

Homes Association Ltd

Homes Association

Inspection report

102-116
Windmill Road
Croydon
CR0 2XQ

Tel: 02034419470

Date of inspection visit:
08 May 2018

Date of publication:
14 June 2018

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

Homes Association was first registered with the Care Quality Commission (CQC) in September 2017. This is the first inspection of the service since registration. Homes Association is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.

The service had a registered manager in post. 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 2008 and associated Regulations about how the service is run. The registered manager was not present for this inspection and therefore we were unable to check whether they continued to meet the requirements of their role including demonstrating the necessary competence and experience to manage the regulated activity.

At this inspection we found only one person was using the service. Support for this person was due to end in the days following our inspection. Although plans for the service after this date were unclear, the director of Homes Association was looking at ways the service could become fully operational again in the future.

Due to the changes at the service senior staff roles and responsibilities had changed. The director was managing the service on a daily basis with the registered manager only carrying out specific duties when required. The director lacked experience and knowledge of managing services as we found aspects of the service were not as well managed as they should be. Recruitment checks carried out by the director had not been sufficiently robust to ensure staff were suitable to work. The director was not aware of current best practice in relation to medicines to ensure these were managed appropriately and safely. The director also did not fully understand their responsibility to ensure legal requirements were met at all times. The director acknowledged our concerns and told us they would be reviewing management arrangements after our inspection to address these.

The director acted to put things right when needed. Improvements had been made at the service in response to external concerns raised about the quality of service. This included improvements to people's care records, the frequency of staff supervision meetings, implementation of policies and procedures and improved access for people to the out of hours on call system. We will check at the next inspection of the service if these improvements have been maintained and sustained.

The person using the service received the support that had been planned and agreed with them. The person's choices for how this was provided were respected and staff delivered support in line with the person's wishes. Staff had access to current information about the level of support the person required along with guidance on how to keep the person safe from identified risks. Staff encouraged the person to carry out tasks of daily living to help them maintain the skills they needed to live independently in the community. Staff recorded the meals provided to the person so that all involved in the person's care could monitor they were eating and drinking enough to meet their needs. Staff reported any concerns about the

person so that appropriate support could be obtained from the relevant healthcare services. The person was supported by staff they were familiar with which helped to ensure continuity and consistency in their support.

The person using the service had capacity to consent to specific decisions about their care and support needs. Staff received training in the Mental Capacity Act (MCA) 2005 so that were made aware of their responsibilities under this Act.

Staff received training to safeguard people from abuse. They also received training specific to their role to help them to meet people's needs. Staff followed good practice to ensure risks were minimised from poor hygiene and cleanliness when providing personal care and when preparing and handling food. The director met with staff monthly to monitor their working practices and to identify opportunities for further learning and development.

The director asked people for feedback about the quality of the service and suggestions for how this could be improved. If people were unhappy and wished to make a complaint there were arrangements in place to deal with this.

As the service was only supporting one person at the time of this inspection we were unable to obtain sufficient evidence to rate the service at this time. We did however find the provider in breach of legal requirements with regard to fit and proper persons employed and good governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Recruitment checks were not robust enough to ensure only suitable staff were employed.

Staff were trained to safeguard people from abuse. Risks to the person using the service had been assessed and plans were in place that instructed staff on how to ensure these risks were minimised.

Staff followed good practice to reduce infection risks when providing personal care and when preparing and handling food.

Inspected but not rated

Is the service effective?

Staff received relevant training to help them meet people's needs. They were supported in their role through supervision.

Staff were clear about their responsibilities in relation to the Mental Capacity Act 2005.

Staff supported the person using the service to eat and drink enough to meet their needs and monitored their general health and wellbeing. Staff reported any concerns they had about this so that appropriate support was sought when required.

Inspected but not rated

Is the service caring?

Staff understood the needs of the person using the service and what was important to them in respect of their care and support.

Staff supported the person with daily living tasks to maintain their independent living skills.

The person was supported by staff they were familiar with which helped to ensure continuity and consistency in the level of support they received.

Inspected but not rated

Is the service responsive?

The person using the service received the support that had been planned and agreed with them. The person's choices for how this was provided were respected and staff delivered support in line with the person's wishes.

Inspected but not rated

The out of hours on call system had been improved to ensure a timelier response from staff when required.

There were arrangements in place to deal with complaints when these arose.

Is the service well-led?

The director was managing the service but lacked experience and knowledge of managing and did not fully understand their responsibility to ensure legal requirements were met at all times.

The director acted to put things right when needed. Improvements had been made at the service in response to external concerns raised about the quality of service.

The director asked people for feedback about the quality of the service and suggestions for how this could be improved. The director asked people for feedback about the quality of the service and suggestions for how this could be improved.

Inspected but not rated

Homes Association

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 planned 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 8 May 2018 and was announced. We gave the provider four days' notice of this inspection because senior staff are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that senior staff would be available to speak with us on the day of our inspection. The inspection team consisted of a single inspector.

