NDH Care Ltd

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Inspection report

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Date of inspection visit:
08 June 2021

Date of publication:
08 August 2023

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
NDH Care Ltd is a home care agency providing personal care to people in their own homes. NDH Care supported 309 people aged 65 and over at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
Risks to people's safety had not always been assessed or guidance provided to staff on how to reduce those risks. Medicines were not managed in a safe way and records were not maintained accurately.
The governance systems were ineffective in identifying where improvement was needed. The systems did not support continuous improvement and development of the care provided. People were supported to provide feedback on their experience of the service, but this was not consistently acted upon.

People received support from a consistent team of staff who understood their responsibilities to report any concerns of abuse. Staff had been recruited safely.

Improvements had been made to infection control practices and people told us staff took action to reduce risks relating to COVID-19.

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 good (published 15 May 2019).

Why we inspected
We received concerns in relation to infection control practices. As a result, we undertook a focused inspection to review the key questions of safe 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 changed from good to requires improvement. This is based on the findings at this inspection.
We have found evidence that the provider needs to make improvement. 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for NDH Care Ltd 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 the management of risk and medicines as well as breaches relating to the provider's monitoring of the service. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

NDH 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 Care Act 2014.

Inspection team
The inspection visit was completed by three inspectors.

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.

Notice of inspection
This inspection was unannounced.

Inspection activity started on 08 June 2021 and ended on 16 June 2021. We visited the office location on 08 June 2021. Telephone calls to people, their relatives and staff were made between the 09 June 2021 and 15 June 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 professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

During the inspection-
We spoke with seven people who used the service and 12 relatives about their experience of the care provided. We spoke with six members of staff as well as the provider and the registered manager.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Requires Improvement

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 good. At this inspection this key question has deteriorated to 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.

Preventing and controlling infection
Prior to the inspection, concerns had been shared with us about the provider's infection control practices. This included staff not wearing person protective equipment (PPE) and office staff not following safe practices around access to hand sanitisers, ventilation and the wearing of masks. At this inspection we found that the provider had acted on the concerns raised to improve infection control practices although some further areas for improvement were identified.

- People told us that staff wore PPE when supporting them and this included masks, aprons and gloves. Two people told us that staff had not always changed their gloves between tasks and this feedback was shared with the provider for follow up.
- The provider had taken action following a recent visit from a local environmental health team and improved the infection control practices within the office. This included ensuring staff wore masks, promoting social distancing and making cleaning products and hand sanitisers readily available in each room.
- The provider had implemented systems to ensure staff received weekly testing for COVID-19. Where staff had failed to take their test, there were systems to follow this up with staff and ensure testing took place.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people's safety had not always been assessed in a way that kept people safe. For example, although the provider had identified risks in relation to pressure areas and continence care, there lacked any guidance for staff on how to support people with their risks.
- One person had specialist equipment in place to support their continence care. There was no guidance for staff on how the person should be supported safely with this equipment. Staff we spoke with gave differing explanations of how they would provide this support. Although the person had not come to any harm, the lack of guidance meant the person was at risk of poor care.
- Some people required support to ensure their skin remained intact and that any areas of sore skin were cared for. The guidance provided to staff did not always support them to do this. For example, one person had a specialist boot to protect their sore skin. Although the risk assessments informed staff the boot needed to be worn, the guidance did not inform staff on which foot to place the boot on or for how long. This meant the person may not receive the pressure relief they required as the staff did not have access to specific guidance on how to use this equipment.
- Medicine records showed people did not always receive the support they required with medicines. One person's records showed their medication had been left on their table despite them needing support to take this. We raised this with the provider who informed us they would investigate why staff had not followed the

person's care plan.
● Medicine records failed to include all of the necessary information to ensure staff supported people with medicines in a safe way. Medication Administration Records (MAR) did not record the name of medicines to be given, the dosage needed or route of administration. People's allergies had also not been recorded on MARs. Where medicines were prescribed on an 'as and when required' basis, there was no guidance for staff on when these medicines should be given.

