

Healthcare Nationwide Limited







# Healthcare Nationwide Ltd t/ a Healthcare Assist

## Inspection report

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### Ratings

Overall rating for this service	Inadequate	
Is the service safe?	Inadequate	
Is the service effective?	Inadequate	
Is the service caring?	Requires improvement	
Is the service responsive?	Inadequate	
Is the service well-led?	Inadequate	

### Overall summary

This inspection took place on 19 and 20 May 2015. We gave the provider 48 hours' notice of the inspection so we could be sure that they were in for our inspection.

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

Healthcare Nationwide Ltd trading as Healthcare Assist provides support and personal care services to people in their homes. At the time of our inspection we were told that the provider had six people who were receiving a support or personal care service.

There was a registered manager 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.

Our inspection identified serious issues about the adequacy of the infrastructure around care provision and the absence of operational management structures and managerial leadership. We found that the provider and registered manager had failed to take all reasonable steps to protect people from the risk of harm, in that they did not have safe and robust systems in place to protect people.

No systems were in place to ensure the service was operated safely and within the legal requirements. Records were not maintained and available to review when required.

There was no system to ensure the safe management of the deployment of staff and there were no systems in place to identify the numbers of staff required to meet the needs of the people.

Staff were not recruited in accordance with safe recruitment procedures which included a lack of references, vetting and checks on people's right to work in the United Kingdom. Consideration was not given to the impact on staff who also worked elsewhere and the employment constraints on their visa.

There was little or no induction, training or supervision of staff delivering care with an over reliance on staff being

trained by other employers for whom they worked or had previously worked. There were no systems to ensure that staff had the training they needed to complete their job role safely.

The provider did not carry out regular spot checks on the service being provided and staff performance whilst delivering care to people in their own home.

There was no governance arrangements or auditing of the service provided so the service was not able to learn and develop.

People were not able to provide formal feedback on the service as there were no systems in place to enable them to do so. .

The provider did not have in place safe and robust systems to safeguard people from harm and staff lacked the understanding on how to raise concerns if they arose.

People were not provided with information on the service charges and funding arrangements which caused them anxiety about who or how they should pay.

Support plans were in place which provided details on how to support people but were not always accurate and up to date. People had little opportunity to contribute to their plans of care.

People who used the service were not involved in making decisions about their care and support.

During this inspection, we found that the provider was in breach of the Health and Social Care Act (regulated activities) Regulations 2014. Due to the serious level of our concerns and the inadequate response from the provider when we requested further information, we took urgent action on 22 May 2015. We took steps under our enforcement powers to prevent the provider from carrying on the regulated activity of personal care to any person who was not already receiving a service with effect from 22 May 2015. The provider did not appeal this decision.

# 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 safe.

There were no processes to safeguard people from the risk of abuse and staff were not aware how to raise concerns..

Assessments were not in place to protect people who used the service and staff from any foreseeable risks.

There were appropriate numbers of staff to support people's needs but there was no system in place to check their suitability to deliver safe care to people.

Inadequate



### Is the service effective?

The service was not effective.

Staff were not provided with training to deliver the skills and knowledge to provide people with the care and support required.

Staff were unable to demonstrate their understanding of Mental Capacity Act 2005.

Staff did not receive regular training to ensure they had up to date skills to undertake their roles and responsibilities effectively.

Inadequate



### Is the service caring?

The service was not consistently caring.

Staff were not always respectful of people's privacy and dignity.

People were not encouraged to make decisions about their care and support.

People were not encouraged to express their views about the service that was provided to them.

Requires improvement



### Is the service responsive?

The service was not responsive

Support plans were not accurate and did not always outlining people's personal preferences and support information.

People who used the service felt the staff and manager were approachable.

The complaints process was not always understood by staff and complaints were not always recognised and recorded.

Inadequate



### Is the service well-led?

The service was not well-led

There were no systems or processes in place to support the running of the service effectively.

Inadequate



# Summary of findings

There was a lack of communication between people, the management team and care staff.

The manager did not regularly check the quality of the service provided and did not ensure people were happy with the service they received.

