

Humble Healthcare Limited

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Inspection report

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12 July 2017

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 12 July 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The last inspection took place 5 July 2016 when we rated the service Requires Improvement. We made breaches in respect of safe care and treatment, fit and proper persons employed and good governance. At the inspection of 12 July 2017 we found that there had not been enough improvements in any of these areas. In addition we found other areas of concern which included the management of medicines, supervision of staff and the assessment of people's needs.

Humble Healthcare Limited is a domiciliary care agency registered to provide personal care to people living within their own homes. At the time of the inspection 28 people were using the service. People using the service lived in the London Boroughs of Southwark and Hounslow. The majority were older people (over the age of 65 years). Four people had been using the service since 2016. The other 24 people started using the service between March and June 2017. There were 16 active care workers at the time of our visit. Humble Healthcare Limited is the only location for the provider of the same name. The service is privately owned and has been operating since 2016.

The owner of the company was also the registered manager. 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 and associated Regulations about how the service is run.

The risks to people's safety and wellbeing had not been assessed and there was no guidance to ensure the staff minimised these risks.

Medicines were not managed safely so people were at risk of harm.

The provider had not undertaken all the required checks on the staff employed. Therefore people were at risk of receiving care from staff who were not suitable. The provider did not ensure that staff were suitably supervised to make sure they were competent.

The provider had not assessed or planned for people's needs. Therefore there was a risk that they would receive care which was not suitable.

Records were not accurately maintained. Therefore staff did not have clear information about how they should meet people's needs.

The provider's systems for monitoring the quality of the service, mitigating risks and making improvements

were insufficient and this meant people were at risk of receiving care which was not safe and did not meet their needs.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. For the breaches of Regulations in relation to person centred care and staff support you can see what action we have asked the provider to take at the back of the report. We are taking further action against the provider for breaches of Regulations in relation to safe care and treatment, good governance and fit and proper persons employed. Full information about CQC's regulatory response to the concerns found during this inspection is added to reports after any representations and appeals have been concluded.

Following receipt of the draft inspection report the provider sent us evidence of more detailed care plans and assessments for some people and these had more information to enable the staff to know how to care for them.

People who used the service, their relatives and the local authority representatives felt the service met their needs. They said that care workers were kind, caring and polite. The care workers arrived on time and carried out all the tasks they expected. People told us that they were given choices and the care workers respected these.

The staff told us they were well supported and were happy working with the agency. They told us they had all the training they needed.

The registered manager had a good knowledge of the individual people who used the service and their needs. Stakeholders told us the registered manager was responsive and addressed any issues of concern.

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.

The risks to people's wellbeing had not always been identified or assessed. Plans to manage risks were not sufficient and did not take account of people's individual needs.

The recruitment procedures were not robust enough to make sure the staff employed were suitable to work with vulnerable people.

The procedures for managing medicines were not safe enough. People told us they received their medicines as prescribed but the provider was not able to evidence this and had not taken action when records indicated a discrepancy with medicines administration.

There were enough staff to meet the needs of people. Care visits took place on time and people felt safe with the staff from the agency.

Inadequate ●

Is the service effective?

Some aspects of the service were not effective.

The provider did not always assure themselves of the competency and skills of the staff who they employed.

The staff told us they had the information, training and support they needed to carry out their work. However, there were no systems for offering staff formal support or appraising their work.

People told us they had the support they needed at mealtimes.

The staff monitored people's health and liaised with healthcare professionals as needed.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

People were cared for by kind, polite and friendly staff.

People's privacy was respected.

Is the service responsive?

Some aspects of the service were not responsive.

People's care needs had not been fully assessed or recorded. Care plans were inconsistent and sometimes gave the wrong information about how needs should be met. This meant people were at risk of receiving inappropriate care and treatment.

People were being supported in a way which met their needs and reflected their preferences. They told us this and the provider's own monitoring showed people were consistently happy with the support they received.

Care workers arrived on time and stayed for the agreed length of time.

People knew how to make complaints and felt that their concerns were responded to and addressed.

Requires Improvement ●

Is the service well-led?

Some aspects of the service were not well-led.

