

Churchill Health Care Ltd

Churchill Health Care (Harrow)

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Churchill Health Care (Harrow) is a domiciliary care agency. The agency provides personal care to people living in their own homes in the community in the London boroughs of Harrow and Ealing. There were approximately 72 people using the service at the time of our inspection.

People's experience of using this service:

Care staff were safely recruited, and essential pre-employment checks had been carried out. There had been significant staff sickness due to COVID-19 and this resulted in a shortage of care staff. Some care staff did not always turn up on times that were agreed with people and their representatives. There were also some occasions when some care staff did not turn up. This meant that people did not always receive the agreed care. We have made a requirement in respect of this.

People's care needs had been assessed. They and their representatives had been consulted regarding the care provided and plans of care had been prepared. Regular reviews of care took place. However, some people did not always receive person-centred care as care staff were not always fully informed. We have made a recommendation in respect of this.

People had been protected from abuse. Care staff had received training on how to safeguard people and were aware of the procedure to follow if they suspected that people were subject to, or at risk of abuse.

People who used the service had been treated with dignity and respect. They and their relatives told us that they felt safe when attended to by care staff.

People were protected from potential risks. Risks to people's health and wellbeing had been assessed. Risk assessments contained guidance for care staff on minimising risks to people.

There were suitable arrangements to ensure that people received their medicines as prescribed. Care staff had received medicines administration training and knew how to administer medicines safely.

The service had arrangements for responding to complaints. People were aware of the complaints' procedure. The records indicated that complaints had been responded to.

Some aspects of the service were not well managed. Although there was a quality monitoring system in place, it was not sufficiently effective in ensuring that people received good quality care. We have made a requirement in respect of this. The service worked closely with health and social care professionals to meet the needs of people.

Rating at last inspection:

The last rating for the service was Good (published on 12 July 2019).

Why we inspected:

We undertook this focused inspection as we had concerns regarding the service, and we wanted to check that people were well cared for. The inspection was prompted in part due to concerns we received recently about the reliability of the service and the safety of people who used the service. A decision was made for us to inspect and examine those risks. This report only covers our findings in relation to the key questions of Safe, Responsive and Well-led. The ratings from the previous comprehensive inspection for the key questions not looked at on this occasion was used in calculating the overall rating at this inspection. The overall rating for the service is now requires improvement.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Churchill Health Care (Harrow) on our website at www.cqc.org.uk.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

Some aspects of the service were not responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

Some aspects of the service were not well-led.

Details are in our well-led findings below.

Requires Improvement ●

Churchill Health Care (Harrow)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

This service is a domiciliary care agency providing personal care to people living in their own homes. It provides a service to older adults and some younger adults. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating.

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. The registered manager was due to retire soon after the inspection. A new manager was due to start the following week.

Notice of inspection:

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We visited the office location on 8 June 2021, to see the registered manager and office staff and to review care records, policies and procedures and other records associated with the running of the service.

What we did before the inspection:

We reviewed information we held about the service such as reports about the service from the local authority and statutory notifications. A statutory notification is information about important events, which the provider is required to send us by law. The provider completed 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.

During the inspection:

We spoke with the registered manager, the area manager, and the nominated individual. The nominated individual has responsibility for supervising the management of the regulated activity. We looked at five care records, five staff records, training records, policies and procedures, audits, and other records needed for the running of the service.

After the inspection

We spoke with the new manager, four people who used the service, six relatives of people who used the service and seven care staff. We received feedback from two care professionals.

Is the service safe?

Our findings

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

When this domain was last inspected on 20 June 2019 this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Care staff were safely recruited to ensure they were suitable to work with vulnerable people. They had the appropriate checks prior to being employed. Care staff records contained evidence of criminal records checks, references, evidence of identity and permission to work in the United Kingdom.
- The service had experienced staffing deployment issues. There had been significant staff sickness due to COVID-19 and this resulted in a shortage of care staff. This had an impact on the delivery of care. The registered manager informed us that care staff who had been sick had now returned. However, feedback from people indicated that there were still staffing deficiencies.
- People and their relatives told us that care staff did not always turn up as agreed. A person who used the service said, "One of my carers did not come a few week ago." A second person said, "Recently, only one carer came for my care instead of two. I am supposed to have two carers. Even when they came they do not always come at the same time." A relative said, "The carer did not visit one day. The agency was not aware of this."
- The staffing issues were reflected in the recent 2021 survey carried out by the service which indicated that only 30 percent of people felt that their care workers arrived at the agreed times that suited them. In the survey, we further noted that only 39 percent of people indicated that they had never had a missed visit.

The service had not adequately deployed sufficient numbers of suitably qualified, competent, skilled and experienced care staff to meet the needs of people who used the service. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. The service had policies and procedures in place to safeguard people from abuse. Care staff had received training and could give us examples of what constituted abuse. They were aware of action to take if they suspected people were subject to, or at risk of abuse.
- People and their relatives told us that people were safe with the care staff provided. One person who used the service said, "I feel safe when with my carers." A relative said, "I believe my relative is safe with the carers."
- A small number of safeguarding concerns had been reported to us and the local authority safeguarding team. The service had co-operated with investigations carried out by the safeguarding team. Two safeguarding concerns were currently under investigations by the local safeguarding teams involved.

