

Translucence Care Ltd

Bromley

Inspection report

27 Ruskin Walk
Bromley
Kent
BR2 8EP

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23 October 2018

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on 23 October 2018 and was announced. 'Bromley' is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. Two people were using the service at the time of our inspection.

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.

This was the first inspection of the service. At this inspection we found breaches of regulations because risks to people had not been adequately assessed, and there was not always guidance in place for staff on how to manage identified risks safely. The provider had not followed safe recruitment practices. Medicines were not always safely managed. There were insufficient staff available to cover any staff absence. Whilst people received person-centred care from staff, their care plans were not up to date or accurate. The provider's systems for monitoring the quality and safety of the service were not effective.

You can see what action we told the provider to take at the back of the full version of the report.

We also found improvement was required because assessments of people's needs were not always comprehensive. Staff received an induction, and were supported in their roles through the provider's training programme, but they did not always demonstrate a sound understanding of areas in which they had been trained. The registered manager was not always aware of current best practice in operating a domiciliary care agency.

We have made a recommendation about best practice in carrying out risk assessments and developing people's care plans.

People were protected from the risk of abuse because staff were aware of the provider's procedures for reporting abuse allegations. Staff sought people's consent when offering them support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were aware of the need to report any incidents or accidents so that lessons could be learned to reduce the likelihood of repeat occurrence.

People were supported to maintain a balanced diet where this was part of their assessed needs. They had access to a range of healthcare services in order to help maintain good health. The registered manager worked with other services, such as people's GPs, to ensure they received effective, joined up care. Staff were aware of the steps to take to protect people from the risk of infection.

Staff treated people with kindness and compassion. They respected people's privacy and treated them with dignity. People were involved in making decisions about the support they received. The provider had a complaints procedure which gave guidance to people on what they could expect if they made a complaint. None of the people using the service required end-of-life care at the time of our inspection.

People spoke positively about the management of the service. The registered manager was in regular contact with people and their relatives, to gain their views on the service they received. Staff told us the service had a positive working culture, and said they felt well supported by the registered manager. The registered manager was committed to working openly with other agencies, such as local authority safeguarding teams, if required.

This is the first time the service has been rated Requires Improvement.

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 safe.

There were insufficient staff available to cover any staff absence.

Risks to people had not always been identified or assessed and care plans lacked sufficient guidance on how to manage risks safely.

The provider had not always followed safe recruitment practices.

Medicines were not always safely managed.

People were protected from the risk of infection.

People were protected from the risk of abuse because staff were aware of abuse reporting procedures.

Staff were aware to report any incidents and accidents that occurred. There had been no incidents or accidents in the time since the service had been registered.

Inadequate ●

Is the service effective?

The service was not always effective.

People's needs were assessed before they started using the service but improvement was required to ensure assessments were comprehensive.

Staff were supported in their roles through an induction and training, but improvement was required to ensure training gave staff sufficient competence to carry out their roles.

Staff received support in their roles through regular informal contact with the registered manager. The provider had plans in place to ensure staff were supported through regular supervision and an annual appraisal of their performance.

People received support where required to maintain a balanced diet.

Requires Improvement ●

People had access to a range of healthcare services to maintain good health.

Staff worked to ensure people received effective, joined up care when using different services.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and consideration.

People were involved in making decisions about the support they received.

Staff treated people with dignity and respected their privacy.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People were involved in the planning of their care and told us the support they received met their individual needs. However, people's care plans were not always up to date or accurate.

The provider had a complaints procedure in place which explained how people could raise concerns. People expressed confidence that any issues they raised would be addressed.

The service was not currently supporting anyone at the end of their life. However, the registered manager told us they would work with healthcare professionals if needed to ensure people received good quality support at the end of their lives.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider did not have effective systems in place to monitor the quality and safety of the service.

The service had a registered manager in post. Improvement was required because they were not always aware of current best practice in operating a domiciliary care service.

The provider had informal systems in place for seeking the views of people using the service and the feedback they received had been positive.

Staff spoke positively about the working culture of the service and the support they received from the registered manager.