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

Systems and processes to safeguard people from the risk of abuse
● Staff spoken with understood their responsibilities to report concerns of abuse. One staff member told us, "We have to protect people from abuse. If I was concerned I would call the office and let them know."
● Where the provider had identified concerns about people's safety, they had not always shared this information. This was because the provider had not identified possible concerns around neglect. Prior to the inspection, we were made aware of concerns about one person whose skin had deteriorated. This deterioration had not been identified by the provider and so no action could be taken to safeguard the person. Following the inspection visit, we were made aware of further concerns around the condition of another person's skin on admission to hospital. This deterioration had also not been identified by the provider and so had not been referred to external agencies including CQC. This meant that although action was taken where concerns were identified, further work was required to ensure that the provider could identify potential concerns of neglect.

Learning lessons when things go wrong
● Where accidents and incidents had occurred, a record of these and the actions taken had been kept. However, the information lacked relevant detail and did not evidence that the provider reviewed incidents to identify any trends or patterns to reduce the risk in future.

Staffing and recruitment
● People told us they received support from a consistent team of staff and that staff mostly arrived on time for their care. One person said, "They [staff] always do come on time. I am happy. They are always on time. They were late once but someone else came and that was okay."
● Staff told us they had enough time with people to provide their care in a safe way. Staff told us if they required extra time to support people, this would be acted upon by the provider.
● Staff had been recruited safely. Staff completed a Disclosure and Barring Service (DBS) check and provided references from previous employers. A DBS check would inform the provider if a staff member had any convictions or had been barred from working with vulnerable adults.

Requires Improvement

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 good. At this inspection this key question has deteriorated to 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

- The provider's quality assurance systems were ineffective in identifying areas for improvement. For example, checks were completed on medication administration records but they failed to identify important and required information was missing. . This meant staff did not always administer medicines safely. One audit had identified 'no issues' and had not identified that one person's medicines had been left on their table and not given to them as needed.
- Care plan audits had taken place. However, these had not identified the lack of information in risk assessments or guidance for staff on how to mitigate these risks. This meant the audits being completed were ineffective at identifying where quality of care information could be improved.
- Other audits completed were not capable of driving and sustaining improvements at the service. Audits completed since January 2021 around complaints and accidents and incidents had not resulted in any actions for learning or improving the service or people's safety. This demonstrated that although audits were completed, these were not used as a tool to continuously learn and improve care.
- Although the provider and registered manager were responsive where issues around infection control were identified, it is a concern that they had not identified some of these areas for improvement as part of their overall monitoring of the service. The areas of improvement identified by an external environmental health agency had not been identified by the provider.

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

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

- All people spoken with informed us they had meetings with senior members of the team to discuss their experience of care. Some people spoken with felt the provider and registered manager responded well to their feedback. One person said, "We liaise a lot and I speak to them as and when issues arise." However, other people told us that although the provider listened to their feedback, they had not always acted upon this. One relative told us, "They [the management team] don't have a problem with apologising but they don't seem to learn from their mistakes." This relative went on to tell us about an incident with medicines in which they recommended some changes to how staff recorded medicines, but this was not acted upon. This meant there was inconsistency in the provider's approach to engaging people with feedback.

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

● People mostly gave positive feedback about the management team. People told us that managers were approachable and responded well to their requests for changes to their care. One person told us, "They have been brilliant. Any issues they deal with it straight away without hesitation." However some people raised some concerns about the running of the service. One relative said, "The cares never a problem, it's not the care. The issue is all of the logistics around it, the planning for care." This relative explained that this was in response to issues around consistency of care staff and visit times.

● Staff spoken with told us they felt supported by the management team. Staff had access to supervisions in which they could discuss the service with managers and felt their feedback was acted upon. One staff member said, "The managers are really supportive. They help us a lot."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● The provider had recently responded to recommendations made by an external environmental health team to make improvements to infection control practices. The registered manager told us they worked with other health professionals where required to support improvements to the service.

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

● Where concerns had been raised, the provider had investigated these, informed the local authority and provided copies of their investigations to the people concerned. This demonstrated that the provider understood their responsibility to be open with people.

● Where incidents had occurred, the provider had notified CQC of these as required.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people's safety had not always been assessed in a way that kept people safe.

The enforcement action we took:

The Care Quality Commission have imposed additional conditions on the provider's registration for the regulated activity of personal care. Every month, the registered provider must send to the Care Quality Commission a report outlining the outcomes of their quality assurance, summarising audit findings, the improvement actions to be taken, and timescales for completion.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance systems were ineffective in identifying areas for improvement.

The enforcement action we took:

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