Prior to this inspection, we were aware of concerns raised by the local authority about the quality and management of the service. These concerns related to the current management and leadership of the service, the quality of records maintained, recruitment checks, staff training and the out of hours on call system. We took these concerns into account as part of our planning for this inspection. As this inspection was brought forward due to the concerns raised, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually 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 also reviewed the information we held about the service, including statutory notifications submitted about key events that occurred at the service.

During the inspection we spoke to the director for the service. We looked at the care records for the person using the service and four staff records. We also looked at other records relating to the management of the service, including the service's policies and procedures.

The person using the service was unable to speak with us. After the inspection we attempted to speak to their relative but were unable to make contact with them. This meant we were unable to gain feedback about the person's experience of using the service.

Is the service safe?

Our findings

Staff recruitment checks had not been consistent and sufficient enough to seek assurances that staff were suitable to support people. We looked at records for staff working for the service at the time of this inspection. One staff member had not provided a full work history on their application form. There was no evidence this was queried with them during the application process. There was also no evidence that a criminal records check had been undertaken for them. The director told us they had seen and verified this information but could not provide evidence of this at this inspection. References taken up by the director for this staff member and another staff member did not match the people put forward by the staff members on their application forms. The director could not provide an explanation for this. Neither of these two staff members were providing support to the person using the service at the time of this inspection which meant risks to them from potentially unsuitable staff were minimised. Records for the staff member that was supporting the person showed appropriate checks had been made and evidence obtained by the director of their suitability to support the person.

The director acknowledged that their current system for undertaking recruitment checks had not given them all the assurances they needed about staff's suitability to support people. This issue was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received training in how to safeguard people from abuse. There was a policy and procedure for staff to follow for reporting a safeguarding concern to the appropriate local authority to enable them to investigate this, if required. There had been one safeguarding concern raised with the local authority in the last twelve months. The director showed us actions they had taken in response to this concern to reduce the risk of this reoccurring. This included updating the relevant policies and procedures so that these set out clearly staff's responsibilities for handling people's finances to ensure people were not put at risk of financial abuse.

Records for the person using the service showed risks posed to them from their specific healthcare conditions and needs had been identified and guidance was in place for staff on how to manage and mitigate these. This information was current so staff had up to date information about the steps they should take to keep the person safe.

The person using the service managed their own medicines however staff had received training in medicines administration to support them to provide this aspect of a person's care should this be required. The provider had recording systems in place for staff to maintain to provide an audit trail for which medicines had been administered, when and by whom. The director was not aware of current best practice issued by the National Institute for Clinical Excellence (NICE) 'Managing medicines for adults receiving social care in the community'. They told us they would review this guidance and their current medicines policy and procedure to check this reflected current best practice.

Staff had received training in infection control and had access to personal protective equipment (PPE) to help them reduce the risk of spreading and contaminating people with infectious diseases. Staff had also

received training in food safety so that they were aware of the procedures that needed to be followed when preparing and storing food to reduce the risk of people acquiring foodborne illnesses.

Is the service effective?

Our findings

Staff records showed they had attended training to support them to meet people's needs. This included training in safeguarding adults, moving and handling procedures, fire safety, infection control, medication awareness, food safety, health and safety, mental health awareness, disability awareness, dementia and financial abuse and dealing with complaints.

Staff had also attended supervision meetings (one to one) with the director to discuss their current working practices, any issues or concerns they had about their work and the people they supported and any further training or learning they needed to support them in their role. However, we noted this had been a recent development at the service as these had only taken place in the two months prior to our inspection. The director told us they had recently implemented a programme of monthly supervision meetings for all staff in response to concerns raised with them by the local authority as part of their quality monitoring checks of the service. We will check at the next inspection of the service if this improvement was maintained and sustained.

The person using the service had capacity to consent to specific decisions about their care and support needs. Staff were prompted as part of the person's support plan to respect the wishes and choices of the person when providing them with care. Staff had received training in the Mental Capacity Act (MCA) 2005 so that were made aware of their responsibilities under this Act.

The person using the service required support from staff with their meals. Their support plan set out their specific preferences for this so that staff provided them with the food and drink of their choice. Staff recorded what they had prepared and provided at mealtimes so that all involved in the person's care and support could monitor that the person was eating and drinking enough to meet their needs.

Daily records maintained by staff indicated that when they became concerned about the person's health and wellbeing they reported this promptly so that appropriate support could be obtained from the relevant healthcare services.

Is the service caring?

Our findings

There was information for staff about the person using the service to help them understand the person they were supporting and what was important to them in respect of their care and support needs. This included information about the person such as a brief life history, the people that were important to them, their likes and dislikes and their preferences and choices for how they wished to be supported with their needs. For this person, continuing to live independently in the community was a priority and their support plan prompted staff on how to support them to maintain the skills they needed to do this. For example, staff were prompted to ensure the person was encouraged to wash and dress each morning to maintain their personal care routine to reduce risks to them that could arise from self-neglect.

Records maintained by staff at each visit to the person using the service indicated the support they had provided reflected what had been agreed and planned for the person. This included respecting the person's choices and decisions about how support was provided to them.

The person was supported by staff they were familiar with which helped to ensure continuity and consistency in the level of support they received. Our checks of daily records maintained by staff for the person using the service indicated that they had been supported by the same core group of staff members.

