

Awesome Healthcare Solutions Limited

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Inspection report

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Date of inspection visit:
17 January 2020
20 January 2020
28 January 2020

Date of publication:
05 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Awesome Healthcare Solutions Limited is a domiciliary care agency. It provides personal care to people living in their own home. It provides a service to older adults and younger disabled adults. At the time of our inspection the service was providing personal care for approximately 51 people. 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:

People spoken with told us they felt safe and did not express any concerns about their safety. Relatives spoken with felt their family member was safe. The system in place to safeguard people from the risk of abuse required improvement. We saw examples where a person's social worker had been informed about concerns, but these had not been shared appropriately with the local safeguarding authority. We also found concerns being dealt with via the services disciplinary procedures, but they had not been reported to the local safeguarding authority. The registered manager told us immediate action would be taken to ensure any safeguarding concerns would be reported to the local authority.

Most people and relatives spoken with were satisfied with the quality of care provided. People told us support staff were respectful and treated them in a caring and supportive way.

At our last inspection, some people using the service did not receive regular calls and some people experienced missed calls so they did not experience continuity of care. At this inspection people and relatives feedback showed the delivery of people's calls had improved. However, we saw further improvement was required to ensure people did not experience missed calls particularly when they started using the service. For example, the service ensured calls started on the right date.

We saw action had been taken by provider to ensure accidents and incidents including missed calls were investigated and resolved. Systems were in place to make sure managers and staff learn from events such as incidents, concerns and investigations had improved.

The provider completed pre-employment checks for new staff, to check they were suitable to work at the service. Staff received a range of training and support relevant to their role. Staff told us they felt fully supported, listened to and valued.

At our last inspection we found the provider did not have adequate systems in place to ensure the safe handling, administration and recording of medicines to keep people safe. We saw action had been taken by the provider to improve the management of medicines at the service. However, we found further improvement was required. The registered manager was currently reviewing the arrangements in place with the local authority.

At our last inspection we found concerns about the assessment of people's potential risks and guidance in place. At this inspection we found some improvement had been made. However, we found further improvement was required to ensure some people's specific health risks were fully assessed. We shared this feedback with the registered manager and the provider. They assured us immediate action would be taken. Environmental risk assessments were completed which considered risks to both staff and people receiving care.

People's care plans were person centred. People were supported with their dietary needs, where this was part of their plan of care. Where required people were supported to access healthcare professionals and guidance provided was followed. Care workers understood the importance of respecting people's diverse needs and promoting independence.

At our last inspection we found the provider did not always work within the principles of the Mental Capacity Act (MCA). At this inspection we found some improvements had been made. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. We have made a recommendation to the provider to ensure the systems in place fully support this practice.

At our last inspection we saw the provider's complaints process required updating as it lacked important information. At this inspection we found action had been taken by the provider to review the policy. A copy of the new procedure, a complaint's form and self-addressed envelope had been sent to people using the service. Some people and relatives told us they had raised concerns with the service. They had been listened to and action had been taken to resolve their concerns.

We found the quality assurance systems in place to monitor the quality and the safety of the service had been improved since the last inspection. Our findings during the inspection showed that some systems required further improvement. We have made a recommendation to the provider.

Rating at last inspection:

At our last inspection Awesome Healthcare Solutions Limited was rated requires improvement (supplementary report published 18 January 2019) and we found three breaches of the regulation. The provider was sent a warning notice about the governance of the service. The provider sent us an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found enough improvement had been made and the provider was no longer in breach for these regulations. However, we found a new breach for regulation 13 (Safeguarding service users from abuse and improper treatment).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Awesome Healthcare Solutions Limited

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Awesome Healthcare Solutions Limited is a domiciliary care agency. It provides personal care to people living in their own houses.

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 announced. We gave a short period of notice for the inspection because the location provides a domiciliary care service and we needed to be sure that someone would be available to support us with our inspection.

Inspection activity took place over three days. We visited the main office on the 28 January 2020.

What we did:

Before this inspection we reviewed the information we held about the service, which included

correspondence we had received and any notifications submitted to us by the service. Statutory notifications are information the registered provider is legally required to send us about significant events that happen within 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 contacted social care commissioners who help arrange and monitor the care of people using the Awesome Healthcare Solutions Ltd. We also contacted Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During this inspection we spoke with five people, four relatives and one person's personal assistant by telephone. Two people chose not to speak with us. We also spoke with six staff, including the registered manager, nominated individual, the operations manager, a director, team leader and a care worker.