Records were not accurately maintained and this placed people at risk of inappropriate care and treatment.

The provider's systems for quality assurance did not identify or mitigate risks or adequately monitor the service.

People using the service and other stakeholders were happy with the service and felt the agency met their needs.

Requires Improvement ●

Humble Healthcare Limited

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 checked 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.

This inspection visit took place on 12 July 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection was conducted by one inspector.

Before the inspection visit we looked at all the information we held about the service. This included the last inspection report and the provider's action plan for the requirements we had made where there were breaches of Regulation.

We spoke with three people who used the service and the relatives/representatives of four other people who used the service on the telephone to ask them for their feedback. We spoke with two local authority representatives who were responsible for commissioning and reviewing people's care. We also spoke with five care workers on the telephone to ask them about their experiences.

We looked at the care records for 10 people who used the service and the records of recruitment, training and support for 10 members of staff. We also looked at other records the provider used for managing the service. Following the inspection the provider sent us additional documents and evidence of their work. This included the care plan and risk assessment for one person, staff induction checklists and templates for records the provider planned to use.

Is the service safe?

Our findings

At the inspection of 5 July 2016 we found that there were no recorded plans to tell the staff how to respond to and manage risks people experienced to minimise the likelihood of harm. At the inspection of 12 July 2017 we found that improvements had been made in some areas but these were not enough.

Only two of the 10 care files we viewed contained detailed information about risks, and only one of these was sufficient to ensure that staff were aware of and understood the risks associated with caring for this person. However, neither of these files included information on all of the risks for these people. For example, both people had equipment to help them move and both had equipment to help them with their personal care. Whilst there was brief reference to this equipment there was no information about the risks associated with these or how staff should support people to minimise the likelihood of harm.

Only one care file included an assessment of the person's home environment and potential hazards within this. The majority of care files did not contain any reference to the environmental risks. For example, information about fire, electricity, gas and chemical risks, information about access or hazards for the person being cared for or the staff. One care file which identified a person was at high risk of falls stated, "The environment to be kept clear always as she uses a walking stick and is shaky." However, there was no information about the safety of the environment in any other care files we viewed.

The provider had a template used in care files for risk assessments. This included a list of seven potential risks, pressure sores, infection/deterioration of physical health, skin breakdown, manual handling, malnutrition/dehydration, falls and isolation. In three of the care plans we viewed this template did not have any information. The registered manager told us that one of these people was at risk of self-neglect.

Where the template relating to risk assessment had been completed the information was not sufficient. For example, one person was supported to move using a hoist. The risk assessment entitled "Falls" stated, "Carers to follow manual handling policy." There was no other information about how this person was supported to move safely. In another example, a person had been identified as at risk of malnutrition. The record showed that the provider had assessed this as a high risk and likely to happen. However, the only plan for supporting the person with this risk was, "Carers to ensure eating."

The provider had not assessed any additional risks specifically relating to people. For example one person's care plan included the statement, "[Person] has expressive dynamic air way collapse. Due to this condition [person's] oxygen level is low and sometimes chokes whilst eating." There was no additional information in relating to this risk or how the person should be supported, despite the fact the care workers were responsible for giving the person drinks and repositioning them after they had eaten. Another person's local authority assessment had identified that they could not stand for long periods of time and that the care workers needed to be aware of this when supporting the person with personal care. There was no risk assessment in relation to this and this need was not recorded in the provider's care plan for the person.

The above evidence shows that the provider had not fully assessed the risks for people and in some cases had failed to recognise where there were known risks. They had not given guidance for the staff on how to keep people safe in relation to risks. Nor had they given guidance on how to minimise or prevent harm. Therefore people were at risk of receiving inappropriate care and support.

Information within some risk assessments was generic and did not show how the person should be supported to meet their individual needs. For example, the registered manager told us that they had created more in-depth risk assessments for each person but this information was located on their computer system and not in care files. We asked the provider to send us evidence of this. The provider sent us the manual handling risk assessment for one person. This had more detail about risks associated with moving a person and the control measures to minimise the risks. However, the information was generic and with the exception of the person's name there were no personal details. For example, one of the hazards recording in the assessment was, "Moving and handling of people we support in or around their bedrooms and communal area." One of the recorded effects of the risks was, "Potential risks are to all employees, people we support, contractors, others", and one of the control measures was recorded as, "Each person we support will have it's own moving and handling assessment. The assessments actively involves the individual concerned, their family or those acting on their behalf where appropriate, and relevant professionals."

