

Home Care & Support Limited

Home Care & Support Limited

Inspection report

First Floor Suite, St Luke's Hall
Raglan Road
Bromley
BR2 9NN

Tel: 02045417116

Date of inspection visit:
03 February 2023

Date of publication:
18 April 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Home Care and Support Limited is a domiciliary care agency. The service provides personal care support service to people with a learning or physical disability, a mental health condition, sensory impairment, dementia, older people and younger adults living in their own homes and in supported living services.

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. On the day of the inspection there were 39 people using the service.

People's experience of using this service and what we found

Risk assessments and risk management plans were not always in place. Medicines were not always safely managed. Appropriate recruitment checks were not carried out before staff joined the service. Staff were not effectively deployed to meet people's needs in a timely manner. People and their relatives' views about the service were sought but there were no records to show any action taken by the provider to drive improvements. Regular audits to identify shortfalls were not carried out.

People told us they felt safe using the service. There were systems and processes to safeguard people from the risk of abuse. People were protected from the risk of infection. The provider worked with other healthcare professionals when required.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 15 April 2022). The service remains rated requires improvement.

Why we inspected

We carried out this inspection to follow up on action we told the provider to take at the last inspection.

Enforcement

We have identified breaches in relation to the assessment and management of risks, management of medicines, deployment of staff, safe recruitment of staff and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes

to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Home Care & Support Limited

Detailed findings

Background to this inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by one inspector. Two Experts by Experience made calls to people using the service or their relatives. 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This was a remote 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 available to support the inspection. The inspection activity started on 03 February 2023 and ended on 7 March 2023.

What we did before the inspection

Before the inspection we reviewed the information we had received about the service. We asked for feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke to the registered manager, three staff members, seven people who used the service and twelve relatives. We reviewed a range of records including eight people's care and risk management records. We reviewed five staff recruitment records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and audits.



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 we rated this key question requires improvement. The rating for 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.

Assessing risk, safety monitoring and management

- People were not always safe and protected from known risks of harm. Risks to people such as those associated with falls, and medicines had either not been assessed adequately or did not detail guidance for staff on how to mitigate identified risks.
- Risk management plans were not in place to ensure that there was up to date guidance for staff on what to do if people became ill as a result of their ongoing medical conditions.
- People who used mobility aids, such as walking sticks/frames, standing frames, wheelchairs and hoists had moving and handling risk assessments. However, they did not identify the potential risks of using these mobility aids and there was limited or no guidance in place for staff on how to safely mobilise the person and how to minimise potential risks.
- Where people had suffered strokes, their care records did not document enough information about the individual risks associated with the condition.

This placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager sent us updated risk assessments.

Using medicines safely

- Medicines were not always safely managed. We saw that assessments of risks related to people's medicines which included prescribed topical creams had not always been carried out. People who were prescribed PRN medicines (this means they took medicines as and when required), did not have a PRN protocol in place with clear guidance for staff on how or when to administer medicines to them. This meant people were at risk of not receiving their medicines as the prescriber intended.
- We saw medicines audits were carried out, but shortfalls were not always identified in relation to medicines such as those which were identified during the inspection.
- Where medicine audits did identify shortfalls, records showed that follow up actions were not documented. For example, on one occasion a staff member could not locate a missing medicine. Records showed that the only follow up action documented was that the administration of this medicine was resumed the following day. There was no identified action to prevent a similar incident from happening again.
- The same person had refused to take one of their non time sensitive medicines on four occasions between November 2022 and January 2023. Records showed that staff left the medicine out as instructed by the

person's family member for them to take later. There were no records to show that these instances had been followed up to try and identify ways to support the person to take their medicines as prescribed and to comply with their treatment.

- We found that regular medicine competency assessments were not carried out to ensure staff had the skills to administer medicines safely. Staff told us they had received mandatory medicines training but had not undergone a medicines competency assessment.

The above shortfalls placed people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager informed us that they would ensure PRN protocols were put in place where required. The registered manager sent us information to show body maps had been put in place when required and told us that where medicines administration shortfalls were identified they would ensure any follow up actions were documented. We will check this at our next inspection.

Staffing and recruitment

At the last inspection, we recommended the provider seek appropriate advice and review the deployment of staff across the service; to ensure care and support is delivered when and as planned.

- However, at this inspection, we found that the provider had not made improvements and failed to ensure staff were effectively deployed to meet people's needs in a timely manner. People and their relatives told us there were enough staff, however, some people told us that staff did arrive on time, whilst some relatives told us staff were not on time. One relative told us, "Sometimes really arriving far too early. ... but it can change all the time and the staff are not paid for travel they often arrive really early or late and then are late for the next people." Another relative said, "[Staff] all seem to come at different times and they themselves don't seem to know when they are coming and going. Seems to be all falling apart in last few weeks."

- We saw that staff were not effectively deployed to meet people's needs in a timely manner. Relatives told us that staff were not given enough travel time between calls and they sometimes rushed calls. One relative said, "Staff... are rushing because they want to get on to the next job rather than doing the job they were supposed to do." Another relative said, "Recently a lot of different staff.....starting and finishing times change almost daily."

