

Task Health Care Limited

Task Health Care

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Task Health Care is a domiciliary care agency. It provides personal care to people living in their own homes.

At the time of the inspection the provider was supporting 2 people with personal care. Both care arrangements were privately funded with no involvement from local authorities.

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

People and their relatives were positive about the kind and caring attitude of the care staff and the management team. A relative said, "They are very very good and we are very happy. They are so lovely and kind."

People were supported by a team of regular staff who knew how they liked to be supported and had developed positive relationships.

People were protected from the risk of abuse and the provider had systems in place to identify any possible risks to people's care and ensure they were safely managed.

Where possible, the provider always tried to be as flexible as possible when arranging support to meet people's needs. One person told us this was a key factor in their experience of using the service and staff did all they could to meet their needs.

People and their relatives were positive about the management of the service and had regular contact with them to give feedback about their care. A person said, "They check up on me and check how things are and if I am OK. This gives me assurance."

The provider had systems in place to monitor the quality of the service. Although there had been no issues or concerns raised, people and their relatives were comfortable speaking with the management team and confident they would deal with any issues immediately.

People were supported by staff who enjoyed working for the organisation and told us they felt well supported in their role. Staff felt valued, listened to and told us they had been well supported throughout the COVID-19 pandemic.

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

We have made a recommendation that the provider ensures the completeness and accuracy of records related to the management of the service.

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

Rating at last inspection

The service was registered with us on 11 September 2020, and this is the first inspection. The service moved address on 16 August 2022.

Why we inspected

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

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Task Health Care

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

This inspection was carried out by one inspector.

Service and service type

Task Health Care is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was not available during the inspection but we liaised with the care manager and 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 provider a few days' 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 available to support the inspection.

Inspection activity started on 10 November and ended on 25 November 2022. We requested a range of documents that were sent to us by the provider between 10 November and 24 November 2022. We visited the office location on 15 November 2022 to see the nominated individual and care manager and to review further records related to the service. We made calls to people and their relatives on 14 November 2022.

What we did before the inspection

We reviewed information we had received about the service since their registration. 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. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records. This included records related to 2 people's care and support and 4 staff files in relation to recruitment, training and supervision. We also reviewed records related to the management of the service, which included quality assurance records and a range of policies and procedures.

We spoke with 6 staff members. This included the nominated individual, the care manager and 4 care workers.

We spoke with 1 person and 1 relative for feedback about their experience of using the service.

We continued to seek clarification from the provider to validate evidence found after the inspection. This included training records and information related to staff recruitment. We provided formal feedback to the management team on 25 November 2022 via email.

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 good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were sufficient numbers of staff to support people and the provider had procedures in place to ensure calls were provided on time. The provider did not have an electronic call monitoring (ECM) system to check staff arrived on time. However, the registered manager had regular contact with both people and the care workers to ensure care visits were completed.
- Due to the size of the service, not all staff were actively working and were available to provide support to cover any absences or sickness from regular staff. One person and a relative confirmed there were no timekeeping issues and their schedules were well organised.
- Safer recruitment procedures were followed to ensure staff were suitable to work with people who used the service. Disclosure and Barring Service (DBS) checks for staff were in place along with appropriate references and where necessary, staff risk assessments. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Where some recruitment information was not available, the provider was able to explain and provide the relevant documents after the inspection. We shared guidelines from government legislation regarding safe recruitment practices after the inspection to ensure they were aware of best practice.

Using medicines safely

- At the time of the inspection, people were not being supported with their medicines, which was confirmed by the person and the care workers. Information about people's medicines was recorded as part of the initial assessment and included if family members were responsible for providing this support.
- The provider told us this was an area of support that could be provided if there was a need. They had a medicines policy in place and were aware of their responsibilities to ensure staff received training and had their competency assessed before they started providing this support.
- We shared The National Institute for Health and Care Excellence (NICE) guidelines for managing medicines in the community with the provider after the inspection to ensure they were aware of best practice.

Assessing risk, safety monitoring and management

- The provider had carried out the relevant risk assessments before starting the service to ensure any risks to people could be managed and staff had guidelines to keep them safe.
- People with reduced mobility had information in place which highlighted the level of support they needed when being supported in their home. There was also post falls procedures guidelines in place for staff to follow.
- Internal environment risk assessments were also completed to ensure their home was a safe place to

work, including any possible fire related risks.

- We received positive feedback from a person and a relative who told us they felt safe with the support provided and staff managed this well. The relative added, "This gives us a lot of reassurance."

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to ensure people were protected from the risk of abuse. The provider had a safeguarding policy in place and staff completed safeguarding training as part of their induction programme.
- Staff had a good understanding of their safeguarding responsibilities and told us the training helped them understand what to do if they had any concerns. One care worker said, "I can't make any assumptions. If I have any concerns, I need to report it to the manager and complete a report. I also follow up to check it has been dealt with."
- There had been no safeguarding incidents since the service had been registered and staff were confident any issues raised would be dealt with appropriately. We saw staff had also reviewed safeguarding procedures at a team meeting in April 2022.