# Healthcare Nationwide Ltd t/a Healthcare Assist

## 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.

We were alerted to concerns about the agency by staff from the local council contracts team who had visited the service. As a consequence of these concerns we inspected the service. This inspection took place on 19 and 20 May 2015 and was announced.

The inspection team consisted of two inspectors from the Care Quality Commission.

Before the inspection, we reviewed information we had about the service and information received from the local

authority. We reviewed any notifications received from the service but noted that there were none for us to review. A notification is information about important events which the provider is required to send us by law.

During our inspection we spoke with three people who used the service, one relative, the registered manager, two care staff and the provider representative. We reviewed the care records of all six people who used the service and reviewed the records for all five care staff, and attempted to review records relating to the management of the service. These should have included documentation such as accidents and incidents forms, complaints and compliments, medication administration records, quality monitoring information, staff training records and performance reviews, audits and meeting minutes. This information was not made available to us in full. We also spoke with representatives from the local authority who had raised concerns about the service to us.

After the inspection we gave the provider a further 24 hours to provide us with additional evidence to assist us with the inspection. The provider failed to provide us with all the information that was requested.

# Is the service safe?

## Our findings

People told us they felt safe, One relative said “[staff] keep [relative] safe.” Staff we spoke with were able to briefly explain their understanding of safeguarding, but were unable to tell us the types of abuse they needed to be aware of and could not talk us through the safeguarding processes they would follow if they believed that someone was being abused. The manager was also unable to evidence any safeguarding training that staff had undertaken.

We saw that the provider had a safeguarding policy on file. The registered manager told us that staff would have read through the policy as part of their induction programme. We asked the registered manager if they asked staff to sign to confirm that they had read and understood the safeguarding policy but the registered manager told us that they did not have a recording system for this. Upon reviewing the policy documents folder we noted that each document had a section for the staff member to sign and date once they had read this. We drew this to the attention of the registered manager who was unaware of this.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider had not carried out individual risk assessments in relation to people’s identified health care and support needs. They had only carried out environmental assessments of the persons home, but risk assessments for areas such as infection control, safe use of equipment, mobility and nutrition risk assessments were not done. For example, if a person began to lose weight or was at risk of choking staff did not have the relevant information available to act quickly and effectively because there was no risk assessment to guide them. The provider also did not have any records of incidents or accidents and could not evidence a system for reporting any incidents. We also found that the provider had not identified, managed or monitored the risks in relation to the safe recruitment of staff. When we asked the manager about this they told us that they did not see this as a risk because people who were recruited were known to them.

While speaking with the provider and registered manager we found that they were not responsive to suggestions and

did not have an understanding of their responsibilities. For example the manager was unaware of their responsibility to safeguard people from harm through the creation of risk assessments.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed all five staff recruitment files; we found that four had application forms. We were told by the registered manager that they had lost the original files which had contained the fifth staff member application form and that they had asked the staff member to complete another application form but were still awaiting for the completed form.

We noted that there were no references on file. We were told by the registered manager that all the references had been requested and received via email and had been lost when their computer system crashed in February/March 2015. We found that there were no records kept of staff interviews as stated in the agency staff recruitment and selection policy. We saw that all staff had undertaken Disclosure and Barring Service (DBS) checks however, some staff checks were from other pre-existing employers, and this meant that the agency did not undertake their own checks to ensure that staff were suitable to work in the role. Whilst reviewing staff application forms we saw that not all staff had provided an email address and/or telephone number of their referee. We asked the registered manager how they had contacted the referees without email addresses and telephone numbers. We were told by the registered manager that they must of asked the staff member for it. This had not been noted anywhere in the file and the registered manager confirmed that they had not kept a record of this. This meant that the recruitment process was not robust and people who used the service may have been put at risk. Neither the registered manager nor the provider was able to provide us with details of when their staff had taken up employment with the agency. We were told that they had not kept any records of staff start dates. We were told that staff were not given a contract to sign when they commenced employment with the agency.