- We looked at the service's Electronic Call Monitoring System (ECM) and found that only 73 per cent of calls were on time and 9 per cent of calls were more 45 minutes late. 18 per cent of calls were short and staff did not stay for the duration of the call and nearly 16 per cent of calls did not have travel time allocated to staff, this correlates to some staff delivering shorter calls.

We found no evidence that people had been harmed however, recruitment processes were not robust to ensure staff were suitable to work. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Recruitment practices were not safe. The provider had failed to ensure that they had a safe and robust recruitment process in place. The provider had not always gathered enough information about staff prior to employing them. The provider had failed to adhere to their own recruitment policy by carrying out the checks that needed to be followed to demonstrate safe recruitment practices. This meant there was a risk of staff were working at the service without the appropriate skills and experience.
- Application forms were not always completed fully, and the provider had failed to obtain each applicant's complete and accurate employment and education histories.

- Employment references were not obtained from referees on headed paper or did not have an official stamp of the organisation they worked for to verify them. The provider failed to cross check references against application forms as per their recruitment policy.
- Reasons for gaps in education and employment histories were not always sought in line with requirements.

This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager informed us they would ensure that their internal recruitment policy was adhered to. They would ensure that application forms were completed in full, identifying any gaps in education and employment histories. As well as ensuring that professional references sought were on the headed paper or had an official stamp. We will check this at our next inspection.

Systems and processes to safeguard people from the risk of abuse. Learning lessons when things go wrong

- People told us they felt safe using the service and there were appropriate systems in place to safeguard people from the risk of abuse. One person said, "I always feel safe with carers."
- Staff had received safeguarding training. They knew of the types of abuse that could occur, what to look out for and the process to follow in reporting any allegations of abuse.
- There was a system in place to record, investigate and monitor accidents and incidents. Information about accidents and incidents was documented, which included what happened, what the outcome was and what follow up actions had been taken.

Preventing and controlling infection

- Infection control was appropriately managed, and staff had enough personal protective clothing (PPE) available to them.
- People told us that staff wore PPE when supporting them. One person said, "[Staff] always wear PPE."
- Staff we spoke with told us that they had access to PPE and wore PPE when supporting people. One staff member said, "I wear aprons, gloves, masks and shoe protectors."

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained the same. This meant the service management and leadership was inconsistent. Systems did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had failed to ensure systems for governance and management oversight were robust, safe and effective. People did not always receive a service that was well-led. The registered manager did not have an adequate understanding of their role, regulatory requirements and lacked oversight of the service.
- Monitoring systems had not been put in place to ensure effective oversight of the service. The provider had not effectively identified issues we found at the inspection regarding the lack of risk assessments, concerns around medicines management, inadequate deployment of staff and the poor recruitment processes. This meant people were at risk of unsafe care and treatment.
- The provider had failed to carry out regular audits to identify issues. For example, there were no audits carried out for care plans, the ECM system or for staff files to identify shortfalls we found at this inspection and drive improvements. This meant that people were exposed to unsafe care and treatment.
- An analysis of the ECM system showed that it was not monitored and operated to accurately reflect care delivery. There was no accurate oversight of the timing and duration of people's calls.
- We saw that surveys for 2021/2022 had been sought from people to obtain their feedback. Twenty-two per cent of people said that staff arrived late for calls and 6 per cent said that they didn't know if staff would stay for the full duration of the care visit. Twenty-five per cent of people said they were not fully involved in their care planning. However, there were no action plans to document how the provider would drive improvements from the feedback received.

We found no evidence people had been harmed. However, systems and processes were not robust enough to demonstrate safety and quality were effectively managed. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- We received mixed feedback about communication with the provider. Some people and relatives told us that communication could be improved. One person said, "I can phone or contact them at any time."

Another person said, "I thought for ages the person answering the phone was the manager now I know she isn't. You don't always feel properly informed." Another person said, "They do need to improve their communication." A relative we spoke with told us, "If my [loved one] had an issue I would go the local authority rather than call the company." A staff member told us, "I have heard clients say that the office doesn't have the best communication with them."

- Some people and relatives also said that they did not know who the registered manager was. One person said, "I don't know the name of the manager, I don't think I have ever been told." A relative said, "I don't know the manager. I tried to speak to the office... They don't answer the phone. The carer will come tomorrow morning and I will ask for the office number."
- The provider carried out regular spot checks to ensure that staff were competently carrying out their roles.
- Staff told us, and records confirmed that regular meetings were held and attended by staff.
- Staff told us that they felt well supported by the registered manager. One staff member said, "[The registered manager] is lovely, is very supportive and has an open-door policy. Another staff member said, "The registered manager is accommodating, approachable and very efficient."
- Following the inspection, the registered manager informed us that the had moved offices last year and would ensure that people and their relatives had the name and correct phone number of the registered manager and office.

Working in partnership with others.

- Staff told us that they worked with district nurses and a local hospice on a regular basis and would liaise with GPs if required.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments and risk management plans were not always in place. Medicines were not always safely managed.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not robust enough to demonstrate safety and quality were effectively managed.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Appropriate recruitment checks were not carried out before staff joined the service.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not effectively deployed to meet people's needs in a timely manner.