Preventing and controlling infection

- There were systems in place to ensure people were protected by the prevention of infection. Staff completed infection and prevention control (IPC) training and told us they had been regularly updated with any advice and changes in government guidance to help reduce any risk of COVID-19.
- Staff had access to personal protective equipment (PPE) and confirmed supplies were topped up when they started to run low. Spot checks were also carried out in people's homes to ensure staff were wearing PPE and following best practice.
- We received positive feedback from the person and a relative who confirmed staff were aware of their responsibilities and always wore PPE when they were in their home.

Learning lessons when things go wrong

- There were systems in place for the reporting of any accidents and incidents and staff were aware of the procedures to follow and the need to complete an incident report. There had been no incidents or accidents at this service, so we were unable to see whether this process was used effectively.

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 of 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

- The provider assessed people's needs related to their care and support. An initial assessment was completed before people started to receive care which identified people's choices and gave staff an understanding of their needs.
- The provider had a range of key policies and procedures which highlighted specific legislation and guidance that staff needed to be aware of when providing care. This helped to ensure care was delivered in line with best practice.

Staff support: induction, training, skills and experience

- People were supported by staff who completed a training and induction programme when they started working at the service. This included practical and online training courses, plus shadowing opportunities with the current staff members to understand people's needs.
- The induction programme was focused on the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were positive about the training they received and confirmed they received regular supervision to support them in their role. A care worker said, "My induction provided an excellent insight into the organisation. The care manager handed me policies and procedures to study and I was observed by a senior carer for 4 days."
- Feedback from people and a relative was positive about the skills and training of the staff that supported them. A relative added, "They know what they are doing and they are very experienced. We have never had to raise an issue."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink if this was part of their agreed care and support needs. If people were to be supported with their meals, there was a choking risk assessment in place.
- Where a person only required minimal support, their care plan had information about the level of support that was required and if relatives were involved in shopping or meal preparation.
- Staff told us they were aware of people's needs and had all the relevant information they needed. A care worker told us a person's family members were responsible for preparing all of their meals and they just had to heat them up. They added, "Their dietary preferences are always included in the care plan."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- As there was limited involvement with any relevant health and social care professionals, the provider told us they had regular correspondence with people or their relatives to see if any further support was required.
- Staff were responsible for monitoring people's health and wellbeing and reported any concerns or changes in their health to the management team and where appropriate, people's relatives. A relative said, "They always give us updates, send us text messages if there are any issues."
- Staff told us they were regularly reminded about their responsibilities and procedures to follow in the event of an emergency. Staff told us it was addressed in meetings and the management team always followed up any health concerns immediately.

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 Act 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 provider was aware of their responsibilities around the MCA. At the time of the inspection, people were able to make their own decisions and had consented to their care.
- The provider had a general understanding of the MCA and the need for best interests' meetings if they started supporting people who lacked the mental capacity to make important decisions about their care. We signposted the provider to best practice guidance to further support their understanding of their responsibilities.
- Staff completed MCA training as part of their induction and refresher training programmes. Staff had a good understanding of ensuring people were involved in their care. A care worker added, "When we go into their home, we have to respect their wishes and choices, listen to them about the support they need."

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 of 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 were treated with kindness and compassion from caring staff who knew them well. Both the person and a relative were positive about the relationships that had developed. One person said, "They are absolutely terrific. They really put themselves out for me and do what they can. I only have to ask."
- A relative told us about the positive impact this had on them and their family member. They added, "They are so compassionate and I have to say they feel part of the family. The experience has been excellent."
- Staff explained the importance of treating people with kindness and respect. A care worker said, "It is important to have a good rapport with your client because it establishes mutual trust and allows them to feel comfortable and relaxed in my presence."
- Staff also had an awareness of the importance of understanding people's religious and cultural beliefs when providing care.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to be fully involved in decisions about their care. The management team had regular contact with people, and where appropriate, their relatives, to discuss the care and support they received.
- People and a relative confirmed this. A relative said, "We have been involved in important decisions from the start. They helped us through the process and were very helpful."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who understood the importance of respecting their privacy and dignity and promoting their independence. A person said, "They are here to help me shower and they are very obliging. It is done in a respectful way."
- The provider carried out regular spot checks to observe whether people's dignity was maintained during visits and staff actively engaged with them. It had also been discussed at a team meeting with positive feedback given to the staff team.
- Staff explained how they respected people's privacy, especially during personal care. A care worker said, "I always speak to them during the task, let them know what I'm doing, letting them know step by step. I support if needed, I don't want to take away their independence."

