

Awesome Healthcare Solutions Limited

Awesome Healthcare Solutions Limited

Inspection report

Bizspace, Office 3
Bow Bridge Close
Rotherham
South Yorkshire
S60 1BY

Tel: 01709837191

Website: www.awesomecaresolutions.co.uk

Date of inspection visit:
12 December 2017

Date of publication:
06 February 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

This unannounced comprehensive inspection took place on 12 December 2017. The last inspection took place on 21 April 2017. The service was meeting the requirements of the regulations at that time. The service was rated Good. We undertook this inspection in light of concerns we received. At this inspection we identified issues stemming from a lack of oversight and governance. As a result, the service is rated as 'Requires Improvement.'

Awesome Healthcare Solutions Limited provides assistance to people who require support with daily tasks and personal care in their own homes. The service was supporting approximately 45 people when the inspection took place.

There was a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The provider had appropriate policies and procedures in place to ensure that people received their medicines safely but did not use them effectively. People's records were not always clear as to what support they received with their medicines and were not being robustly checked to ensure they received them safely.

Staff had the skills that they needed to provide people's care safely. Arrangements were in place to ensure that staff had sufficient skills and knowledge to provide people with appropriate support. Staff had been provided with sufficient training in key areas such as safeguarding, mental capacity and manual handling but did not always receive regular supervision.

The provider followed safe recruitment procedures and ensured that necessary risk assessments had been completed as part of the staff selection process. People could always be assured that their care visits would be attended by the appropriate number of staff needed to meet their care needs appropriately.

People were protected from harm arising from poor practice or abuse; there were clear safeguarding procedures in place for care staff to follow if they were concerned about people's safety. Staff understood the need to protect people from harm and knew what action they should take if they had any concerns.

People were supported by staff to make choices with their daily care needs. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA2005) and there were systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005.

The provider did not meet the CQC registration requirements regarding the submission of notifications about specified events, for which they have a legal obligation to do so.

The provider did not have sufficient oversight of the service. Ineffective quality assurance systems were in place to monitor the care and support people received. The improvements that were required to the service had not always been identified, and there had been on-going shortfalls as a result, including missed care visits.

People and their relatives knew how to make a complaint and were comfortable approaching staff if they needed to, although some people found it difficult to contact the office.

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 consistently safe.

People's medicines were not always managed safely.

Staff had undertaken relevant safeguarding training and understood their role.

There were sufficient numbers of staff, whose suitability for their role had been assessed, to provide people's care.

People did not always receive the required number of visits or for the allocated time.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff knowledge, skills and competency was not routinely monitored through regular supervision.

Staff ensured people had choice and were consenting to their care.

Staff had an understanding of the principles of the Mental Capacity Act 2005 (MCA) and people's consent to care.

Requires Improvement ●

Is the service caring?

The service remains 'Good.'

Good ●

Is the service responsive?

The service was not always responsive.

Care plans did not always give clear guidance about how to support people.

People did not always receive support when they wanted it.

People knew how to complain and some complaints were managed well, whilst others found it difficult to contact the

Requires Improvement ●

office.

People were able to provide feedback in various ways.

Is the service well-led?

The service was not consistently well-led.

The provider did not ensure their quality assurance systems remained effective.

Staff knew about whistle blowing and how to report concerns.

The provider failed to meet their legal requirements to inform the Care Quality Commission of notifiable incidents.

People had sufficient opportunities to provide feedback regarding their experiences of the service.

Requires Improvement ●

Awesome Healthcare Solutions 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 was undertaken following concerns raised with us and to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 December 2017 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection, we reviewed the information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. In addition we spoke with the local authority and reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.

Following the inspection we spoke with one relative and four people who received care services from Awesome Healthcare Solutions. We gained feedback from a social worker who had experience of the service and a local authority officer.

We reviewed nine people's care records including their medicines administration records. We looked at four staff files including recruitment, training, supervision and duty rotas. We read other records relating to the management of the service that included incident reports, safeguarding concerns, complaints and audits to monitor quality of the service. We spoke with the registered manager, the human resources manager and four staff.

Is the service safe?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating is 'requires improvement.'

People and their relatives were positive about the service provided and the staff who worked for the service. They felt the care and support was delivered in a safe way by staff who were trusted. People and their relatives told us they normally had regular staff who they got to know, which helped them feel safe. One relative said, "Overall, we are fairly happy." Another person said, "Regular staff is something I like and I get it."

Despite this positive feedback we found some practice that was not safe.

Systems did not ensure staff administered or supported people to take their medicines in a safe way. The medicine administration records (MAR) charts were not always complete. For example, we found gaps where staff had not signed to confirm that medication had been given. Not all audits had identified the missed signatures. For those that did, it was not clear what action had taken place. Therefore the provider could not be assured people were receiving their medicines as prescribed.

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

Safe and effective recruitment practices were followed to ensure that all staff employed were suitable to work in this type of service. We saw pre-employment checks were completed with information about past employment history and any gaps on application forms were explored. References were provided by the people named on the application forms. There were sufficient numbers of experienced staff deployed to meet people's needs. People told us that there were enough staff to meet their needs.