Assessing risk, safety monitoring and management

- People were protected from potential risks as the service had suitable arrangements. Risks to people's health and wellbeing had been identified and documented. There was guidance for staff on how these risks could be minimised.
- The risk assessments included risks assessments for moving and handling, risk of falls, certain medical conditions, and risks associated with people's living environment.
- Care staff we spoke with told us they had been informed of people's care needs prior to visiting them. They were aware of potential risks to people and action to take such as contacting their senior staff or the emergency services if needed.
- The service had a current certificate of insurance for public liability.

Using medicines safely

- Medicines were managed safely. Care staff had received training in the administration of medicines. Refresher training had also been provided.
- Most people we spoke with stated that they or their relatives managed their medicines. We examined a sample of medicine administration records (MARs). The service was using MAR charts to record the administration of medicines to people using the service. There were no unexplained gaps in the MAR charts we examined.
- Checks of MARs and daily logs by senior staff had been carried out to ensure that medicine administration procedures were followed. These were done during spot checks on care staff.

Preventing and controlling infection

- Suitable arrangements were in place to protect people from COVID-19 and other infections. The service had an infection control policy to provide care staff with guidance on how to minimise the risk of infection.
- Care staff had received Infection control training. They were knowledgeable regarding COVID-19 and how to protect themselves and people from the infection.
- The service had sufficient stocks of personal protective equipment (PPE) such as shoe covers, gloves, and aprons kept in the office for use by care staff. People and relatives told us that their care staff observed hygienic practices and wore PPE when attending to people's care.
- Care staff had been testing themselves weekly and knew what action to take if they were tested positive. A high percentage of care staff had now been vaccinated. The new manager informed us that the service was encouraging the remainder of their care staff to get vaccinated.

Learning lessons when things go wrong

- There was a process in place for reporting incidents and accidents. Accidents and incidents had been recorded. Where appropriate, guidance was in place to prevent re-occurrence.
- The service had learnt lessons from feedback received from people and professionals when things went wrong. It had an action plan in place for improvements, for example, the service had temporarily halted providing a service for certain people who required extra care as they wanted to reduce pressure on care staff.

Is the service responsive?

Our findings

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

When this domain was last inspected on 20 June 2019 this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant that people's needs, wishes and preferences were not always reflected in their care plans. Regulations may or may not have been met.

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

- The service did not always provide people with personalised care and support. People had been assessed prior to services being provided. Care plans were then prepared with the consent of people or their representatives. However, some aspects of the care plan had not been followed.
- A significant number of people and relatives told us that people's needs were not fully met as care staff did not attend at times agreed. Out of a total of four people who used the service and six relatives we contacted, two people and four relatives told us that there had been occasions recently when either care staff attended much later than agreed or did not turn up.
- The unreliability of service caused people inconvenience as they did not always get the care expected at the times which suited them. One of them said, "Things have improved lately. However, on two occasions recently, no carer turned up. Another relative said, "We are supposed to have two carers together, but they do not come at the same time. Today only one carer came."
- The registered manager informed us that care staff were provided with information regarding the needs of people prior to their visits. This was confirmed by care staff we spoke with. People and their relatives stated that their regular care staff knew the needs of people and carried out tasks as agreed in their care plans. However, they also stated that there had been several occasions when they had new care staff who were not familiar with the needs of people. Two people told us that some care staff new to them did not always know what to do. One relative said, "Quite a lot of the regular carers know their job. However, when we do not have our regular carers, the level of care is different. Some carers just sit around and were not aware of what to do." Another relative said, "The carers keep changing and we had experienced some problems."

In view of the deficiencies noted, we recommend that the service review its communication system with care workers to ensure that all care staff are fully aware of the care to be provided for people.

- People's care had been reviewed with them and their representatives. Most people and their relatives confirmed that this happened in practice. Reviews of the care provided were documented in people's care records.
- Care workers completed daily records which included personal care given and any difficulties experienced by people. This was done electronically and monitored by office staff to ensure people received the required care.
- The service had arrangements in place to ensure that people with diabetes received appropriate care. They had been assessed before care was provided. Care staff had been provided with training and guidance on caring for people and the signs and symptoms to look for if people were deteriorating and action to take.

One relative of a person with diabetes told us that with they were satisfied with the care provided although punctuality was a problem.

- The registered manager provided us with examples of good practice. She stated that a person who used the service went home from hospital and was so poorly that they could not open their eyes. Care staff assisted this person and encourage her to open her eyes and engage in drawing pictures. In another instance, a person was totally bedbound but care staff worked with her and encouraged her and they were able to get up and started walking. In a third instance, a person made so much improvement that they were later assessed by the local authority commissioners to need a reduced care package.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service had a communication policy. The communication needs of people had been assessed and this was recorded in the care records so that care staff knew how to meet these needs.
- The registered manager stated that the service employed a mix of care staff who spoke a number of languages. She added that where possible staff would be matched with people who spoke the same language so that communication with people could be improved. People and relatives we spoke with confirmed this. Two relatives stated that their care workers spoke the same language as the person they were visiting.
- The registered manager stated that if needed, they had produced information in large print and pictorial format. These had also been translated into other languages such as Polish, Farsi and Gujarati so that they could be easily understood by people.