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 of this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care from staff who understood their needs and supported them to ensure their needs were fully met. As part of people's assessments, they were asked what their goals were, what was important to them and what they would like to achieve with the support provided.
- Due to the funding arrangements of the care, the visit times and scheduled hours were planned around people and their needs. A person told us how the level of flexibility allowed them to remain as independent as possible. They added, "They really adapt and help out when I need it."
- People were supported by regular staff who knew them well. People and staff confirmed there would always be shadowing and introductions before starting care, which helped staff understand how people liked to receive their care. A care worker said, "The key thing is the shadowing as this is where I get to know what needs to be done."
- Staff also told us the management team were responsive to their feedback and carried out reviews if they felt the level of support needed to be changed. A care worker said, "They are receptive to this and will come out for an assessment if need be. They are open to listening to us."

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.

- People's communication needs were assessed and recorded during their initial assessment with information in place for staff to know the best way to communicate with them.
- The management team were aware of the AIS and told us if required, they were able to provide information in other formats, such as braille or large print.

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

- Although people were not supported to follow their interests and/or be supported in the community as this was not part of their agreed care, staff interacted and engaged in conversation with people to help avoid social isolation and support their emotional wellbeing.
- The provider supported people's cultural needs. Where one person had specific cultural needs, this was highlighted in their care plan with information for staff to be aware and mindful of.

Improving care quality in response to complaints or concerns

- The provider had systems in place to respond to any concerns or complaints with the service provided. People and their relatives had regular opportunities to give feedback about their care. The complaints process was discussed at the start of the service and also reminded through regular calls and spot checks.
- There had been no complaints at the time of the inspection. Feedback confirmed people knew who to contact if they needed to. A relative said, "I have never had to make a complaint but I would feel comfortable to raise anything with them and I'm very confident they would listen."

End of life care and support

- Although end of life care was not being provided at the time of the inspection, the provider's care plan did not have a section to record people's wishes or advanced decisions at this stage of their life.
- We discussed the requirements and best practice with the management team if this was something they would be wanting to provide in the future. The provider was aware of the training requirements and knew they would be working closely with the relevant health and social care professionals, such as the local hospice.
- We signposted the management team to information on the CQC website about this area of support to help develop their approach and make them aware of best practice.

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 of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

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

- We identified some minor inaccuracies with the completeness of records related to spot checks and interview assessment records. For example, information in spot checks were not always an accurate overview of the care provided. There were recorded responses from 4 applicants during their interview assessment that were identical.
- We discussed this with the management team after the inspection. They acknowledged where some documents had been recorded in error and where applicants' responses had been similar, had possibly contributed to a templated method of recording.

We recommend the provider review their policies and procedures to ensure the completeness and accuracy of records related to the management of the service.

- Although there had been no serious incidents or safeguarding investigations at the time of the inspection, the nominated individual had a good understanding of their responsibilities regarding notifiable incidents and knew when notifications had to be submitted.
- Staff also had team meetings and regular contact with the management team to discuss the service and were given reminders about their roles and responsibilities. Due to challenges created by the pandemic, we saw staff had been offered emotional support as well if needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team had regular communication with people, their relatives and the staff team to ensure they were happy with the care they received and it had a positive impact on their life and wellbeing.
- Feedback was positive about the management of the service. Comments included, "I feel they go above and beyond with what they do and always make sure to follow up on anything or if I need anything" and "I would definitely recommend them. I hope it carries on as there are no problems at all and we are very happy."
- A relative told us this was their first experience of accessing care for their family member and the provider had been very helpful with the process. They said, "This was a new thing and we had nothing in place. They came and met us and gave us some great advice."
- Care workers were also positive about the culture of the organisation and the support they received from

the management team. Comments included, "They are very open, friendly and flexible. They treat us like family, listen to us and are very hands on" and "I am treated fairly and respectfully. I believe the level of care provided is tailored to people's individual needs and takes their cultural and religious beliefs into account."

Continuous learning and improving care

- There were systems in place to monitor the service and ensure people received the care they needed and whether any improvements could be made. The management team carried out spot checks and telephone monitoring calls to make sure people's needs were met and staff were following best practice.
- Staff confirmed unannounced checks were carried out to monitor their performance and get further feedback from people and their relatives about the service. A care worker said, "We also get feedback as part of the spot check, including any areas we can improve on. It isn't negative and is done in an open and supportive environment."
- There were a range of audits in place, which included IPC audits in people's homes, PPE checks, staff files and daily logs. These were carried out to ensure records were updated and contained the correct information. The management team told us they would follow up with staff if they identified any issues.
- People and their relatives confirmed they had regular contact with the management team. A relative added, "I can call whenever and they are easy to get hold of. This is one of the good things about the communication with them, it is one less thing to worry about."

Working in partnership with others

- Due to the funding arrangements of people's care, the management team explained their main involvement and communication was directly with people and their relatives as there were no relevant health and social care professionals involved.
- The provider had worked to try and create links with local authority commissioners within the local area to promote their business and had also been supported during the pandemic. They were also involved with a registered manager network for further advice, support and networking within the sector.

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

- There had been no incidents or concerns with the care and support. The management team had an awareness of the duty of candour regulation and were aware of their responsibilities of making sure they were open and honest with people and their relatives.
- We signposted the management team to information on the CQC website about this regulation to help support their understanding.