asked to repeat the e-learning. We discussed this with the provider and they told us that they had an 'in-house' trainer available to provide further training for staff. No evidence was available to show that to-date this had been provided. Although staff told us they had completed several shifts whereby they had 'shadowed' a senior member of staff in their first week, there was no evidence to support this had happened.

Although staff told us that they received regular supervision, the records for 11 members of staff showed that in a 10 to 19 month period only one staff member had received supervision and that was three days prior to our inspection. This showed that the provider had not acted in accordance with their own supervision policy and procedure. This stated that staff should receive regular supervision. Staff employed longer than 12 months had not received an annual appraisal to review their overall performance. Formal support arrangements were not in place for staff and this showed that people did not benefit from a well-supported staff team through appropriate training and supervision. The provider confirmed the above was accurate and could not provide a rationale for the shortfalls.

This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Information relating to people's ability to consent to their care and support was not recorded within their care plan and where appropriate did not include the involvement of their relative or those acting on their behalf. The majority of staff did not have an understanding of the Mental Capacity Act (MCA) 2005 but confirmed they would refer to the provider for advice. Staff training did not include MCA.

This demonstrated a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

We were unable to assess if the provider's arrangements to ensure that people were supported to have sufficient food and drink throughout the day was appropriate, as the majority of people were supported by their family to have this.

Is the service caring?

Our findings

Overall people's relatives told us that staff cared for people in a caring and compassionate way but our findings in terms of how staff were trained and supported to ensure people's wellbeing and all support functions including care records and management support did not concur with people's comments about a caring service.

Relatives advised that in their opinion staff know the people they are caring for and staff confirmed that they had read information about each person prior to providing a service. However, we found that there was little evidence to show that people were actively involved in the planning of their own care and support or that they had agreed the contents of the care plan. There was little evidence to show that people were involved in making decisions about their on-going care needs.

Relatives told us that their member of family was treated with care and kindness by staff and were happy with the staff that supported them. One relative told us, "The staff are wonderful and my relative couldn't receive better care. The staff are very professional." Another relative told us, "The staff are excellent and on occasions go over and above their remit. I often hear the staff laughing with my relative, which is so good."

Relatives told us that their personal care and support was provided in a way which maintained their member of family's privacy and dignity. They told us that the care and support was provided in the least intrusive way and that their member of family was treated with courtesy and respect. Relatives confirmed that staff addressed their member of family by their preferred name. Staff told us that they were respectful of people's needs, for example, whilst they undertook aspects of personal care, people were covered up so as to preserve their modesty.

Is the service responsive?

Our findings

Relatives told us they had been involved with their member of family's care plan and contributed to the information recorded but only at the initial assessment period either through the service or NHS.

Not all people who received care via the service had a care plan in place which had been compiled by the service and much of the emphasis by the provider was on information received through the NHS. People's care plans included their basic care needs, the support they needed and how these were to be met. However we found that for one person no information was recorded as to the specific care package to be provided and no care plan or risk assessments were completed. In addition, the care plan had not always been reviewed and updated as people's circumstances had changed, such as, where a person no longer required a catheter or required food or medication to be taken through a nasogastric and PEG feeding tube. This meant that staff may not have had the most up-to-date information available to them to deliver care and support to an acceptable level.

Where daily logs were completed and available for us to view, information recorded lacked detail and did not always provide sufficient evidence of staff's interventions. The daily log for one person recorded that unexplained bruising to the person's arm and leg had been found. No

information was recorded to ascertain how this had happened, that it had been discussed with their family or discussed with the provider. Another person's daily log detailed that they had expressed a bout of pain. Records showed that personal care was carried out but no evidence that the person's pain had been discussed with the family or had received pain relief medication from their family. Some daily logs were incomplete and/or not completed, for example, there was a seven and 12 day period when no entries were recorded for one person.

This demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider told us that they did not have a complaints log in place. The rationale provided was that they had not received any complaints since being registered in 2014. Relatives confirmed they were aware of the service's complaints procedure and that they would not hesitate to discuss or raise any concerns with staff or the provider if the need arose. Relatives told us that where minor issues had been discussed with the provider these had been dealt with swiftly and appropriately. This meant that suitable arrangements were in place to enable people who used the service and those acting on their behalf to share their experiences or raise a concern and felt comfortable in doing so.

Is the service well-led?

Our findings

Relatives told us that in their opinion the service was well managed and that the service was well-run.