The provider was open to working with other agencies to ensure people received high quality care.

Bromley

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 announced inspection site visit took place on 23 October 2018. We gave the service two working days' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. We visited the registered location to meet with the registered manager and to review records relating to the management of the service. We also visited one person at their home to gain their views.

We spoke with one person, a relative who was with them at the time we visited, and a further relative by telephone. We also spoke with two staff including the registered manager. We looked at two people's care records, one staff recruitment record and other records relating to the management of the service, including staff training records, and the provider's policies and procedures.

The inspection was carried out by one inspector. Prior to the inspection we reviewed the information we held about the service which included information the provider sent us in the 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. This information helped inform our inspection planning.

Is the service safe?

Our findings

People and their relatives told us there were sufficient staff deployed by the service to safely meet their needs. One person told us, "[A staff member] turns up on time and always stays as long as I expect, sometimes longer. I've never had a missed visit." A relative said, "We've had no problem with the visits; [a staff member] arrives on time and does everything we expect." However, despite this positive feedback, we found there were insufficient staff available to cover any absence.

The provider supported people in two geographic locations which were some distance apart. The registered manager explained that they had to cover visits in one area to ensure people received their calls at the times they had agreed. However, they also told us they had needed to cancel a visit to one person in order to attend a GP appointment themselves, because they did not have any staff cover available. Whilst the person had been given advanced notice and was happy to manage without a visit on that date, the registered manager acknowledged that they had let down someone who was dependent on their support because they had no other option.

Additionally, one staff member told us that they had arranged cover for two visits they could not attend themselves during the previous three weeks. When we questioned the registered manager about this we found that the person who covered these calls was still going through the provider's recruitment process. The registered manager was not aware that they had been working and confirmed they should not have been working until all recruitment checks had been completed. This further demonstrated that the provider did not have sufficient staff available to cover staff absence. The registered manager took action to ensure staff were aware not to arrange cover for visits they could not attend independently.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Risks to people had not adequately assessed and had not always been identified. The registered manager had access to a range of assessment templates which contained some pre-populated information which needed to be edited to reflect people's individual needs and conditions. We found examples of assessment templates which had not been properly edited which meant it was not always possible to establish areas of risk to people, or what staff needed to do to manage risks safely. For example, one person's mental health assessment had not been edited, so contained a range of conflicting information, such as identifying them as having no history of aggression but also behaving aggressively on a regular basis, or having no history of self-harm but also having a previous history and current risk of self-harm.

In another example, one person's 'pressure sore care' assessment identified them as having no problems in this area and being at high risk and in need of monitoring. The form also identified a specific area of their body, but there was no additional information describing what the issue was, or how it should be managed. We spoke with the registered manager about this and they explained that they had identified a skin integrity concerns during their assessment and had subsequently contacted the person's GP who had prescribed them a cream to apply. They told us they had visited the person and supported them to apply the cream

personally, and that the person's skin had subsequently improved. However, none of this information was included in the person's care plan or risk assessment. This lack of guidance placed the person at risk of receiving inconsistent support from staff who may not be familiar with their needs.

Risks to people had also not always been identified. One staff member described the support they provided to another person to help safely manage their skin integrity, which they said had been an area of concern when the person had first started using the service. This issue was not identified in the person's risk assessments, which meant there was no guidance in place for staff on how to manage the person's skin integrity safely. This placed them at risk if they received support from staff who were unfamiliar with their needs.

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

The provider had not always followed safe recruitment practices. Staff files contained criminal record checks and copies of proof of identification to help reduce the risk of the provider employing unsuitable staff. However, we found that full employment histories had not always been sought, and the reasons for any gaps in employment had not always been explored, in line with regulatory requirements. We also noted that one staff member's references were from companies not listed in their employment history as being previous employers, but this had not been followed up with the staff member in question.

These issues were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

People told us they received the support they needed to take their medicines as prescribed. One person said, "[The staff member] reminds me to take my medicines each day; we've not had any problems." However, we found that the support people required to take their medicines was not always clearly identified in people's care plans and records relating to the administration of medicines had not been clearly maintained.

