

Hadi Care Ltd

# Hadi Care Ltd

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Hadi Care is a domiciliary care service that provides care and support for people in their own homes. 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. At the time of the inspection the service was supporting 30 people with personal care.

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

Medicines were not always managed safely. Some risk assessments and updates of care plans were not completed, increasing potential risks to people. The service did not have an effective audit system in place to monitor the quality of the service.

Staff received feedback about the quality of the care and support they provided. Staff followed good infection control practices, including wearing personal protective equipment when supporting people. Safe recruitment practices were followed.

The service promoted high quality, person centred care and had an open and honest culture. The registered manager was approachable and supportive and provided strong leadership to the team. People, relatives and staff spoke highly of the management at the service.

Staff knew people well and supported them based on their needs, choices and preferences. They were knowledgeable about people and the topics we asked them about. Staff received training which provided them with the necessary knowledge to meet people's needs. Staff spoke very positively about the support they received and the quality of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported in decision making and staff respected people's cultural and spiritual needs. People were supported by consistent and caring staff and had the opportunity to voice preferences for staff, which included preferences around the gender of staff.

Effective communication was a key feature in the service. Staff were in some cases specifically recruited to meet people's communication needs. The service caters for people with specific dialects as they recruit staff with these language skills. End of life care planning was evident for people and showed their relatives involvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Rating at last inspection

This service was registered with us on 5 July 2019 and this is the first inspection.

## Why we inspected

This inspection was prompted by a review of the information we held about this service. We have found evidence the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

## 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 management of risks, medicine management and good governance at this inspection.

## 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 effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Hadi Care Ltd

## 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 carried out by two inspectors onsite and one inspector who conducted remote calls to staff. An Expert by Experience supported remotely with calls to people and relatives who use the service. 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.

#### Notice of inspection

We gave the service 24 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 20 October 2022 and ended on 28 October 2022. We visited the location's office on 20 October 2022.

#### What we did before the inspection

We sought feedback from the local authority and professionals who work with the service.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 6 relatives and 4 people about their experience of the care provided. We spoke with 9 staff members including the registered manager, nominated individual and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 4 people's care records and daily notes and 3 peoples medication records. We looked at two staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures and training documents.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

### Using medicines safely

- Medicines were not always managed safely.
- Systems in place to manage medicines were not always effective therefore we were not assured people were receiving medications as prescribed. For example two people were prescribed medicines to be taken before food. We saw staff were not always recording whether they had checked if people had eaten prior to receiving these medicines. There was a risk the medicines would not be effective.
- Guidance was not in place for 'as required' medicines. This meant staff did not have information about the specific circumstances when these medicines should be given.

We found no evidence that people had been harmed however, medicine management systems were not always safe and placed people at risk of harm. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded during and after the inspection. They confirmed actions had and were being taken to address the risks.

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

- The provider did not have effective systems for learning lessons when things went wrong. Incidents and accidents were recorded, but were not consistently reviewed or analysed for patterns or trends.
- Most people had risk assessments and updated care plans; however, we found some examples where risk assessments and updates to care plans were not in place. For example, one person had health conditions which impacted on their ability to eat and they were at risk of losing weight. There was no nutritional risk assessment completed to show how staff should reduce this known risk.
- Another person had a recent change to their moving and handling requirements. However, their care plan had not been updated to reflect the new requirements. This placed staff and the person at risk of potentially being incorrectly moved and positioned.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded during and after the inspection. They confirmed actions had and were being taken to address the risks.

- Risks to people's health and safety was assessed. Environmental risk assessments were in place to address safety issues in people's homes.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and knew how to raise a concern. They were confident the management team would respond appropriately.
- People and relatives said they felt safe and secure. One person was, "Yes we feel safe, the care is excellent."

Staffing and recruitment

- The majority of people and relatives were happy with the call times and some people said they were supported by the same staff. However, some relatives told us they were not happy with the call times. One relative said, "Very often they are late, we asked for a specific time, but they don't come at that time."
  - Recruitment checks were in place to ensure only suitable staff were employed. The provider had a good assessment process in place to ensure staff had the right skills and values to work in a care setting.
  - Staff were recruited with specific skills to meet people's needs and requirements. For example, staff who could speak different dialects in a language were recruited to meet the specific communication needs of new people.

Preventing and controlling infection

- The provider had a comprehensive infection prevention and control policy.
- Staff were provided with sufficient supplies of person protective equipment (PPE) to carry out their roles safely, and the office contained adequate supplies.
- Staff used PPE safely and had regular compliance spot checks.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;  
Supporting people to eat and drink enough to maintain a balanced diet

- People's needs were assessed before being offered a service. Information gathered from people and their relatives was used to develop their care plans. Care plans were detailed and described the support required for each call and detailed people's personal choices and preferred routines.
- Staff supported people with their meals when this was part of their care plan. Plans contained details of their likes and dislikes and the level of support they required.