The person's care plan, also sent to us by the provider following the inspection visit, stated that the person "needs assistance" with, "moving around the home, transfers to/from chair, getting out and about, using transport, use mobility aids (Zimmer, walking stick etc, sitting to standing, chair to commode and repositioning in bed." None of these support needs were specifically included in the risk assessment and there was no information within the person's care plan about how staff should meet this person's specific needs.

In addition, the care plan for this person included details of risks and control measures which were contradictory and did not reflect the person's needs. For example, the local authority assessment and care plan stated that the person should be supported to use the commode and have their continence pad changed. The risk assessments created by the provider included guidance on catheter care. The person did not have a catheter in situ. The person's risk assessments also included guidance on preventing pressure sores as, "Encourage me to change position and reposition me for every call if needed." The person did not have restricted movement and this measure was not relevant to them. Another risk assessment referred to diabetes. There was no information in any other part of their care records or the local authority assessment to suggest they had diabetes. The risk assessment regarding choking referred to pureed food. The person was not on a texture modified diet. It appeared that these risk assessments were a standard template and had wrongly been included in the person's care plan. This meant that specific risks for the person had not been identified. In addition, the person was placed at risk because staff following these plans would be delivering the wrong care to meet this person's needs.

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

At our inspection of 5 July 2016 we found that the provider did not always check the suitability of new staff to work with vulnerable people. The provider is required to make certain checks on staff. At the inspection of 12 July 2017 we found some improvement had been made but this was not enough to ensure that the staff employed were always suitable.

We viewed 10 staff recruitment files. Seven of these staff had been employed in 2017. Four members of staff

had gaps in their employment history, one member of staff's last recorded employment was August 2016 and one member of staff's last employment was 2014. There was no evidence the provider had discussed these gaps in employment history with the staff. Therefore they had not identified any potential negative information or explored this to make sure the member of staff was suitable.

The provider is required to obtain references relating to staff conduct from previous employers, where possible. The provider had only received one reference in respect of four of the members of staff. In one instance a reference stated it was from a previous employer but the staff member had not recorded this employer on their application form. There was no evidence that the provider had checked the validity of this reference. There was no evidence the provider had attempted to obtain other assurances about the conduct and performance of these members of staff. Therefore there was a risk that they may not be suitable and the provider had not taken steps to assess or manage this risk.

The provider had not requested Disclosure and Barring Service (DBS) checks for all of the staff. These checks detail any criminal convictions and arrests and are an important factor in determining if staff are suitable to work with vulnerable people. We saw that two members of staff employed in 2017 had given the provider copies of DBS checks made in 2014 and 2015. The provider had not sought assurances by making their own checks at the time of recruitment and therefore the information was not up to date.

In these instances where information about the staff was incomplete, the provider had not taken additional steps to ensure that the staff were suitable. For example, they had not assessed or recorded the risks associated with employing potentially unsuitable staff and they had not undertaken additional monitoring or supervision of their conduct. Therefore people continued to be placed at risk of being cared for by unsuitable staff.

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

The provider had made some improvements to recruitment procedures. There was evidence of formal interviews with staff, these included a series of questions relating to their skills and knowledge. The provider had also made checks on their identity and eligibility to work in the United Kingdom. The provider had requested references from previous employers, but they had not always followed these up when they did not receive them. The provider had requested a DBS check, or accepted a recent DBS check for the majority of the staff they had recruited.

People's medicines were not being managed in a safe way. Information about people's prescribed medicines was not clearly recorded. Four of the files we viewed did not contain a list of the medicines people were prescribed. In the files where there was this information it was not always clear. For example, the information did not always include the dose, administration details, what the medicine was prescribed for and whether there were any side effects. Therefore the staff supporting people did not have clear information about medicines.