One person's care plan identified the need for staff to prompt them with their medicines, but the staff member visiting them told us they administered the person's medicines each day. They told us they noted this in the person's daily record, but did not identify each individual medicine when recording. This meant there was a risk that a healthcare professional may not be able to establish which medicines the person had taken and at what time based on the information recorded. A second person confirmed that staff supported them to apply a prescribed cream, but this was not recorded in their care plan and there was no guidance in place for staff such as a body map to help them identify where the cream should be applied.

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

People were protected from the risk of abuse. Staff had completed safeguarding training to help ensure they were aware of their responsibility to protect the people they supported. We spoke with one staff member who was uncertain about the different types of abuse that could occur. However, we talked through a range of examples with them and they were able to describe potential signs of abuse they would look out for. They were also aware of the provider's procedures for reporting abuse allegations and knew that they could report any concerns to external bodies such as the local authority or police if they needed to, in line with the provider's whistleblowing procedure. The registered manager was the safeguarding lead for the service and knew the procedures for reporting abuse allegations to the local authority safeguarding team. The service

had not been involved in any safeguarding concerns during the previous year.

People were protected from the risk of infection. Staff were aware of the steps to take to reduce the risk of the spread of infection. One staff member said, "I wash my hands regularly and always use PPE (personal protective equipment) such as gloves. If I was supporting someone with meal preparation, I'd make sure the work surfaces and kitchen equipment was clean. I'd check the expiry dates on food before preparing it and label anything I opened." People confirmed staff wore PPE when supporting them. One person said, "[A staff member] always wears gloves."

Staff told us they would report any incidents or accidents that occurred to the registered manager, to enable them to follow up. The registered manager confirmed that accidents and incidents would be recorded and that they would review the records to look for any trends or learning in order to reduce the likelihood of repeat occurrence. However, at the time of our inspection there had been no incidents or accidents involving the service in the time since registration.

Is the service effective?

Our findings

The registered manager conducted an assessment of people's needs before they started using the service in order to establish the level of support they required. However, improvement was required because the information gathered during the assessment process was limited and did not always provide a full picture of people's needs or how potential issues were being managed. For example, one person's assessment in respect of washing noted only that they needed assistance without providing any detail as to the level of assistance required or their preferences when washing. The assessment also identified potential occasional incontinence issues, but contained no information about how this was being managed or whether the person needed any support from staff in this area. We raised these issues with the registered manager who told us they would make changes to their assessment process to ensure that they recorded a greater level of detail.

People and their relatives told us that staff were competent in their roles and provided them with effective support. One person said, "[The staff member] is hard working and is quite capable, I've had no problems and am happy with the help I receive." A relative told us, "They [staff] are professional and [the staff member] is a very good fit for [their loved one]."

The registered manager told us that staff received an induction when they started working for the service which included reviewing the provider's policies and procedures, a period of shadowing and completing training in areas considered mandatory by the provider. They also told us they planned to ensure that staff with no previous experience of working in a health or social care setting completed the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.

Records showed that staff had completed training in areas including health and safety, infection control, fire safety, food hygiene, safeguarding, moving and handling, and medicines. However, improvement was required to ensure that training was robust because staff did not always demonstrate a proper understanding of areas in which they'd been trained. For example, one staff member could not identify different potential types of abuse, despite having had safeguarding training during the previous year. Despite this issue, we found staff demonstrated a good understanding of other areas in which they'd been trained such as food hygiene and infection control.

Staff told us they were in regular contact with the registered manager and felt well supported. One staff member said, "I can speak with the manager whenever I need to if I have any problems." The registered manager told us they would meet with staff on a quarterly basis for supervision, and would carry out annual appraisals of staff performance at the end of each year. However, at the time of our inspection, none of the staff had worked for the provider for more than three months.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

The registered manager told us that whilst the people using the service had involved family members in making decisions about the support they received when planning their care, they had capacity to make day to day decisions for themselves. Staff told us they sought consent from people when supporting them. One person told us, "[A staff member] always asks if I'm happy; they wouldn't make me do anything." A staff member said, "I ask people if they're happy for me to help, and will try and persuade them if they're reluctant, but it's their choice; I would never force anyone to do something they didn't want to." None of the people using the service were subject to a Court of Protection order. A Court of Protection order is the legal mechanism for seeking authorisation to deprive a person of their liberty when living in their own home.