When we discussed recruitment of staff with the registered manager they told that they did not need to apply thorough recruitment processes to the staff as they all worked elsewhere so had been checked already by their other employers. The registered manager felt it was

## Is the service safe?

unreasonable of the commission to expect them to apply the legal framework to the service as it was small. This lack of insight by the registered manager about their legal responsibilities and the lack of systems meant that they were unable to support the safe delivery of care which left people at risk of harm.

Staff that were subject to limitations in their working hours were not monitored. For example one person had multiple jobs but was restricted to working 20 hours per week. The registered manager said that they had no system in place to ensure that the person was working legally in accordance with their limitations. The manager was also unaware of some staff's legal status within the UK and could therefore not confirm if they were indeed entitled to work in the UK.

When we spoke with the registered manager about our concerns, we found that they failed to understand the importance of a robust recruitment process to ensure that people were being cared for by staff that were fit and qualified to carry out the role of carer.

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

People told us they usually received their care on time and did not have any concerns about calls taking place. The manager informed us that the service employed five staff to

provide care to people. In addition the manager and proprietor also provided care. Whilst there was little documentation in relation to staff employed we were able to assess that given the low number of people using the service there were sufficient staff to meet the needs of the people receiving care.

There were no emergency procedures in place for us to review, but staff told us that they would call the registered manager if they had any concerns. However, during our inspection it became evident that both the registered manager and proprietor also provided care to people. We found that after our inspection we were not always able to speak to the Provider or the registered manager because they were both out of the office. This meant that they may not always be available to provide support to staff should an emergency occur.

We were told that no staff administered medication to people and we saw that people had signed to confirm that staff from Healthcare Assist would not be involved with medication for people. The manager told us that because staff were not involved in the administration of medication staff did not receive training and policies were not in place. There were no emergencies plans in place, therefore in the event of a medical emergency staff were not provided with guidance to support them and keep people safe.

# Is the service effective?

## Our findings

People we spoke with said that care provided was effective. They said that they were “quiet impressed.” They said that staff “point out things” to the family if they observed any changes in a person.

Staff we spoke with said that they had received training with other organisations and had experience of providing care through previous roles. The registered manager told us that during staff induction they explained the types of clients the agency provided care too, staff were given the policy folder to read and then they shadowed the registered manager at client’s houses. The agency had an induction policy which was also unsigned as having been adopted by the agency. The policy stated that all staff on appointment would be issued with a work book in which they could record their progress and that weekly or fortnightly discussions with a designate supervisor would be undertaken. On completion the training record would be signed off by the registered manager and a certificate would be issued. We asked the registered manager to see the records of the staff induction as detailed in the policy, we were told that records of inductions were not kept. This meant that the agency was not following its policy and could not assure itself and others that staff were properly trained to deliver safe care to people who used the service.

We saw that staff had undertaken limited training; however this training was mostly from other pre-existing employers. We asked the registered manager what training was provided and/or organised by the agency. We were given a training matrix showing what training staff had had, with dates of future booked training for topics such as health and safety risk assessments, first aid, end of life, food hygiene and fire and safety awareness. We were also told that staff had completed on-line training. We asked the registered manager for details of the organisation which was to provide the training, these details were not provided to us. This over reliance on other provider’s training and the lack of checking staff member’s understanding did not establish that staff were competent to carry out the care to people safely.

The provider did not have a policy for supervision and appraisals. The registered manager told us that they had not undertaken any supervision and /or appraisals but had plans to do so in the near future. The registered manager told us that they did not hold staff meetings but did have ‘chats’ with staff when one or two of them came into the office. This meant that staff were not receiving one to one support with designated times to discuss any concerns they may have about their work or in connection to their personal development.

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

The registered manager was unable to explain to us about the Mental Capacity Act 2005 (MCA), and the changes to guidance in relation to the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with were also lacked an understanding of MCA and DoLS.

Staff told us that that they would ask people for consent before providing care. We did however note that consent forms were not present for people using the service. We also saw that people had not signed to confirm that they agreed with the package of care and the care plans that had been created for them. The registered manager told us that signed care plan documents were in people’s home. When we visited a person’s home later in the day we saw that care plan documents were available but these had not been signed.

