

Naid Care Limited

Naidcare

Inspection report

4 Nelson Street
Southend On Sea
Essex
SS1 1EF

Tel: 01375808192
Website: www.naidcare.co.uk

Date of inspection visit:
04 August 2022
11 August 2022
12 August 2022

Date of publication:
04 October 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Naidcare is a domiciliary care service providing the regulated activity of personal care. The service provides support to people living in their own house, flat or other specialist housing accommodation. At the time of our inspection there were a total of 19 people using the service across Essex and Staffordshire.

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.

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

The provider's governance arrangements did not provide assurance the service was well led, and regulatory requirements were not being met. Quality assurance systems were not robust and had not identified the shortfalls we found during our inspection. Improvements were required relating to recruitment checks, some aspects of medicines management and carrying out robust internal investigations following safeguarding concerns. We have made recommendations about recruitment practices and the completion of internal investigations.

People were protected by the provider's prevention and control of infection practices and arrangements. People said they felt safe and had no concerns about their safety or wellbeing. People told us the service was well managed and staff stated they felt supported by the registered manager.

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

Rating at last inspection

The last rating for this service was requires improvement [published May 2021]. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

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 monitor the service and will take further action if needed.

We have identified breaches in relation to staffing and good governance at this inspection.

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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Naidcare

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' 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 4 August 2022 and ended on 12 August 2022. We visited the location's office on 4 August 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with the registered manager and examined a range of records. We reviewed six people's care records and five staff recruitment records, including evidence of training, supervision and 'spot visits.' We looked at a sample of the service's quality assurance systems, staff training records, staff duty rosters and complaint management records.

Following the inspection to the domiciliary care service office, we continued to seek clarification from the registered manager to validate evidence found and to request additional information. This related to two people's care plans, three people's Medication Administration Records [MAR], policies and procedures and rostering information. The Expert by Experience spoke with five people who use the service and six people's relatives about their experience of the care and support provided. We spoke with four members of staff.



Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Prior to our inspection information of concern was received by the Care Quality Commission relating to missed and late calls and the impact on people's safety.
- Variable comments were raised relating to call times during the inspection. One relative told us, "The call should be between 9am and 10am but sometimes they [staff] visit between 7am and 8am. One person told us, "I have not had any missed calls, but I have had a late call when there's been an emergency." Most people told us if staff were running late, they or those acting on their behalf were contacted. Comments included, "Sometimes they [staff] are caught up in traffic or an emergency, then they give me a call" and, "Yes, the carers phone."
- An electronic call monitoring system was used that enabled the registered manager to monitor people's call times. We ran an analysis of data provided by the registered manager. This failed to identify 195 calls out of 1126 for June and August 2022 were more than 45 minutes late. There were 48 calls which were not logged despite the provider having an automated system in place for staff to log in and out. 142 calls recorded staff were logged in at two locations at the same time and 351 had no staff travel time included. This suggests either there were insufficient staff available to meet people's needs and/or there is staff misuse of the electronic monitoring system. This had not been picked up by the provider or registered manager.

Suitable arrangements were not in place to ensure there are sufficient numbers of staff at all times to meet people's needs. This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- All people spoken with confirmed they had not experienced any occasions whereby they had not received support from the domiciliary care service [missed calls].
- Following the inspection, the registered manager forwarded an action plan to us detailing the steps they were taking or had taken to address the above. The registered manager confirmed a care coordinator had been newly recruited and their staff rostering arrangements were in the process of being reviewed.
- Recruitment checks required improvement to ensure staff's suitability and competence to work with vulnerable people. A full employment history was not sought for all newly employed members of staff. Two written references were not received for three members of staff prior to commencing in post. Photographic identification for one person was not decipherable. A written record was not completed or retained for two

members of staff to demonstrate the discussion taken place as part of the interview process and the rationale for staff's appointment.

- Disclosure and Barring Service [DBS] certificates for three members of staff were received after they started work. There was no evidence to demonstrate the DBS update service had been accessed or an 'Adult First Check' completed. A risk assessment had not been completed to assess and manage these risks. Disclosure and Barring Service [DBS] checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

The provider and registered manager were not familiar with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff. This demonstrated a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff demonstrated a basic understanding of what to do to make sure people were protected from harm or abuse. Staff were able to tell us about the different types of abuse but not all staff knew which external agencies to contact, such as the Local Authority or Care Quality Commission if abuse was suspected.
- Where safeguarding concerns were raised, internal investigations were not commenced or completed in response to the allegation of harm to ensure lessons were learned and improvements made when things go wrong. Where concerns were raised, the risk of harm for those people was mitigated as they were no longer receiving care through the domiciliary care service.
- People told us they felt safe and had no concerns about their safety or wellbeing when staff visited them. Comments included, "Sometimes [person using the service] complains about the timing. As far as the care is concerned, they are happy" and, "Yes, I am" when asked if they felt safe when staff visited.

We recommend the provider and registered manager seeks advice from a reputable source to ensure robust procedures are adopted to investigate safeguarding concerns.