The registered manager told us that staff supported at least 10 of the people using the service to take their medicines. The provider's procedures were that staff completed medicine administration records and that these were collected and checked by the registered manager or senior staff. However, the registered manager could only locate medicine administration records for three people. They told us they had not collected the records for other people. Therefore, they had not been able to audit these and check that people had received their medicines as prescribed.

We found that the medicines administration records we viewed had not been completed appropriately. There was no evidence that the registered manager had taken action where there were inconsistencies. Therefore they had not ensured that people had received their medicines safely and as prescribed. For example, one person who had been using the service since September 2016. There were no medicines administration records for December 2016 or January 2017. The medicines administration record for November 2016 was not clearly recorded and the dates of administration were not clear. In addition, there were gaps where no administration details had been recorded. The staff had not always recorded the dose of medicines which had been administered. For example, the person had received occasional paracetamol, but the information about the dose of this and why they had been administered was not recorded. Some words on the records had been crossed out and written over and information was difficult to read. The person's full name, date of birth, GP details and any allergies had not been clearly recorded.

Similarly we found discrepancies with the other two people's medicines administration records. Both people's medicine administration records were messy and information was difficult to read. The records lacked important details about the person receiving medicines and the actual medicines. There were gaps where administration had not been recorded but there was no information to state why this was the case. The administration records were designed to last for one calendar month or 28 days. However, the record for one person started in November 2016 and then changed to January 2017, covering 30 days but not consecutive ones. There was no clear record for the missing dates. Other records did not run consecutively on from each other with one record ending on 18 March 2017 and the next record starting on 22 March 2017. There was no record for administration for the three missing days. Therefore the staff had not properly or clearly evidenced administration of people's medicines. Failure to effectively audit these meant that the provider had not identified and acted on any areas where further clarity was needed.

Nine of the staff files that we looked at did not contain evidence of competency assessments to show that the provider had checked the staff were administering medicines correctly.

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

People using the service and their relatives told us that they were happy with the support they received with their medicines. They told us they were given their medicines on time and as prescribed.

Following the inspection visit the registered manager sent us medicines competency checklists for seven members of staff which indicated they had been observed administering medicines and that they had carried out this task appropriately. The registered manager also sent us a blank form entitled, "risk assessments on refusing medications." There was no evidence that these had been completed within any of the care files we viewed. The provider also sent us a care plan for one person which included a medicines risk assessment. However, the information within the assessment was generic and listed good practice guidance for staff administering medicines and did not identify any risks for this particular person or how they should be managed.

The provider had a procedure for safeguarding people. The procedure was shared with staff and information about recognising and reporting abuse was given to people using the service. The staff had received training in this area. There had not been any safeguarding alerts since the last inspection but the registered manager was able to describe the action they would take if there was any.

People who used the service and their relatives told us they felt safe with the agency. They told us they felt the care workers were appropriately trained and skilled and that they met their needs in a safe way. One

person described how the staff purchased shopping for them. They said the staff were trustworthy and provided receipts for their purchases.

The provider had contingency plans for dealing with different emergency scenarios. The staff were given information about who to call if they needed additional help or in emergency situations.

There were enough staff to care for people who used the service. The registered manager told us they employed 16 care workers at the time of our visit. The provider had a computerised system for planning staff allocation and making sure care visits took place as planned. This system included an automatic alert if staff did not arrive for a care visit. The system also monitored whether care visits took place on time. We saw from the provider's records that visits took place at the same time each day and care workers were rarely late. This was confirmed by people who used the service and their relatives who told us they always received the care when they needed this and at the right time.

Is the service effective?

Our findings

The registered manager told us that all new staff shadowed experienced members of staff for three days before they were able to work on their own. The staff who we spoke with confirmed this and told us that they had supported a variety of different people who had different needs over three days. However, there were no records of this. Seven of the 10 staff whose files we viewed had been recruited in 2017. The files of the seven staff employed in 2017 contained a single record to state they had been observed during one care visit. The times of the visits were recorded and they were all between 30 minutes and one hour. The majority of records stated a brief summary of the observation. For example one record stated, "Personal care and transfers." Another staff member's record stated, "Personal care." A third member of staff's record stated, "Breakfast.". There was no record of how the member of staff performed, their competency or if there was any concerns about their work. There were no other recorded competency assessments, such as an assessment of their ability to safely handle medicines or to use equipment to help a person move. Therefore we could not be confident that people were being cared for by staff who had received a comprehensive induction. The provider could not evidence that the staff supporting people were competent to do so.