Is the service responsive?

Our findings

We checked the records of the person using the service. There was a current support plan for them which set out in detail when and how the person wished to receive support from staff each day. The director told us a copy of this plan was placed in a file in the person's home so that staff supporting them had easy access to this. We saw the support plan had been developed by the director based on discussions they had had with the person and their relative along with information received from the local authority about the support package the person required. The information on the plan was personalised and reflective of the person's choices and decisions about how they wanted support to be provided to them. For example, the plan set out the specific meals and drinks the person wanted staff to prepare for them at each visit and this was based on their preferences.

The provider had recently updated and improved the on-call system so that people could get in touch with a member of staff when required outside of normal business hours. This had been improved following a recent incident when a person had tried to contact the outside of office hours but was unable to reach a member of staff. This improvement should ensure a timelier response from staff.

There were arrangements in place to deal with complaints about the service. Details about how to make a complaint had been provided to the person using the service in an information booklet given to them when they first started to use the service. The director told us this was retained in a file in the person's home along with other documents such as forms the person could fill out to inform the service of a concern or complaint if they should have these. We looked at complaints the director had received about the service in the last twelve months and noted these had been investigated and responded to as required.

Is the service well-led?

Our findings

At the time of this inspection only one person was using the service. The director told us in the weeks preceding our visit the number of people using the service had gradually decreased. Support for the one person using the service was also due to end in the days following our inspection. The director said after this date they were unsure about the plan for the service but was looking at ways the service could become fully operational again in the future.

Although the service had a registered manager in post, the director told us their role and responsibilities had reduced given the recent changes at the service. The director said the manager's current role was limited to reviewing and updating the service's policies and procedures, dealing with staff related matters and managing the service's finances. The registered manager was asked by the director to be present for this inspection but they did not attend and no explanation for this was provided by them. In light of this we were unable to check whether the registered manager continued to meet the requirements of their role including demonstrating the necessary competence and experience to manage the regulated activity.

It was apparent during this inspection the director had been managing the service on a day to day basis for some time rather than the registered manager. Records showed correspondence between people and the service was usually from the director and we noted in some of the correspondence from people they referred to the director as 'the manager'. Important records such as people's support plans and contract documents for the supply of people's support packages were predominantly signed by the director. Complaints had been dealt with and responded to by the director even though the complaints policy stated these would be dealt with by 'the manager'. We saw staff contacted the director during our inspection when they had a query rather than the registered manager.

We had concerns about these current arrangements because of the director's lack of experience and knowledge of managing services and their understanding of legal requirements and how these should be met. Prior to this inspection we were aware of a safeguarding concern investigated by the local authority which highlighted the director had not fully understood their legal obligation to safeguard people from abuse. Also, just before this inspection, the provider had moved the location of the service to a new address (April 2018) but we were not notified immediately of this move and we had to prompt the director to submit the appropriate applications required. The director told us they had not fully understood at the time their legal obligation to do this.

We also found that aspects of the service were not as well managed as they should be. We identified recruitment checks carried out by the director had not been sufficiently robust at ensuring the suitability of staff employed by the service. The director was also not aware of current best practice in relation to medicines so that these were managed appropriately and safely. The concerns highlighted above demonstrated at this time management arrangements were not as effective as they should be and it was not clear who was responsible for managing the service to ensure the service met legal requirements at all times. If these arrangements were to continue should the service become fully operational again in the future people could be put at risk of experiencing poor quality care.

These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The director acknowledged our concerns and told us they would be reviewing management arrangements after our inspection to address these. Notwithstanding the concerns above, the director demonstrated that when things had gone wrong or needed to improve they acted to put things right. The director had made a number of improvements to the service in the months preceding our inspection in response to concerns raised with them by the local authority as part of their quality monitoring checks of the service. They showed us some of the improvements which had been made which included updates to people's care records, more frequent staff supervision meetings, improved range of policies and procedures to support staff in their role and improved access for people to the out of hours on-call system. The director said they would continue to work with local authority to address any further concerns they had about the quality of the service. We will check at the next inspection of the service if these improvements had been maintained and sustained.

There were some systems in place to monitor and review the quality of service that people experienced. People had been asked to fill in questionnaires to rate their experiences of the service and make suggestions for how this could be improved. Feedback forms obtained from people and their relatives in the preceding twelve months indicated that most people had been satisfied with the support they received from staff. People could also provide weekly feedback about the support they received from staff. Staff timesheets, signed by people at the end of each week to confirm the hours of support provided, included a section for people to state their satisfaction with that week's support. The director said they reviewed these each week to identify any issues or concerns people may have had with the support provided so that they could respond in a timelier manner.

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>Systems or processes had not been established and operated effectively to ensure compliance with the requirements in this Part. Regulation 17(1).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured that persons employed for the purpose of carrying on of a regulated activity must be of good character and have the qualifications, competence, skills and experience which are necessary for the work to be performed. Regulation 19(1)(a) and Regulation 19(1)(b).</p> <p>Recruitment procedures had not been established and operated effectively to ensure that persons employed meet the conditions in - (a) paragraph (1). Regulation 19(2).</p>