People received the support they required to maintain a balanced diet. People and their relatives told us that they were able to prepare meals independently without support from staff. However, one relative told us that it had been difficult to ensure their loved one was eating breakfast and that staff had succeeded in getting them to eat by taking their breakfast with them so that they could sit down and eat together. The registered manager told us staff would support people to prepare meals if needed as part of their package of care, but none of the people using the service required this help at the time of our inspection.

People had access to healthcare services when needed, to help maintain their good health. One person told us, "They [staff] would call my GP for me if needed, although [their family member] would usually do it." A relative told us, "We organise [their loved one's] appointments, but I'm sure the staff would call the doctor if they couldn't get hold of me." The registered manager and staff told us they monitored people's health conditions when visiting and would either call their GP or an ambulance if needed if they were unwell.

The registered manager told us they sought to work with other organisations to ensure people received effective support. They had contacted one person's GP to seek their advice on managing a skin condition, following their initial assessment of the person's needs. The person's skin condition had subsequently improved as a result of staff following the GP's instructions.

Is the service caring?

Our findings

People and their relatives told us staff were caring and kind in their approach when providing support. One person said, "[A staff member] is very kind and shows an interest in me." A relative told us, "[A staff member] is very friendly and caring; they get on really well."

Staff had developed strong relationships with the people they supported. They visited the same people regularly and were aware of their likes and dislikes, and their preferences in the way they liked to be supported. One person told us, "We have a good relationship; [a staff member] knows my routine." A relative also explained how important it was for their loved one to have a good relationship with the staff member visiting them as this made them more likely to accept assistance.

People and their relatives confirmed that staff treated them with dignity. One person said, "[A staff member] is always polite and is very conscientious." A relative told us, "They [staff] have always treated [their loved one] respectfully." Another relative said, "[A staff member] is very considerate; happy to help and never has a bad word to say."

Staff were aware of the importance of maintaining people's privacy. One staff member told us, "I always knock before going in. If I'm helping someone to wash or dress, I'll make sure we have privacy by closing the door and the curtains. If people are able to do things independently, I'll give them privacy, but stay nearby in case they need support." People confirmed their privacy was respected. One person said, "[Staff member] respects my privacy. If I'm getting dressed [they] won't intrude." A relative told us, "[A staff member] always closes the door when we've been there."

Staff supported people to maintain their independence. One staff member told us, "I only do things for people if they can't do them for themselves. For example, [one person] is able to brush their teeth themselves, so I just need to stay with them and prompt them to do it. When they have a wash, they are able to do their top half independently and I'll wash their back." One person confirmed, "They [staff] encourage me to be independent; I can do lots of things for myself."

People were involved in making decisions about their care and support. Staff told us they let people direct their care wherever they were able to and sought to offer them choices. One staff member said, "The people we support can make decisions for themselves so I'm able to ask what they'd like me to do." The registered manager told us, "I support [one person] regularly; we have a routine but they choose what they want to wear and I'm happy to do things differently if that's what they want." People confirmed they were able to make decisions about the support they received. One person said, "[The staff] always ask me what I want; I just let them know."

Is the service responsive?

Our findings

People told us they received personalised support which met their individual needs and preferences, and that they had been involved in the planning of their care. One person said, "[The registered manager] visited us before I started using the service, to go through everything. We talked about what I needed help with and we've gone from there; I get the help I need and am very happy with the service." A relative told us, "We were involved in discussing the details of the support [their loved one] needed, and have been able to ask for changes; the agency has been very good at meeting [their loved one's] needs." However, despite this positive feedback we found people's care plans were not always up to date or an accurate reflection of the support they received.

