

Hallam24 Healthcare Ltd

Hallam24 Healthcare

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Hallam24 Healthcare is a domiciliary care service which provides personal care to adults with a range of support needs in their own homes. At the time of this inspection the service was supporting 29 people.

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

Risks to people had not been fully assessed. There was not always guidance for staff on how to best manage risks. Accidents and incidents were not analysed, which meant staff could not learn from these events. The systems in place to ensure people received their medicines as prescribed were not effective.

Care records did not always contain an accurate assessment of all of people's care and support needs. Care records were not always person-centred. Effective systems had not been established for identifying, receiving, recording, handling and responding to complaints.

The registered manager had not acted on most of the recommendations made at our last inspection. In addition, at this inspection we identified new concerns with regard to medicines management and complaints. The registered manager had not established effective quality assurance processes. They did have some audits in place, however these had not identified the issues we found during this inspection.

The provider had effective recruitment procedures in place to make sure staff had the required skills and were of suitable character and background. Staff understood what it meant to protect people from abuse. Most people told us staff were kind and caring. The provider had policies and procedures which reflected current legislation and good practice guidance.

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 12 April 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two inspections.

Why we inspected

We received concerns in relation to the management of the service. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hallam24 Healthcare on our website at www.cqc.org.uk

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to good governance, management of medicines and responding to complaints. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authorities to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Hallam24 Healthcare

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 Care Act 2014.

Inspection team

The inspection team was made up of 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 and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 21 July 2021 and ended on 5 August 2021. We visited the office location on 4 August 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch for both Sheffield and Barnsley. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care

services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and eight of their relatives about their experience of the care provided. We met with the registered manager. We spoke with nine members of care staff.

We looked at written records, which included four people's care records and three staff files. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. This included reviewing policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as required improvement. At this inspection this key question has remained the same. 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection we recommended the provider consider improving systems and processes for assessing risk, including those associated with monitoring call times and managing medicines, and ensures safeguarding procedures are consistently known and implemented. At this inspection not enough improvements had been made.

- The registered manager did not have an overview of safeguarding incidents reported to the local authority and CQC. They kept a safeguarding file, however this was not a complete record of all concerns raised. There was no tracker of any actions taken or outcomes. This meant issues could be missed or not progressed in a timely way.
- The registered manager did not have an overview of accidents and incidents. We were told accidents and incidents were recorded on individual care records in the person's home alongside the action taken. There was no overview or analysis of these records. This would have enabled the registered manager to identify any trends and patterns, and share any lessons learnt with staff. The registered manager told us at the last inspection they could create incident reports from the electronic care recording system, which included analysis. However, they had not done this by the time of this inspection.
- People's care records did not always contain risk assessments. For example, the local authority needs assessment for one person identified they could become distressed and could refuse care. There were no associated risk assessments on file for this person.
- Where risk assessments were in place, they did not contain clear guidance for staff on how to reduce risk. For example, one person had a risk assessment associated with safe moving and handling. The instructions for staff were 'ensure safety when walking with frame' and 'ensure safety when bathing'. There was no further guidance on how best to do this.
- Food and fluid charts were not completed correctly. Where care records contained food and fluid charts these were filled in daily by care staff. However, they listed what the person had eaten and drunk, but not how much. Completed charts were returned to the office but these were not audited.

People were at risk of harm because systems were not in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People did not always receive their medicines as prescribed. People's care records contained medication administration records (MARs). Staff completed these every time they supported a person to take their

medicines. MARs were then returned to the office at the end of each month to be audited by the care coordinators. Some MARs had significant gaps. Although the audits had identified this there was no evidence of the action taken with staff to reduce the risk of this happening again. In addition, some MARs were not audited until three months after they had been completed.

- There was not always guidance available to staff as to when a person may need their 'as required' (PRN) medicines. For example, one person was prescribed medicines for pain relief. There were no PRN protocols for when this person may need these medicines.
- There was not always a body map in place when people were prescribed topical medicines, such as creams and patches. This would enable staff to see where the patch needed to be applied and would also enable them to record when and where they had applied it. For one person all their medicines were listed on their MAR. However, there was no associated body map for a prescribed cream.
- Staff competency in administering medicines had been checked. There were records of these checks taking place on staff files. However, these checks had not picked up on the concerns we have identified at this inspection.

We found systems were not in place to ensure the proper and safe management of medicines. This placed people at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The process of recruiting staff was safe. The provider kept clear and organised records of the recruitment process for every member of staff. These contained enough information to help ensure people employed were of good character.
- There were enough staff deployed to cover people's calls in a timely way. There had been very few missed calls recorded with the local authorities. Comments from people included, "I have not known of any missed visits" and "They [staff] are sometimes late, but they tell me if they are going to be late."
- The majority of staff told us they had enough time to stay the allocated time and enough time to travel between calls. Comments from staff included, "I have enough time between calls for travel. I work a lot of hours, but this is my choice, they [managers] never make me do excessive hours" and "I have my agreed days off with no pressure to work. I have enough time between calls." The registered manager told us they would contact a representative of the organisation funding the person's care and support if they thought more or less time was needed to meet their needs.
- Most people confirmed they usually saw the same group of staff. One person told us, "They [managers] all told me that it would be "any one or two from a team of six or eight carers."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with their care workers and there were systems in place to help keep people safe. The provider had up to date safeguarding and whistleblowing policies and procedures.
- Staff knew how to protect people from the risk of abuse. Staff confirmed they had received online training in safeguarding. They told us they were confident any concerns they raised with the registered manager would be taken seriously and acted on appropriately.