Using medicines safely

- The provider used an electronic system for recording people's medication was administered. Information viewed for two people showed there were occasions whereby 'No outcome' was recorded, giving no indication if the person had received their medicines or not, and if not, the reason why was not recorded. This did not provide assurance people using the service received their medication as they should.
- Staff had received medication training but had not had their competency assessed through direct observation to ensure their practice was safe.
- Medication audits were not being undertaken to make sure medication administration records were accurate and lessons learned when things go wrong, or errors identified.

Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded and managed to enable people to live in their own homes. Although there was no impact for people using the service, not all risk assessments had been reviewed or up to date. For example, one person's risk assessments relating to their moving and handling needs, and the premises were last reviewed in December 2020. COVID-19 risk assessments for people using the service were generic and not individualised.

Preventing and controlling infection

- Staff confirmed they had received appropriate infection, prevention and control training.
- Staff had access to Personal Protective Equipment [PPE], including face masks, aprons, gloves and hand sanitiser, and confirmed there were adequate supplies available.

- Relatives told us staff always wore PPE when undertaking visits to them at their homes.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The quality assurance and governance arrangements in place were not effective in identifying shortfalls in the service. This did not provide assurance that the provider and registered manager had clear oversight of the service or understood regulatory requirements.
- For example, no system was in place to make sure staff's recruitment files were audited to ensure these were in line with regulatory requirements. No information was available to demonstrate people's medication administration records had been audited to ensure these remained appropriate and variances in service delivery were picked up at the earliest opportunity.
- Current governance arrangements had not identified staffing shortfalls as detailed within the safe section of this report. This referred specifically where calls to people were late, not logged to demonstrate staff had completed the visit, where staff were logged in at two locations simultaneously and where staff travel time was not factored between calls. The registered manager did not have a contingency plan in place to implement where staffing shortfalls were unforeseen or planned and unplanned, for example, to cover staff sickness and annual leave.
- The registered manager compiled and forwarded monthly reports to the provider. Reports viewed had not identified the shortfalls found during this inspection. For example, while safeguarding concerns were discussed and recorded, the lack of robust internal investigations in response to allegations of harm to ensure lessons were learned and improvements made when things go wrong were not identified.
- Risks presented by the pandemic had not been identified for staff at the domiciliary care service. This meant staff who may be at increased risk of contracting COVID-19, for example, those with underlying health conditions and including staff from black, Asian and ethnic minority groups were not identified. Following the inspection, the registered manager forwarded an action plan to us and this confirmed COVID-19 risk assessments were now completed for staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's comments relating to communication with the domiciliary care service were variable. Not all people or those acting on their behalf felt the service's communication arrangements were effective. One

person told us, "If you try to contact [Naidcare] I wouldn't be able to, based on previous attempts as there is no voicemail, it just rings. If there was some kind of emergency, trying to get hold of him [registered manager] would be pointless" and, "I tried to ring and got no answer. Since [relative] package has been implemented I have tried to ring [registered manager] about 20 times and text with no response." Where positive comments were recorded these included, "We might sometimes have to leave a message but they [registered manager] will always come back to us."

- During the inspection we found there had been difficulties with the service's telephone due to unpaid bill payments. The registered manager confirmed this was now resolved but they checked daily to ensure the telephone system was operational.
- Robust induction arrangements were not in place for all staff. Not all staff had received regular supervision or spot check visits.
- People and their relatives were not given the opportunity to provide feedback about the service through the completion of a satisfaction questionnaire. The registered manager told inspectors, this would be implemented as soon as possible.

Governance arrangements were not robust and effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the above shortfalls, people and those acting on their behalf considered the service to be well run. Comments included, "I've not had much dealings with the management. Yes, [Naidcare] seems to be managed well", "The girls represent the company really well. Naidcare is well managed" and, "I've had problems with other companies but not with these. With Naidcare I don't have any problems."
- Following the inspection, the registered manager forwarded an action plan to us detailing the steps they were taking or had taken to address the above. This included a review of the service's policies and procedures and updating the staff training matrix to ensure this was accurate.

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

- Staff demonstrated an understanding about their roles and responsibilities and told us they enjoyed working at the domiciliary care service.
- Staff were complimentary of the registered manager and told us they felt supported. Comments included, "[Name of registered manager] is very good, very supportive. If I need anything, he is always there for support and advice" and, "The registered manager is excellent, very helpful."
- People told us they felt confident to raise concerns with the domiciliary care service. One relative told us, "We would not hesitate to say something. Anything that has been raised in the past has always been addressed. You can be rest assured we wouldn't be with them if it wasn't good."

Working in partnership with others

- The service was able to demonstrate they were working in partnership with others, such as the Local Authority and other healthcare professionals.

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	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider and registered manager were not familiar with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, which provides reference to the recruitment checks and documents required when appointing staff.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Suitable arrangements were not in place to ensure there were always sufficient numbers of staff to meet people's needs.</p>

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 17 HSCA RA Regulations 2014 Good governance Governance arrangements were not robust and effectively managed. This placed people at risk of harm.

The enforcement action we took:

A Warning Notice was served