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

People we spoke with said that staff encouraged their relative to eat but no food or fluid charts were kept. We were unable to establish fully if people had nutritional needs that were delivered as part of the person’s individual package of care. This was due to the lack of information recorded. We established that staff did not formally monitor and manage people’s weight to support them to maintain a healthy weight. We saw however that notes about people’s intake were made in the persons daily care notes.



# Is the service caring?

## Our findings

We spoke with people who used the service and their relatives. People were positive about the care that was being provided by the staff. They gave us an example, that their relative had sensitive feet, so staff would treat their feet gently when assisting them with putting socks on. They said “[staff are wise to [relative]].”

People and relatives said that they were involved in making decisions about their daily routines but that they were not always involved with the creation of care plans and updates to them. The manager however told us that they did involve people in their care planning but they were unable to evidence this. When we looked at people’s care plans we saw that these had not been signed and because contracts were also not present there was not way of confirming that people had agreed to the care being provided.

We noted from people’s folders that they did not have a contract or schedule available telling them the costs of care. People we spoke with also said that they had not signed any contracts or agreements with the provider and were unaware of the costs of care or indeed if they owed that provider any money.

We were only able to speak with two staff members; they demonstrated their understanding of how they could maintain people’s privacy and dignity while providing them with the care and support they required. Staff we spoke with said they would always treat people with respect and dignity. A relative we spoke with said that the care was “better than others” and that the “majority of [staff] treat [relative] with dignity and respect”. They told us that sometimes staff would rush and could be up to an hour late for a call, but then some staff were good and would spend time talking to their relative.” They also stated that “some staff just want to get in and out.”

# Is the service responsive?

## Our findings

People we spoke with told us that staff were knowledgeable about people's individual support and care needs but one staff member we spoke with said that "there is no paperwork" but they knew how to care for the person because there were so few people they were required to provide care to.

There was no documentation available that demonstrated that an assessment had been conducted to establish each person's individual needs before they started to use the service. This meant that the provider had failed to identify the risks relating to each person's care before deciding if they could safely meet their needs. The registered manager told us that people were allocated as part of the hospital discharge and that they would create the care plan from information supplied by the hospital. The registered manager told us that this would be reviewed after six weeks of the person joining the service, but we could not see any evidence of this because care plans were not dated or signed, therefore we could not confirm when they had been created or updated.

People's care plan documents were not always up to date or an accurate reflection of their care needs. We reviewed six people's care plans and saw that they were basic and

did not always contain detailed or indeed accurate information about the person. When we spoke with the registered manager about this we were told that they were in the process of updating these plans. All care plans contained only very basic information and were not person-centred. They contained tasks people required support with and what support staff needed to provide them with. The registered manager told us that staff were aware of people's needs and the care plans we were reviewing were due to be updated but the manager was unable to provide a schedule for these reviews.

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

The system for handling people's complaints was not robust and had not been embedded into the practice of the service. We saw that a complaints policy was available to people. The provider told us that they had not received any complaints although when we spoke with people who used the service they told us that they had made a complaint to the provider but this was dealt with informally. We did not see any information that detailed how this complaint been investigated or resolved. Staff were not able to tell us about the complaints process or how they should respond.

# Is the service well-led?

## Our findings

There was a registered manager in post. Relatives informed us that they had little contact with the manager.

People who used the service said that they were unaware of the charges for the care that was being provided and had not signed any contracts with the provider. They said that this made them feel “uneasy” because they did not know what money they owed the provider. One relative said “I’m happy with the service, yes, but I don’t know what’s happening with money.” We asked the registered manager about the funding/payment arrangement for the people they provided a service to, they were not able to provide sufficient details about this.

There was little evidence of any systems or processes in place to establish and operate the service effectively. There was an over reliance on just remembering what was needed to be carried out and who would deliver the care and when. In the absence of the registered manager cover arrangements, staff contacts and people’s care needs would not be available to anyone trying to organise the care delivery. This would leave people at risk of not receiving their care.

There were no formal processes for engaging with staff or communicating the values of the service. The registered manager did not hold regular meetings with staff. We were told that staff would come into the office for a chat or the manager would speak to them on the phone as and when it was felt to be necessary.