The files for the three members of staff employed before 2017 contained a document entitled, "Performance evaluation." The evaluation had taken place in January 2017 for all three members of staff. The information was recorded by giving yes/no answers to a series of questions about their conduct and performance. There was no detailed information and all three members of staff's evaluations were the same. There was no further evidence of evaluations in the work place, supervision meetings or competency assessments for any of the ten staff whose files we looked at. There was no evidence of appraisals for staff who had worked for over a year. Therefore the provider was not sufficiently monitoring and assessing the way in which the staff were working.

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

One file had evidence of an induction checklist where the member of staff had signed to say they had read the organisation's policies and procedures and had been issued with a handbook. The other six files did not contain any evidence of this. However, the provider sent us an email with completed checklists for all of the staff a week after our inspection visit. The registered manager told us they could not locate these on the day of the visit. The staff confirmed they had received information about the agency when they started work.

The registered manager told us that they employed a consultant trainer to run training courses at the agency offices. With the exception of three members of staff employed in June and July 2017, the staff files we viewed contained evidence of training in key areas which the provider considered mandatory and in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. The registered manager told us that the newly employed staff had started to undertake their training. There was no evidence of training updates for some of the staff who had been working at the service for over one year. We discussed this with the provider

who told us that they would have opportunities for training updates. In addition, the registered manager had enrolled the staff to undertake vocational qualifications in care. There was evidence that some of the staff were already qualified. The registered manager told us that all staff were trained to use equipment, such as hoists, at people's homes by the registered manager before they started supporting people. The registered manager was a qualified trainer. The staff told us they had opportunities to train. One member of staff told us they were already an experienced care worker but the agency had requested they complete additional training with them.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We checked that the provider was working within the principles of the MCA. We found that whilst the registered manager demonstrated an understanding of capacity and their legal responsibilities; information within care records was insufficient. For example, only one care record clearly stated that someone had capacity and one that someone did not. From reading the care plans we were unable to determine whether people had capacity to understand their care and treatment options. Two records we viewed had been signed by family members and the relatives we spoke with told us they had read and agreed to care plans. One person had signed their own care plan, and the people who we spoke with told us they were happy with the care provided, but had not necessarily read their own care plan. However, failure to assess and record people's capacity put them at risk of receiving care which was not appropriate and that they did not consent to. The staff told us they offered people choices when delivering care, but care plans did not give information about how people understood different choices or how best to support them to enhance this understanding.

People who were supported at mealtimes told us that they had the support they required. The staff recorded the food they had given people in logs and these showed that people had a variety of different meals and they had made choices about what they ate.

People using the service and their relatives told us the staff monitored their health. The staff we spoke with talked about how they were responsible for making sure any changes in people's healthcare needs were reported and the registered manager confirmed that this happened. The registered manager told us that the staff had stayed with a person who became unwell waiting for an ambulance to arrive. The staff recorded people's wellbeing and any concerns with their health within logs of their visits.

Is the service caring?

Our findings

People who we spoke with told us the staff were kind, caring and polite. They said that they liked the staff and the registered manager, who was friendly and helpful. Relatives told us that the care workers were helpful and that their family members liked receiving visits from them. Some of the comments we received from people included, "They are nice carers", "I am very happy with the carers", "They do a good job" and "We have the same familiar carer and [my relative] likes that because they have a good relationships with them."

People using the service and their representatives told us that they were involved in making decisions about their care. They told us they met with the registered manager to discuss their care needs and could ask for changes if these were needed. People told us that the care workers communicated clearly with them and explained what they were doing when they carried out care visits.

People using the service and their relatives told us the staff respected people's privacy. They said that the care workers offered people choices and listened to what they wanted. They told us that care workers closed doors and curtains when providing care, that they knocked on doors and they addressed people in a respectful manner.