Staff support: induction, training, skills and experience

- Staff received regular supervisions and appraisals and followed an individualised induction programme dependant on their needs and experiences.
- Staff told us they received regular training and updates and spoke highly of their induction, training and supervisions.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and relatives said they or their relative's health needs were supported. One person told us, "They look after my mental wellbeing as well as my physical health."
- Care records showed people's healthcare needs were assessed. District nurses and other professionals were contacted where needed to ensure people's health needs were met.
- Staff had a good knowledge of which healthcare professionals were involved in people's care.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The service was acting within the legal framework of the MCA.
- Staff understood the principles of the MCA and knew how to apply this in their day to day work. Staff described how they encouraged people to be as independent as possible. One staff member told us, "If a client refuses their medication, we always explain its in their best interests and why they need it. If they still refuse, we don't force them, we would report this to the office."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were caring and treated people kindly. We received a range of positive feedback. One relative said, "They provide what we need. They understand our spiritual needs." Another person told us, "They are very caring, just the way they treat you shows this, they are very helpful."
- Staff respected and supported peoples' individual cultural and spiritual needs. We saw examples of how staff were able to meet peoples cultural and religious needs.
- Staff we spoke with demonstrated caring values and provided people with high quality and personalised care. One staff member told us, "We try not to divert people from their daily routine, we provide care that is tailored to the person."
- Staff were able to read people's care plans prior to providing care for the first time, ensuring they had the knowledge and skills to support the person.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they were actively involved in decisions about their care. One relative said, "I am involved in the care planning and have got a one-page profile made for staff too."
- People and relatives were able to look at their care plans and notes in the files kept in people's houses.
- Staff had formed good relationships with people and their relatives. Staff described how they promoted people's independence and involved them in care decisions.
- Care records were written in a way which prompted staff to ensure people maintained and developed their independence wherever possible.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The provider had a system to record and act on complaints and compliments. We saw complaints had been dealt with in an appropriate timeframe. However, we found one example of a complaint received where staff had not been informed of the new protocols agreed. This placed the service at risk of future complaints of this nature.
- People and relatives told us they knew how to raise a concern. One relative said, "We have all the information in the file of what to do if we need to complain."
- We reviewed multiple compliments and thanks from people and relatives. Compliments showed people were satisfied with the support they and their loved ones received.

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

- People were supported by staff who knew them well. Care records provided information about people's interests, needs and their personal preferences.
- People and relatives informed us they were involved in care plan reviews. The service kept in regular contact with people and relatives to review the effectiveness of care plans.
- The service provided end of life care to people. Care plans demonstrated staff spoke to people and their relatives to help establish their end of life needs and wishes. Staff used this information to produce personalised care and to ensure people's cultural and spiritual wishes were respected.
- Staff had received training about how to support people who were at the end of life.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers', get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Effective communication was a key feature of the service. The provider told us a key motivation for setting up Hadi Care was to ensure everyone had access to inclusive care and that meeting peoples' individual communication needs was an important way they achieved this vision. They gave many examples where they had matched people with carers due to peoples' individual communication needs. In some cases, this meant recruiting additional care staff who were able to speak specific languages. We saw information within people's care records which confirmed what the provider had told us.
- The provider was developing a new initiative to convert care plans into people's spoken language to aid

inclusiveness. The provider said these new care plans would also be available in an audio form in the persons spoken language.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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.

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

- Governance systems were not effective and in some instances were not in place. This resulted in a lack of oversight for accident and incidents, medications, care plans and risk assessments. Shortfalls identified on inspection were not identified by internal audit systems therefore the registered manager was unable to drive quality and improvements in the service.
- The registered manager reviewed accidents and incidents, but there was no clear system in place for documenting these reviews and following up was not in place. There was no evidence of consistent consideration for trends, patterns or lessons learnt.

We found no evidence that people had been harmed however, systems to assess, monitor and improve the service were not effective or robust. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

The registered manager responded during and after the inspection. They confirmed actions had and were being taken to address the risks

- Competency checks were in place and were suitable. They captured information accurately and robustly.

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

- The registered manager failed to notify the care Quality Commission of two accidents which were reportable under the statutory notification requirement. This meant the CQC were not kept informed of these incidents occurring in the service and were unable to gather assurances by way of following these up.

We discussed this with the registered manager and have followed up after inspection with the provider and registered manager to advise them of their regulatory requirements to notify. Following a detailed discussion with the registered manager, we were assured risk of future occurrences were mitigated. Therefore, no further regulatory action has been taken at this time.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The service had a positive culture which focused on person centred care and positive outcomes for

people.

- Staff praised the support they received from the registered manager and said they were confident in their leadership. A staff member said, "My manager works alongside me, she keeps herself in the loop. [Registered manager] is approachable and supportive."
- The service worked closely with stakeholders and external agencies.

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

- The provider conducted surveys with people, relatives and staff and we saw positive feedback gained in these.
- People and relatives confirmed they felt involved in their care. Feedback was positive about the communication with the office team.
- Staff meetings were not held regularly due to the current work pressures and limitations in the office. However, the service used a secure communication platform whereby regular communication between staff and managers was maintained.
- Staff felt happy working at Hadi Care and described the staff morale as good. A staff member said, "It does not feel like a job, I don't want to go home. I love my job I wouldn't work anywhere else. We've got such an amazing team and it feels like a family."

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>12(1) Medicines were not being managed safely putting people who used the service at risk of harm. We were not assured people received their medication in line with prescribers instructions.</p> <p>Systems were not in place for auditing of care records, risk assessments, medications, call times. Safety was not effectively managed which placed people at risk of harm.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17(1) Good Governance Systems to assess, monitor and improve the service were not effective or robust. This resulted in a lack of oversight and shortfalls were not identified internally.</p>