Staffing arrangements were ad-hoc and informal with arrangements again being made over the telephone by call or text message. When we spoke with staff they told us that they would receive a call from the registered manager 24 hours before a care call was required. They said that if the care call was a night call then they would be provided with three days’ notice where possible. Staff said that there was no paperwork or weekly rota available. They said “paper work is an issue... We get a call or text telling us what calls we need to do.” When we spoke with the registered manager they also confirmed that they would call the staff to inform them of their duties and that this was not recorded.

The registered manager was not able to provide rotas of the hours worked by staff. When we asked the registered manager why they did not have rotas available they told us

that the company did not produce rotas as there were only five staff and the manager was able to allocate staff from memory. Where calls did not take place for any reason the registered manager did not record these. We asked the registered manager how they monitored what hour’s staff worked and the time that they spent with people and we were told that they remembered the hour’s staff worked but did not record it. There was no process to check if staff had completed the necessary call time or even if care had taken place.

We also asked the registered manager to provide timesheets to help us understand how the staff were allocated to provide the care to people. The registered manager stated that although they had timesheets staff did not use them. They confirmed that there was no system used to record staff working hours and that staff were paid in accordance with the hours the registered manager recalled they had worked.

There was no consistency in documentation. We saw that documents such as daily records were not always completed which meant that some days were missing from the records. Because the provider did not keep a record of staff hours or a rota we were also unable to verify if the calls had taken place. We asked the registered manager how they monitored and charged people if they did not record staff hours, they said that they did it from memory. We noted that on one person’s daily notes that the care staff had only attended for five minutes because the call was cancelled. We asked the registered manager how this would have been picked up when they came to charge the person. They were unable to confirm how this would be picked up.

The provider did not have a system in place to monitor the quality of the service. People and/or their relatives were not given questionnaires or a format in which they could provide feedback on the service they had received.

The registered manager did not formally monitor the quality of the service that was being provided. We asked the registered manager for any formal feedback or audits that had been undertaken but they were unable to provide us with any. They said that as they provided people with care also they would speak with them informally during their care visit, but that any issues or discussions were not recorded.

## Is the service well-led?

The registered manager told us that they did carry out spot checks to review the quality of the service provided but again there was no record of these spot checks. Staff we spoke with could not confirm that this was done.

We asked the registered manager if they carried out monthly audits on the care they provided to people in which they reviewed all aspects of care and support and were able to identify any areas of improvement. The registered manager said that they did not carry out any audits on documentation or staff performance. Failure to carry out audits has resulted in the provider not identifying many of the concerns raised within our inspection.

We found that the provider had limited documentation available for us to review. Of the documentation that was made available to us, we found that there were clear errors which could have been identified through an auditing process.

This was 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

## Enforcement actions

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

### Regulated activity

Personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

**People had not provided consent before care was undertaken.**

#### **The enforcement action we took:**

A Notice of Decision to restrict the provision of the regulated activity of personal care.

### Regulated activity

Personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**Risk assessments were not in place to protect people from harm.**

#### **The enforcement action we took:**

A Notice of Decision to restrict the provision of the regulated activity of personal care.

### Regulated activity

Personal care

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

**Arrangements were not in place to safeguard people from abuse.**

#### **The enforcement action we took:**

A Notice of Decision to restrict the provision of the regulated activity of personal care.

### Regulated activity

Personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**Systems and processes must be established and operated effectively to ensure compliance with the requirements.**

#### **The enforcement action we took:**

A Notice of Decision to restrict the provision of the regulated activity of personal care.

This section is primarily information for the provider

## Enforcement actions

### Regulated activity

Personal care

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The provider could not evidence that staff were suitably qualified, skilled or experienced.

#### **The enforcement action we took:**

A Notice of Decision to restrict the provision of the regulated activity of personal care.

### Regulated activity

Personal care

### Regulation

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

Person employed to carry out the regulated activity is competent, skilled and experience to carry out the role.

#### **The enforcement action we took:**

A Notice of Decision to restrict the provision of the regulated activity of personal care.