The registered manager kept a record of telephone contact they had with people using the service. These records showed that people reported their care workers were caring.

Is the service responsive?

Our findings

People who used the service and their relatives told us that their needs were being met. They said that they had the same familiar care workers and that the care workers arrived on time and did everything they needed. The social care professionals who we spoke with also told us people's needs were being met. One professional explained that the agency was willing to take on care packages to support people late in the evening. They said that other agencies would not do this and that some people wanted to be able to stay up late and go to bed when they wanted rather than when it suited the agency. The professional told us that Humble Healthcare Limited accommodated this and provided care at people's preferred times. Both professionals told us that the relatives of people using the service were happy. One professional said, "I have spoken with the families and they are very happy with the service." Both professionals told us the agency had listened to and acted on changes people requested with regards to the timing of visits.

The records of assessments and care planning were incomplete and insufficient. For example, the provider had a standard template for needs assessment and planning. This had not been amended for individual people and therefore their needs and how to meet these were not clear. Each care plan included a schedule for breakfast, lunch, tea and evening visits, regardless of how many visits they actually had. Each visit had sub headings with a list of tasks. The provider had not adjusted this standard information for different people and therefore the care plans did not reflect individual needs and sometimes did not make sense. For example, one person's care needs described by the local authority were for one care worker to make a lunch time visit each day to help them prepare a "sandwich or similar" and for the care workers to encourage the person to wash up their own dishes. The person also had one visit a week from the agency for their house to be cleaned. However, the provider's care plan for this person listed four visits each day with instructions including, "My carer to prompt medication", "Lunch visit 1-2(2 care workers)", "Carer to change incontinence pads", "My carer to freshen me up and get me ready for bed" and "Empty the commode." None of these, and a number of other listed tasks were relevant for this person. This meant that people's care was not planned or recorded in a personalised way. Therefore people were at risk of staff providing the wrong care and support.

We saw the same information printed in eight out of the ten care plans we viewed. One care plan was absent from the person's file but was later emailed to us by the registered manager. This care plan contained the same pre-printed template which had not been altered to show their individual needs. Care plans for both men and women included the breakfast visit instruction, "If possible leave her with a drink." They also included the instruction, "Assist with safe transfer and mobility using the Sara Steady." This is a particular make of standing hoist that was not used by all people using the service. This also meant that care was not planned in an individual and personalised way.

Where there was an identified need this was not explained and there was no plan about how to meet this need. For example, two people's files included a body map showing a mark or injuries to their skin. However, there was no other information relating to these marks, such as the date of the injury, the treatment plan for the injury and the progress or changes to the injury. The local authority assessment for another person

recorded they were diabetic. However, there was no reference to this in the person's care plan, even though the care involved staff supporting the person at mealtimes. This meant that people were at risk of not receiving the care they needed.

There was no evidence that some people's care had been reviewed. Four people had been using the service since 2016 and a further two since March 2017. There was no evidence in their files of reviews or checks to make sure the agency was meeting their needs. Following the inspection the registered manager emailed us a review for one person which had taken place in February 2017. However, the lack of evidence of other reviews meant that the provider could not assure themselves that they were meeting people's needs and acting on any changes in these needs.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following receipt of the draft inspection report, the provider sent us evidence of more detailed care plans and assessments for four of the 10 people's files we had viewed.

The registered manager had a very good knowledge of people's needs. They were able to discuss each person who used the service and how they liked and needed to be cared for.

People told us that their care workers arrived on time and stayed for the agreed length of time. They told us they usually had the same care worker and they liked this consistency. The logs of care visits we viewed confirmed this, as they had been completed by the same care worker/s. The log books also showed that the time of care visits was generally the same each day with a small amount of variation. The care workers told us they had enough travel time to travel between people's houses so they were rarely late.

There was an appropriate complaints procedure and people were aware of this. There had been no complaints since the previous inspection. People told us they were able to discuss any concerns and that the provider acted on these. The local authority representatives also confirmed this, telling us about examples when people using the service or families had raised a minor concern. They said that the provider had been very responsive, had listened to people and had put this right.