We looked at three people's care records. We checked a sample of medication administration records and three staff files, which included recruitment checks, supervisions and appraisals. We also looked at other records relating to the management of the service, such as quality assurance documents. We also checked the action the provider had taken since the last inspection.

Is the service safe?

Our findings

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

At our last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Systems and processes to safeguard people from the risk of abuse

- We reviewed the services safeguarding and incident records. Some concerns had been reported appropriately to the local safeguarding authority. However, we found some incidents of abuse had not been reported to the authority. For example, one person's social worker had been informed about concerns, but these concerns had not been reported to the authority. We also found some safeguarding concerns had been dealt with via staff disciplinary procedures, but these concerns had not been reported to the authority. The showed the registered manager was not always following the locals safeguarding procedures. The registered manager told us immediate action would be taken to ensure any safeguarding concerns were reported to the local authority.
- Our findings during the inspection showed senior managers required further training in safeguarding to ensure they fully understood their role and responsibilities.

This showed the systems in place to safeguard people from the risk of abuse and improper treatment had not been operated effectively. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People told us they felt safe whilst being supported by staff. Comments included, "Yes, I do feel safe, the carers are so helpful" and "I feel safe with the carers. I do get a variety of them. They turn up on time."
- Relatives spoken with also felt their family members were safe. One relative said, "Yes I do feel he [family member] is safe as I'm there all the time. He has the same regular six carers. Two arrive together." One person's representative shared concerns about one person's safety. The registered manager and the person's social worker were aware of these concerns.
- Care staff had undertaken safeguarding training and were knowledgeable about their roles and responsibilities in keeping people safe from harm. Staff told us they would always report any concerns to the senior managers.

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

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, we found further improvement was required.

- At our last inspection we found concerns about the assessment of people's potential risks and guidance in place. At this inspection we found some improvement had been made. However, we found further improvement was required to ensure people's specific health risks were fully assessed. For example, one person required a risk assessment specifically for epilepsy. We did not find any evidence this had negatively impacted people, but it is important that all potential risks are explored. We shared this feedback with the registered manager. Following the inspection, the registered manager confirmed this person's risk assessments had been reviewed and they were checking each person's risk assessments.
- Team leaders played a key role in identifying when a person's needs changed. This supported staff to take appropriate action to reduce risks as risk levels changed. Environmental risk assessments were completed which considered risks to both staff and people receiving care.
- At our last inspection we saw accidents and incidents had been appropriately recorded, but not sufficiently investigated. At this inspection we found action had been taken by provider to ensure accidents and incidents were investigated.
- The registered manager and nominated individual understood the importance of investigating accidents and incidents and acting to reduce the risk of recurrence.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely at the service. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12. However, we found further improvement was required.

- We found further improvement was required to ensure medicines were managed safely at the service. For example, there was no guidance in place for staff to follow when people were prescribed "as when required" medicines. The arrangements in place to ensure medicines were administered for best effect needed to be more robust. For example, medication that should be given a minimum of thirty minutes prior to eating for best effect. Following the inspection, the registered manager sent us a policy for "as when required" medicines they were implementing.
- People's Medication Administration Records (MARs) were regularly returned to the office and checked by the senior staff. We saw some examples where staff had not completed people's Medication Administration Records (MARs) correctly. The registered manager and nominated individual had identified these concerns and were taking ongoing action to reduce these errors with staff.
- The registered manager told us they were working closely with the local authority to implement changes to the management of medication. For example, pharmacies would be providing people with a printed MAR chart so they were no longer handwritten by staff. This would help reduce the risk of errors.
- Staff who administered medication had received training and their competency had been checked.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient numbers of staff deployed so people experienced continuity of care. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At our last inspection, some people using the service did not receive regular calls and some people experienced missed calls so they did not experience continuity of care. At this inspection, people and relatives feedback showed the delivery of people's calls had improved. However, we found further improvement was required to ensure people did not experience missed calls when they started using the service. For example, the service had checked the start date was correct and they had obtained all the access details to the person's property.
- The provider completed pre-employment checks for new staff, to check they were suitable to work at the service.