The service had policies and procedures that supported staff to respect people's rights and keep them safe from harm. Staff had undertaken training on safeguarding people and were able to discuss different types of abuse, and how they could identify the risk of abuse and what to do if they had any concerns. One staff member told us how they could report concerns internally to the registered manager or externally to the local authority.

The provider had business continuity plans in place that outlined what action needed to be taken in case of various emergencies such as adverse weather, loss of staff or loss of computer systems.

Prior to the inspection we had received concerns that care workers were not on time or had missed calls. At this inspection one person said, "The staff are generally punctual." Another person told us, "I understand that people can run a bit late but they don't let me know."

The provider had an electronic call monitoring (ECM) system, which care workers used to log in and out from

people's houses. However we found this system was not effective for monitoring calls. This was because the planned times recorded on the system were often different to what was recorded in practice. For example, one person's care package included a morning call of one hour yet we found visits recorded of 25, 13, 15 and 17 minutes duration with no explanation of why the call had not lasted the allocated time. The person's care plan had recorded that the bedtime call should be between 7.30pm and 8pm. However all the recorded calls were after 9pm. Although this information was captured, it was not analysed to ensure effective monitoring therefore it was not recognised that improvements were required in this area. Although we found this had not had any negative impact on people who used the service, we were not assured that the systems were sufficiently robust to prevent any potential risk of harm to people.

This meant the provider was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Is the service effective?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating is 'requires improvement.'

People using the service and the relatives we spoke with were happy with the care provided. They were comfortable with the staff and had confidence in their work. One person said, "I would hate to lose them." Another told us, "I think I am listened to and that is important to me."

People received support from staff that had undergone a period of induction which enabled them to acquire the skills and knowledge they required to provide appropriate care. Staff did not work with people on their own until they had completed the provider's mandatory training and had shadowed more experienced staff to ensure that they felt confident to undertake the role.

Staff attended the provider's mandatory training and received refresher courses to equip them with the knowledge and skills required to undertake their role. Staff spoke positively about the opportunities offered and how they benefitted from the training received. One staff member said, "I think I get plenty of training which keeps me up to date." Staff had received training in safeguarding adults, infection control, fire safety, first aid, food hygiene, moving and handling, health and safety and medicines management. Staff undertook training based on the Care Certificate, which includes mandatory training such as basic life support and equality and diversity. The Care Certificate is based on 15 standards that aim to give employers and people who receive care, the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

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. Staff had received training and demonstrated an understanding of MCA.

Staff told us they were well supported by the management team. One staff member told us, "They [registered manager] are very supportive, I could go to them at any time." However, people were not always supported by staff who were frequently supervised in a two-way process which allowed the staff member to raise concerns, receive guidance, feedback on their performance and to review any training needs. The registered manager told us they spoke with most staff daily to check how they were and a supervision matrix was in place, yet records we saw demonstrated the systems in place to provide staff with supervision and appraisal required strengthening. Staff had not always received appropriate on going or periodic appraisal or supervision in their role to ensure their competency was maintained. One staff member had received supervision in March 2017. The record identified the next supervision date was in June 2017. There was no evidence that this had occurred. Another staff member had commenced employment in April 2016. Their record showed only one supervision in May 2017.

The people we spoke with who received support with meals told us that staff supported them to have enough to eat and drink. All the staff we spoke with told us how they supported named individuals with their food and drinks. Staff spoke about the techniques they used to support people to eat. All the staff we spoke with could also tell us what certain people enjoyed eating and drinking and these people's routines with food and drinks.

People received the support they required to access health professionals. We saw that people's health conditions were recorded within their files and information around input from health professionals was updated as required.

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating remains 'good'.

People we spoke to told us the staff were very caring and kind. One person said, "I really value what they do and so does my husband." Staff from the local authority told us, "The feedback about care is very positive from people who receive the service with people telling us the staff go the extra mile for them."

Some people were not able to leave their homes and therefore the visits from care staff were possibly their only point of human contact each day. People told us care staff were aware of this and made time to talk to them. One person said, "It's nice to chat, I look forward to their visit." People experienced kind and caring relationships with the staff who provided their care.

People told us how staff respected their privacy and promoted their dignity when they supported them with personal care tasks. We spoke with one person who told us, "They make sure curtains and doors are closed, they also use towels to cover me." Staff gave examples of how they promoted people's privacy and dignity when they supported them with their daily needs. One member of staff said, "I always talk to them throughout the task to check they are okay and that I am going at a suitable pace."

People told us staff involved them in decisions about their support. People's care plans reflected people's preferred name and how they would like to be referred to. Care plans encouraged people to be independent and highlighted that it was always important to give choice. People were provided with a service user guide when their service commenced. This set out their rights and provided details about their care. This ensured people could access relevant information to enable them to be involved in decisions about their care.