There was evidence the provider made regular contact with people using the service. The registered manager visited people and spoke regularly to them and their relatives on the telephone. Some of these phone calls were recorded and they indicated that people were happy with the service and did not want any changes.

Is the service well-led?

Our findings

At the inspection of 5 July 2016 we found that the provider had not always maintained accurate, up to date and clear records in relation to people using the service and staff. At the inspection of 12 July 2017 we found that there had been some improvements but further improvements were needed.

Care records were incomplete, inaccurate and did not reflect individual needs. The staff had created logs to show the care they had given but care plans and risk assessments were inaccurate. A number of people's care plans consisted only of a template which had not been altered to reflect their needs. For example, one person's care plan stated, "AM call, minutes (time between) x number of carers." This information did not make sense and was not personalised. The person also had a "checklist of important information" which was blank and had no information contained within it. Records of people's skin condition were incomplete and did not include information about how their needs should be met or whether they had sustained an injury. Risk assessments were generic and did not include guidance for the staff on how to minimise risks. In addition there was insufficient guidance to manage identified risks. For example one person had been identified as at risk of isolation, malnutrition and falls. There was no plan in place to manage these risks.

Staff records were also incomplete and inaccurate. The registered manager told us that all new staff completed three days shadowing experienced staff before they were allowed to work alone. They told us that there was continuous assessment during this period and that their competency at specific tasks, including medicines management was assessed. There were no records of this. We looked at the records for 10 members of staff. The only record relating to staff induction for eight members of staff who had been employed in 2017 was a few words stating which task had been observed (personal care, administration of medicines) during one care visit which lasted between 30 minutes to one hour. There was no evidence of any other observations or information about the staff member's competency. The records relating to staff recruitment were incomplete.

The provider's quality assurance had failed to identify problems regarding record keeping. However, we found these problems created a risk that people would not receive the right care to meet their needs.

The registered manager told us that some of the records were computerised. We asked that they provide us with evidence of this. During the seven days after the inspection visit the registered manager sent us additional information. However, none of this assured us that they had completed care plans or risk assessments accurately, that they had evidenced the assessment of staff competency or that they had carried out appropriate recruitment checks on the staff they employed.

At the inspection of 5 July 2016 we found that the provider monitored the service, however, they did not always record when they had done this. At the inspection of 12 July 2017 we found improvements had been made. However, the systems did not always identify when improvements were needed.

There was evidence that the provider made telephone calls to people using the service to ask them about

their experience. They had also asked people to complete questionnaires about the service. However, one person had reported that "The carers sometimes rush everything." There was no evidence that the provider had acted on this concern. A team meeting held four days after this feedback was given did not include discussions around this concern.

The provider's audits were insufficient because they did not identify problems or potential problems. The registered manager told us that four people who had been using the service since 2016 and two people who had been using the service since March 2017 required support with their medicines. However, they were only able to show us evidence that they had collected the medicine administration records for three of these people. We found errors and inconsistencies on the administration records which the provider had not identified or taken action about.

The staff completed logs to show the care they had provided to each person. These were kept at people's homes and the registered manager told us they aimed to collect these monthly or when completed. However, there were only six people's logs present at the agency offices. Three of these people's last log entries were in April 2017. There was no evidence the provider had checked these to make sure they were an accurate record of the care provided. In some instances the staff had used inappropriate language such as, "changed nappy" and "changed paddy." The provider had not addressed this with the staff and they continued to use this language. Some staff had also recorded information in an unclear way, for example using the wrong pages to record care visits. This issue had also not been addressed.

Therefore the provider was unable to show that they identified and mitigated risks or worked towards continuous improvement.

The paragraphs above demonstrate a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following receipt of the draft inspection report, the provider sent us additional information in respect of four of the 10 people's care records we looked at. This provided more personalised information for the staff to understand how they needed to meet the needs of these four people.

Humble Healthcare Limited is the only location for the provider of the same name. The company was registered in 2014 but only started operating in 2016. The owner of the company is also the registered manager. They previously worked as an assessor for staff undertaking health and social care vocational qualifications. The provider also employed another manager to help with administration and the running of the service and two care coordinators who supported the care workers. The agency operated in two different London boroughs at the time of the inspection. One care coordinator oversaw the work in each borough. The care staff were allocated to work in a specific geographical area. The registered manager told us they employed an additional training manager on a consultancy basis to provide the staff with their training.