Preventing and controlling infection

- People and relatives spoken with did not raise any infection control concerns.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons. People and relatives told us staff used gloves and aprons appropriately whilst supporting them.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff assessed and recorded people's needs and preferences in their care plan. Relatives told us they had been fully involved in their family member's care planning.
- During people's needs assessment people's protected characteristics under the Equality Act were explored. For example, their beliefs.
- People were supported with their health and dietary needs, where this was part of their plan of care. People and relatives were satisfied with the meals prepared by staff. One person said, "They [staff] make what I like to eat and it's all good."
- Most people spoken with were satisfied with the quality of care they had received. Comments included, "On the whole I am happy with the service I receive apart from one or two hiccups, but nothing is perfect. From the beginning I have been given the same carer which is really good because you develop a relationship and they know what you like" and "I can't find fault with what the two [staff] of them do. They seem to know how to look after me." One person was dissatisfied with the quality of care, but did not want to share their concerns.
- Relatives told us they were satisfied with the quality of care provided to their family member. One relative said, "I think they keep on top of the training with staff. They [staff] seem to know what to do with mum. They always ask her what she wants to eat and try to tempt her with foods which is lovely. They [staff] have called for the doctor and let us know." One person's representative expressed concerns about the quality of care provided to someone they supported. The registered manager was aware of these concerns and working with the person's social worker to resolve them.

Staff support: induction, training, skills and experience

- Care staff had undertaken mandatory training to ensure they had the skills and knowledge to support people using the service. An external trainer delivered all the provider's staff training in the service's training room.
- Two relatives told us specific training to meet the needs of their family member was completed by some staff after they started using the service. One relative commented, "I've guided them through what they needed to do. They've [care staff] now had the training two or three weeks ago." The registered manager and nominated individual assured us staff would receive specialised training prior to supporting a person. They would check staff had the right training before starting to support people.
- Staff were supported to undertake the Care Certificate. The Care Certificate is an identified set of standards that health and care professionals adhere to in their working life.

- Staff told us they felt supported and received regular supervision including spot checks and appraisals.

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

- The service had processes in place for referring people to other services, where needed.
- In people's records we found evidence staff sought advice from community health professionals such as GPs and district nurses. This process supported staff to achieve good outcomes for people and to help people maintain their health.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- At the last inspection we found the service was not always working within the principles of the MCA. At this inspection we checked to see if this had improved. People told us care workers consulted them and asked for their consent before providing care and support.
- Care staff demonstrated a good understanding of the MCA. Staff described how they promoted people to be as independent as possible and to make decisions for themselves.
- We saw some people had not signed all their consent forms in their care plans. We shared this feedback with the registered manager and provider. They assured us action would be taken to ensure people were asked to sign all their consent forms.
- We noticed in some people's records there was no information about whether the person had a lasting power of attorney. We shared this feedback with the registered manager. Following the inspection, the registered manager sent us examples where this information had been obtained.

We recommend the provider reviews guidance about the Mental Capacity Act 2005 to ensure their system and processes fully reflect the principles of the MCA.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives spoken with made positive comments about the care staff. Comments included, "They [staff] are lovely to mum, really kind with her. Some of them are very young; they joke with her and paint her nails," "Mum is very fond of them [staff]," "At Christmas I received a box of chocolates and a letter from the company which was nice" and "From the first day my care began I was asked if I mind having a male carer for washing and dressing. I said as long as you can do it then it's fine with me and he's good."
- Staff had undertaken equality and diversity training. This training helps ensure people are treated as equals, that people get the dignity and respect they deserve and that their differences are celebrated.
- People's care records had information about their preferences which included their preferred name, race, religion and sexual orientation.
- Senior staff were knowledgeable about the people they supported, their preferences and their communication needs.

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

- Care plans contained information for staff on how people expressed their views and how to support them to be involved in making decisions about their care.
- People told us they had been involved in making decisions about their care and support needs. People's comments and opinions were recorded in their care plans.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and were supported to be as independent as possible. People told us staff listened to them. One relative said, "Yes, they are all caring, they treat my husband with dignity and respect," and "Overall the staff are caring and respectful towards Nan. They say please and thank you and ask if they can do something."
- Staff understood the importance of respecting people's privacy and supporting them to be an independent as possible

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People spoken with told us they could ask for changes for their plan of care. One relative said, "We had a few niggles, but me and my brother met with her [care manager] and they have been sorted. The carer visiting times have been changed to better times" and "The communication with [care manager] is good."
- We found people's care plans had been improved since the last inspection. People's care records showed that people had a written plan in place with details of their planned care.
- People's personal preferences were reflected throughout their care plan. There was a record of the relatives and representatives who had been involved in the planning of people's care.
- At the last inspection we found people did not always receive regular calls and continuity of care. People and relatives feedback showed action had been taken to ensure they received regular calls. The service monitored the delivery of calls using a real time monitoring system which showed them if calls were being delivered on time. We noted the coordination of people's calls when they first started using the service needed to be more robust. For example, one person's starting date had been incorrect so they had experienced missed calls. The nominated individual assured us they had put measures in place to ensure people's calls started on the right date.
- The service provided an on-call service for staff to contact if they needed assistance and advice. Care staff described to us how they would respond if someone became unwell.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people using the service were supported to attend activities within community, where this was part of their plan of care.