Improving care quality in response to complaints or concerns

- The service had a formal complaints procedure. We looked at concerns and complaints recorded. With one exception these had been promptly responded to.
- People and relatives, we spoke with knew how to make a complaint. In a small number of cases, feedback from people and their relatives indicated that some concerns and complaints they raised were not always effectively resolved. These related mainly to the punctuality and occasional non-arrival of staff. One person who used the service and one relative however, stated that since they complained, the situation had improved. The registered manager provided us with an action plan to improve attendance and punctuality.

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 on 20 June 2019, this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Some people were not receiving high-quality, person-centred care and the service had not acted swiftly and effectively to rectify concerns and complaints received. As a result, people did not always receive the agreed care. Some people told us that this had been an ongoing issue for several months.
- People and relatives told us that some care staff were not reliable at turning up as agreed. They said that sometimes only one care staff arrived instead of two and there had been occasions when no care staff turned up. This meant that people were not well cared for and in the way they wanted.
- The registered manager explained that since the start of the pandemic they had continued to provide a service to people and had also been willing to care for those with the COVID-19 infection. In addition, they had a high sickness rate during this time
- The service had made some effort to improve care when deficiencies were identified. However, there continued to be shortcomings and a significant number of people expressed disappointment with some aspects of the service.

We noted that in spite of action taken there continued to be deficiencies as identified in this report. The service did not have a sufficiently effective quality assurance system for identifying deficiencies and promptly rectifying them. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

- The registered manager told us that they carried out spot checks on care staff to ensure they performed their duties as agreed. These included checks on punctuality, behaviour and ability to carry out tasks required. Checks and audits were also carried out in areas such as staff training, care reviews, spot checks, medicines administration and care documentation.
- The registered manager stated that they had identified certain issues such as punctuality and issues related to care documentation and they had acted to improve these areas.
- The registered manager stated that a new computerised monitoring system was in place and they had taken action against care staff who did not carry out their duties.
- We noted that a new computerised monitoring system was in place. This made it easier for the service to identify any shortcomings or missed calls.

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

- The service promoted a positive culture which was non-discriminatory. Care staff had received training on ensuring equality and promoting diversity. The feedback we received indicated that people felt that their care workers treated them with respect and dignity regardless of their background or diverse characteristics.
- The service actively sought the views of people and their feedback was recorded in their care records. People were consulted on how they wanted their care to be delivered. Care plans were well written and included important details such as how to assist people with their meals, personal care, medicines and showing respect for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the importance of being open, honest and transparent in relation to the running of the service and of taking responsibility when things went wrong. They knew when they needed to report notifiable incidents to us and to the local authority.
- Care documentation contained information related to concerns and complaints and action taken by the service to rectify deficiencies identified. A relative informed us that the registered manager had responded appropriately when they expressed concerns about the service. This had resulted in improvements to the service they received.
- The registered manager understood the duty of candour and stated that where errors and shortcomings had occurred, they had apologised to people when appropriate.
- Registered providers are required to inform the CQC of certain incidents and events that happen whilst providing the service. The registered manager was aware of their responsibility and notifications had been submitted when required.

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

- The service had a registered manager who was supported by a director of the company, an administrator, two care co-ordinators, and a fieldcare supervisor.
- There was a wide range of policies and procedures available to provide guidance for care staff on how to fulfil their roles and responsibilities.
- Care staff told us they felt supported and had they had been provided with essential training and supervision to enable them to achieve good outcomes for people. They informed us that they found their managers approachable and supportive.

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

- There were systems in place to gather feedback about the quality of service from people, their relatives and staff. Visits for care reviews had been carried out to people's homes by senior staff. Telephone calls had also been made to people and their relatives to obtain feedback.
- The service had carried out a satisfaction survey in 2021. This indicated that most people were satisfied with the overall care provided. However, the survey indicated that deficiencies were noted in a number of areas such as punctuality, reliability and communication with management.
- The service had considered the equality and diverse needs of people and effort had been taken to respond to the individual needs of people. This included matching people to care staff who spoke the same language and care staff who could cook certain ethnic meals.

Working in partnership with others

- The service maintained good working relationships with partner agencies. This included working with other health and social care professionals, such as community nurses, occupational therapists and social

workers. Feedback we received from two care professionals indicated that the service co-operated with them to meet the needs of people. One of them said, " Their manager has greatly influenced the success of this care provider, as they had an "old school" philosophy."

- Management staff had also attended provider forums organised by the local authority to support and update them regarding the COVID-19 pandemic.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The service did not have a sufficiently effective quality assurance system for identifying deficiencies and promptly rectifying them.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The service had not adequately deployed sufficient numbers of suitably qualified, competent, skilled and experienced care staff to meet the needs of people who used the service.</p>