The registered manager had a good knowledge of the people using the service. They were able to talk about and recall the needs of each person and how these were being met. They told us they had a good relationships with people who used the service and their relatives. This was confirmed by the people who we spoke with. The registered manager also told us they visited people in their homes. We saw records of staff inductions showed that the registered manager had observed staff practice when they delivered care. The registered manager told us this was always the case and that they visited people to assess the equipment being used, to create care plans and to observe staff. People using the service and their relatives told us this was the case. They told us they felt comfortable with the registered manager and were happy to discuss the

care planned and the service being received.

Feedback from people using the service, staff and other stakeholders about the service and the registered manager was positive. Comments from relatives included, "We are very happy" and "They are a good reliable service." One person who used the service told us, "They come in and clean, they are good, they care and I am happy." The social care professionals who we spoke with said, "They are willing to try, if we suggest anything they listen to us and action it" and "They keep us informed and they work with us." One member of staff told us, "I can call [registered manager] anytime, he is very supportive, I like working here, I have no problems." Another member of staff commented, "I have recommended to my friends that this is a good place to work."

Since the last inspection the provider had established an electronic call monitoring system. This system provided live updates to show whether care visits were taking place. The registered manager told us that the system alerted them if a care worker was late for a visit. The system also helped the registered manager to plan which members of staff would carry out the visits.

The provider had a range of policies and procedures which they regularly reviewed and updated. There were procedures relating to notifying the Care Quality Commission (CQC) of significant events, including safeguarding alerts and accidents. The registered manager was aware of their responsibilities in this area but there had not been any such events since the last inspection.

At the time of the inspection visit the provider's website did not show the rating from the last Care Quality Commission (CQC) inspection visit. This is a legal requirement. We discussed this with the provider and shortly after the visit they changed their website to provide a link to the CQC rating and most recent inspection report.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The registered person had not carried out an assessment of the needs and preferences for care and treatment of the service user.</p> <p>Regulation 9(3)(a)</p> <p>The registered person had not designed care with a view to achieving service users' preferences and ensuring their needs were met.</p> <p>Regulation 9(3)(b)</p> |
| Regulated activity | Regulation |
| Personal care | <p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered person did not ensure that persons employed received appropriate support, supervision or appraisal to enable them to carry out the duties they were employed to perform.</p> <p>Regulation 18(2)(a)</p> |

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 | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not provider care and treatment in a safe way because they had not:</p> <p>Assessed the risks to the health and safety of service users receiving care.</p> <p>Regulation 12(2)(a)</p> <p>Done all that is reasonably practical to mitigate any such risks.</p> <p>Regulation 12(2)(b)</p> <p>Ensured the safe and proper management of medicines.</p> <p>Regulation 12(2)(g)</p> |

The enforcement action we took:

We have issued a warning notice telling the provider they must make the required improvements by 31 August 2017

| Regulated activity | Regulation |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Personal care | <p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not operate systems and processes to enable them to assess, monitor and improve the quality and safety of service users.</p> <p>Regulation 17(2)(a)</p> <p>The registered person did not operate systems and processes to assess monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.</p> |

Regulation 17(2)(b)

The registered person did not maintain securely an accurate, complete and contemporaneous record in respect of each service user.

Regulation 17(2)(c)

The registered person did not maintain securely records relating to persons employed and the management of the regulated activity.

Regulation 17(2)(d)

The registered person did not evaluate and improve their practice in respect of processing information referred to above.

Regulation 17(2)(f)

The enforcement action we took:

We have issued a warning notice telling the provider they must make the required improvements by 30 September 2017.

| Regulated activity | Regulation |
|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Personal care | <p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person had not obtained the information in relation to persons employed as described in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Regulation 19(3)(a), Schedule 3(4), (5) and (7)</p> |

The enforcement action we took:

We have issued a warning notice telling the provider they must make the required improvements by 30 September 2017.