Improving care quality in response to complaints or concerns

- We found the provider's complaints process had been updated since the last inspection.
- People told us they would contact the office or speak with staff if they had any concerns. Comments included, "I would speak to the carers if there was anything wrong."
- People and relatives told us they had received a copy of the complaints policy and self-addressed envelope. Some of the people and relatives had raised concerns about the service. They told us action had been taken to address these concerns.
- We saw the storage of people's complaints would benefit from being centralised and a log kept. We shared this feedback with the registered manager and senior managers.

The provision of accessible information

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. We saw the service would benefit from having more documentation available in an easy read format or big print.

End of life care and support

- There was no one receiving end of life care at the time of our inspection. The registered manager told us the service would liaise with the person's GP to prescribe the anticipatory medication to help ease the pain and agitation of the person in their last days. The service would also support family and friends, including other persons who have befriended the dying person to offer support.

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 requires improvement. At this inspection this key question has remained the same. 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

At our last inspection we found the provider had failed to have effective systems and processes in place to monitor and improve the safety of the service provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, we found further improvement was required.

- After the last inspection the provider was sent a warning notice about the governance of the service. The provider sent us an action plan to show us how they planned to make improvements at the service. We found action had been taken to improve the quality and safety of the service. However, we found the registered manager was not always notified the local safeguarding authority when they became aware of an allegation or evidence of such abuse.

We recommend the provider reviews the Safeguarding Adults Procedures for South Yorkshire.

- The service had been working closely with the local authority to improve the service. We saw evidence that some improvements had been made. For example, we found sufficient improvement had been made to meet the requirements of regulation 18 and regulation 12. However, we identified some areas which still required further improvement to ensure people were supported safely. For example, risk assessments for specific health conditions.
- The feedback from two relatives showed there had been a breach of confidentiality by staff. Both relatives told us they had been told this information by staff. This showed the management and training of staff required improvement in this area.
- The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. However, our review of records showed we had not always been notified appropriately. The registered manager told us they would send these notifications to us retrospectively.
- The registered manager did not manage the service on a daily basis. The registered manager told us they regularly visited the service and they were kept informed about any concerns or complaints. We saw the registered manager's visits to the service would benefit from being more structured and a record kept of the

checks they completed. We shared this feedback with the registered manager.

- Since the last inspection there had been a change of management at the main office. Two care managers managed the service on a daily basis and had different roles and responsibilities. We received positive feedback from people and relatives about one of the care managers. Comments included, "There is never going to be perfection. Overall, I feel it is an excellent service. If I had to choose a company again I would choose these again" and "The new manager [care manager] is nice. Things do get done quickly with her and there are intermediate visits."
- The operational manager and directors were actively involved in the management of the service. Senior staff held regularly meetings to review the quality of the service provided and to identify where improvements could be made.
- Regular staff meetings were held to improve the quality of support provided and to underline vision and values. Care staff spoken with made positive comments about the care managers and staff team. Care staff felt listened to and valued.

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

- People told us they were asked their views about the service.
- We saw the provider had actively sought peoples and their representative views, by sending out questionnaires and ringing people or their representatives for feedback.
- Senior staff also visited people in their homes to gather feedback. We saw the service had received some positive feedback.
- The service had developed links within the community such as local GP's, pharmacies and district nurses.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a positive and welcoming atmosphere at the main office.
- The registered manager was committed to providing person-centred care and learning from any incidents or mistakes. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- Staff were clear about their roles and knew when to raise things with senior managers.
- Staff told us there was a good team of people working at the service and they worked effectively as a team.

Working in partnership with others:

- The service worked with other agencies such as the local authority and clinical commissioning groups who commissioned care for some people living in the home.

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	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider had not ensured the provider's safeguarding systems and processes were operated effectively.