Preventing and controlling infection

- The provider had systems in place to reduce the risk of the spread of infections. Staff told us they had access to personal protective equipment (PPE), such as plastic aprons and gloves.
- People and their relatives told us staff wore PPE when supporting them with personal care. Comments included, "I think [relative] has been supported during the Covid19 pandemic, the staff had an email saying they had to keep their masks on" and "Yes [staff have worn the correct PPE], all the way through the [COVID-

19] pandemic."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At our last inspection we recommended the provider improve the detail held within people's care records to make sure staff have up to date and accurate information to support people. At this inspection not enough improvements had been made.

- Not all care records contained a needs assessment undertaken by the service. People's needs were usually assessed by the relevant local authority before they were referred to the service. The registered manager told us they or a care co-ordinator would then visit the person at home to assess their needs to ensure they could provide an appropriate service. There was no copy of their assessment on one of the files we looked at.
- Care records did not always contain an accurate assessment of all of people's care and support needs. Where assessments had been completed the information was incomplete or out of date. For example, the needs assessment completed by the local authority for one person detailed they often refused care interventions and could get distressed and shout out. This was not referred to in the assessment undertaken by Hallam24 staff. A member of staff told us, "All the care plans in my area need updating as they do not reflect people's needs. I leave messages for the next staff if I am going on day off or leave so they know what to do."
- Care records were not person-centred. They contained little, if any information about the person's life history, their strengths or preferences. Care records were task orientated focusing on what staff needed to do. For example, one person's care record stated to give them 'a full strip wash every morning, even if I refuse.'
- Care records did not contain any information on how the person wished to be cared for at the end of their life.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was not always available to people in a format they could understand. Some people receiving the service were assessed as having a disability, impairment or sensory loss. Information was not available in alternative formats, such as large print. At the last inspection the registered manager told us they were

considering ways in which the level of detail and accessibility of care records could be improved. This had not happened by the time of this inspection.

The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each service user. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- Complaints were not always responded to in a timely manner. Six people we spoke with told us about complaints they had made directly to the service. Two people confirmed their issues had been resolved. The others felt their concerns were ongoing. The provider did not have a written record of any of these six complaints.
- There was no overview kept of complaints. This would enable the registered manager to track progress, identify any common themes and share any lessons learnt with staff.
- There was no record kept of disciplinary investigations undertaken with staff as a result of complaints. For example, one complaint on file stated the member of staff would be removed from providing care and support to the complainant. There was no record of any discussions with the member of staff as to why or whether they would present as a risk to any other people in receipt of a service.

The provider had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There was evidence of reviews taking place on people's care records. They included the views of the person and their representative, where appropriate.
- People who used the service were supported by care staff to undertake activities and maintain their social relationships to promote their wellbeing, if they had been assessed as needing support in this area.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

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

At our last inspection we recommended the provider improve their quality audits so they are robustly and consistently implemented, with regard for the expanding service provision. At this inspection not enough improvements had been made.

- The registered manager had not acted on most of the recommendations made at our last inspection. In addition, at this inspection we identified new concerns with regard to medicines management, complaints and gaining feedback on the service
- The registered manager had not established effective quality assurance processes. They did have some audits in place, however these had not identified the issues we found during this inspection. For example, audits of MAR charts had not identified missing body maps for people prescribed topical medicines.
- There were no audits taking place of food and fluid charts, or of care records. These may have identified some of the issues we found during this inspection.
- The registered manager was aware of their obligation to submit notifications to CQC line with the Health and Social Care Act 2008. However, the ratings from their last inspection were not clearly displayed on the provider's website. We brought this to the attention of the registered manager on the day of the inspection and the issue was immediately rectified.

We found systems and processes had not been established and operated effectively. 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.

- The provider had a comprehensive set of policies and procedures covering all aspects of service delivery. We saw these were up to date and therefore reflected current legislation and good practice guidance. Staff told us they had access to this information.

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

- People told us they were not routinely asked about the quality of service they or their relative received.

Some people's care records contained evidence of reviews taking place where the person was asked about the quality of the service. The registered manager told us they did respond to any individual issues, but they did not keep an overview or any analysis of comments made.

- The registered manager and care co-ordinators told us they regularly met. There were records of two meetings taking place with all staff since the start of the year. Some staff told us they would like more meetings.
- There were no formal processes established to gain feedback from staff or external health and social care professionals about the service, such as questionnaires.

The provider had failed to seek and act on feedback for the purposes of continually evaluating and improving the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection we recommended the provider implement more robust and consistent monitoring to show how staff training meets the needs of all people using the service, and how supervision and competency checks are completed. During this inspection we found improvements had been made.

- The registered manager had established quality checks of staff performance. There were records of unannounced spot checks and more detailed planned observations of care and support practices.
- Most staff told us they felt supported by the management team, Comments included, "I feel very supported by the care co-ordinators and registered manager. I have regular spot checks and supervision" and "I think the [Name of registered manager] and managers are really supportive, any problems they help me."
- Most staff told us they enjoyed their jobs and would recommend the service to friends and family if they needed this type of care and support.
- Comments from people about the service they are or their relative received were mixed. Most were positive about the care staff, however not always about the management of the service. Comments ranged from, "When I phone them [office staff], I tell them what the problem is. Then they forget it", "[The service] is hit and miss. Depends on who answers the phone" and "They [staff] are all very caring."

Working in partnership with others

- The registered manager told us they had developed good working relationships with health and social care professionals across Barnsley and Sheffield.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were not in place to ensure the proper and safe management of medicines.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The provider had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not in place to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.</p> <p>The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each service user.</p> <p>Quality assurance systems and processes had not been established and operated effectively.</p> <p>The provider had failed to seek and act on feedback for the purposes of continually evaluating and improving the service.</p>