At the time of our inspection we found that the provider was no longer operating out of the address registered with the Care Quality Commission and had moved to alternative premises four weeks previous. Although the provider had completed an application to us requesting that a change of location be recognised, as a result of errors or incomplete information noted, the application had been returned to the provider for further review.

We found that the provider's arrangement for assessing and monitoring the quality of service provision was poor and ineffective. The provider confirmed that they used an external company to provide all of their quality assurance templates however when we looked at these we found that these were blank. The provider confirmed that no quality monitoring of the service or audits had been completed since the service had been registered in February 2014. This demonstrated that as a provider the systems to actively monitor the provision of care and support to people using the service and staff was not effective in identifying any issues or concerns that may develop. This showed that the provider's arrangements were not effective or used as an opportunity for learning or improvement.

The provider's system in place to judge if staff were effectively recruited, trained, supported and competent to carry out their role and responsibilities was unsafe and inadequate. The provider confirmed that there were no suitable arrangements in place to monitor the number of visits made to people's home that were either 'missed' or 'late'. The provider stated that the only way they would know this was if the person who used the service or their relative contacted them or made a complaint. None of the staff could confirm when they last received a 'spot check.' This is where a member of staff's practice is observed and assessed by a representative of the service as they go about their duties to ensure that they are delivering care

that ensures people's safety and welfare. Records available to us showed that these were infrequent. In addition, there was a lack of monitoring of people's care records to ensure that accurate information was maintained and up-to-date.

Overall, the quality assurance system was not effective at identifying areas for improvement and taking the appropriate actions. It was apparent from our inspection that the absence of robust quality monitoring was a contributory factor to the failure of the provider to recognise breaches or any risk of breaches with regulatory requirements sooner. The provider was unable to demonstrate how they intended to comply with the regulations as set out in the Health and Social Care Act 2008. The provider did not have a knowledge, understanding or awareness of our new approach to inspecting adult social care services, which was introduced in October 2014 or was aware that new regulations were introduced from 1 April 2015. We noted that a copy of the latter was downloaded and printed out at the time of the inspection.

Although there was some information to show that care packages for people using the service had been reviewed, there was little information in place to show that people using the service, those acting on their behalf and staff had been asked to complete a satisfaction questionnaire so as to give a view about the quality of the service provided.

We found no formal indication that meetings with staff by the provider were undertaken to facilitate effective communication and to understand what was happening within the service. We discussed this with the provider and they advised that they met with two to three members of staff each month to discuss issues relating to people using the service, staff rosters and shift patterns. However, it was unclear from our discussions with staff as to whether or not these happened as stated by the provider.

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

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Nursing care Personal care	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care We found that the registered provider had not ensured that an assessment of people's needs had been completed or had been reviewed and up-dated to assure themselves that it remained relevant. This was in breach of Regulation 9(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Nursing care Personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent We found that the registered provider had not ensured that information relating to consent had been recorded or that staff were familiar with the principles and codes of conduct in accordance with the 2005 Act.

Regulated activity	Regulation
Nursing care Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found that the registered provider had not protected people against the risks of inappropriate or unsafe care as the arrangements to assess and monitor the quality of the service provided was ineffective. This was in breach of Regulation 17(1)(2)(a), (b) and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Nursing care Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Action we have told the provider to take

We found that the registered provider had not protected people against the risks of ensuring that staff received appropriate induction, training, support and supervision. This was in breach of Regulation 18(2)(a)

Regulated activity

Nursing care

Personal care

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

We found that the registered provider had not protected people against the risks of employing people without appropriate checks relevant to their employment. This was in breach of Regulation 19(1)(2) and (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.

Regulated activity	Regulation
Nursing care Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found that the registered provider had not protected people against the risks of inappropriate or unsafe care as the arrangements to assess and monitor the quality of the service provided was ineffective. This was in breach of Regulation 17(1)(2)(a), (b) and (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The enforcement action we took:

A Notice of Decision was made on 7 September 2015 that the registered provider must not take any further care packages until 1 January 2016 without the prior written agreement of the Commission.

Regulated activity	Regulation
Nursing care Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing We found that the registered provider had not protected people against the risks of ensuring that staff received appropriate induction, training, support and supervision. This was in breach of Regulation 18(2)(a)

The enforcement action we took:

A Notice of Decision was made on 7 September 2015 that the registered provider must not take any further care packages until 1 January 2016 without the prior written agreement of the Commission.