The service had a confidentiality policy and staff were provided with a code of conduct that highlighted the importance of confidentiality. One staff member said, "I know not to discuss the people we provide care to with others." The office building was kept secure and people's confidential information within the office was kept in locked filing cabinets.

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the rating is 'requires improvement.'

Arrangements in place for managing complaints required strengthening. Feedback from people and their relatives regarding the provider's response to complaints was mixed. The service had a complaints policy and procedure in place, but this was not always adhered to. We saw that responses had been provided to concerns raised via the provider's 'observed wrongdoing' form which people had at their home. This had resulted in the registered manager visiting or telephoning the complainant to resolve issues. However, concerns raised directly to CQC and feedback received as part of the inspection showed improvement was required. One person said, "I phoned the company several times but received no response. Feedback to the local authority from professionals such as, social workers and G.P's included, "We just can't contact them."

People we spoke with told us they knew how to complain and were happy to do so when needed. One person said, "I have made a complaint before and things changed to my satisfaction."

During our inspection of Awesome Healthcare Solutions we found some positive examples of people being involved in their care planning and receiving person centred care. However, we found this was not always the case.

We looked at a sample of nine people's care assessments and care plans. Some of these assessments and care plans contained detailed information about the individual person. There was unique information about how these people wanted to receive support and about their daily routines, interests, and their life history. Other care plans were not as specific or person centred. For example, staff were able to give us detailed information about a person's personal care routine and preferences, including such information as colour of flannel and how it was to be used. This level of detail was not recorded in the care plan which held the entry; "She has set days for bathing." Another person who required the use of a hoist did not have the required sling configuration recorded.

When we asked people if they received care when they wanted it people said they seldom had late care visits. One person said, "I get the visits I should. Sometimes they might be a bit late because of traffic but it's only 10 minutes or so." Another person said, "They usually arrive on time." The provider's ECM showed several missed calls. For example, the system showed one person had not received six visits over a five day period. There was no explanation on file why this had happened. Another person did not receive a night call for two consecutive days.

The above concerns constituted a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care plans were mostly centred to each person's needs. We saw that people's support needs were listed and described the support that people required. This included information around communication, nutrition

and hydration, personal care, and medical health. However, care plans we saw were not always regularly reviewed. The provider did have a system in place to monitor the care plans and to regularly review or check the information they contained, although we found one care plan commenced in August 2016 and had not been reviewed.

Is the service well-led?

Our findings

There was a registered manager in post who was responsible for the day-to-day running of the service. 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.

There was a commitment to deliver quality care and support. The registered manager was visible on the day of our inspection, however feedback from the local authority informed us that this had not always been the case. There were clear lines of accountability and responsibility within the service and at provider level. The registered manager was supported by other senior, office based staff. Staff described the culture of the organisation as, "Supportive, professional, friendly and open." Staff told us communication with the registered manager and senior staff was good and they could approach anyone for help and advice. Staff told us that visit logs were completed at the end of each visit and staff were knowledgeable about people's support needs. This ensured staff were kept up to date with changes to people's care and support.

Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes.

The registered manager told us they monitored the quality of the service through people's reviews, quality reviews, spot checks, the audit of medicine administration records, staff supervisions, and regular surveys. However, there was a lack of evidence to demonstrate this information was being systematically, gathered, reviewed, monitored and used to drive improvements and identify and manage risks to the service for people. For example, some audits of medicines we saw had identified issues and had recorded the desired action to be taken. Another medication audit had identified missing signatures yet the recorded outcome was, "Staff to desist from having omissions." There was no documented plan to improve the identified issue or performance of staff. There was also no evidence of an effective monitoring system for missed or late visits. Therefore, the provider was unable to demonstrate the effectiveness and safety of the service in these areas.

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

The service sought feedback on its performance. Recently received feedback was positive and complimentary. In addition, the registered manager completed regular spot checks to ensure people received support in accordance with their individual care plans at all times. We looked at the provider's completed 'client voice' satisfaction questionnaires, carried out to gauge the views of people and their representatives and returned in 2017. They revealed a good level of satisfaction, particularly in the quality of care, and in relation to staff attitudes.

The registered provider is required by law to notify the CQC of important events which occur within the

service. We found some safeguarding incidents that had been investigated and dealt with that had not been notified to us. We spoke to the registered manager about this and they acknowledged it as an oversight and had failed to inform us about them.

There was a whistle blowing policy in place and staff were aware how to report any concerns. Staff were confident that any concerns raised with the office team would be followed up, they were also aware how to report externally. All of the staff we spoke with told us they felt well supported in their roles and we received many positive comments from all staff about the management of the service.

Feedback from the local authority informed us that the provider had been issued with an on-going action plan following the last local authority visit. They told us, "The care is very good but the back office is not at all organised."

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 provider had not ensured that people received care in a way which was consistently person centred. Regulation 9 (1) (a) (b) (c) 3 (a) (b).</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider's failure to ensure that people received their medicines safely was a breach of Regulation 12 (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to have effective systems and processes in place to monitor and improve the safety of the service provided. Regulation 17 (1) and (2) (a) (b) (c).</p>