Care plans contained limited information, referring briefly only to areas in which people needed support, but lacking any detail about the help they required or their preferred routines. For example, one person's care plan stated they needed help at lunch, but did not identify whether this was with meal preparation or with eating and drinking. We also spoke with a relative of the person in question who told us they had been involved in care planning and were very happy with the care their loved one received, but that lunchtime support did not form a part of their current care package. This meant staff unfamiliar with the person's care would not have access to an accurate care plan to help ensure they provided them with the correct level of support.

We also found sections of people's care plans such as their life histories, had been completed as not being applicable, despite this information being important in helping staff develop strong relationships with the people they supported.

The provider failed to maintain accurate and complete records relating to the support they provided people. This issue was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

The registered manager told us the service was committed to supporting people's needs in respect of their race, religion, sexual orientation, gender or disability. People told us their diverse needs were met. One person explained that the registered manager had arranged for them to receive spiritual support in their home as they had not been able to attend their place of worship in some time. A staff member told us they would treat everyone equally and that they respected everyone's views and beliefs.

From April 2016 all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand, so that they can communicate effectively. The registered manager told us that whilst none of the people using the service had any specific needs in this area, they would make sure information was made available to people in a formats that met their needs, for example by using large print for people who needed it.

People received a copy of the provider's complaints procedure when they started using the service. This

provided guidance on how they could make a complaint and the steps they could take if they were unhappy with the response they received. One relative said, "If we were unhappy with anything we'd speak with [the registered manager] and they would sort it out." The registered manager told us they had not received any complaints since the service was registered. This was confirmed by the people and relatives we spoke with.

None of the people using the service required end of life support at the time of our inspection. The registered manager told us that they would ensure people received appropriate support at the end of their lives by liaising with people's GPs and relevant healthcare professionals.

Is the service well-led?

Our findings

The provider did not have effective systems in place for monitoring the quality and safety of the service. The registered manager told us that they planned to carry out quarterly audits, but had not yet put any formal checks in place as they had only been providing care to people for eleven weeks. However, they also acknowledged they had not carried out formal reviews with people after their first six weeks of service provision, in line with the provider's policies. They had also not collected any daily notes for review from people's homes in the time since the service had started. This meant they did not have any proper oversight of staff activity in the time since they started working with people. For example, they were unaware that one staff member had arranged for a friend to cover visits they could not attend, and did not know whether staff were completing records relating to medicines administration accurately.

During this inspection we identified breaches of regulations because risks to people had not been properly assessed, medicines were not safely managed, the provider had not followed safe recruitment practices, there were insufficient staff to cover absence, and people's care plans were incomplete and inaccurate. None of these issues had been identified by the provider in advance of the inspection. The provider's systems for monitoring service quality and safety were not effective.

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

The service had a registered manager in post. The registered manager demonstrated some understanding of the requirements of their role and responsibilities under the Health and Social Care Act 2008. They were aware of the different types of events they were required to notify CQC about and knew to display their CQC rating, in line with regulatory requirements. However, improvement was required because they lacked an awareness of good practice in domiciliary care when carrying out risk assessments or developing people's care plans, which were areas they were responsible for.

We recommend that the service seek advice and guidance from a reputable source, about best practice in carrying out risk assessments and developing care plans.

People and their relatives told us the service was well-led. One person said, "The service seems well managed; I've not had any problems and am happy with the support I'm getting." A relative told us, "They've been very professional; I would recommend them."

The registered manager told us they were using informal methods of seeking people's views on the service, while the service was still developing, and that the provider would conduct an annual survey to gather people's feedback. People and their relatives confirmed that the registered manager had been regular contact with them. One person said, "[The registered manager] is always checking that I'm happy with the service."

Staff told us the service had a positive working culture and that they felt supported by the registered

manager. One staff member said, "The registered manager has been very good; they regularly check that I'm OK and I can speak with them whenever I need to." The registered manager told us that whilst the service was small, they were able to directly make staff aware of any service developments during their regular conversations.

The registered manager confirmed the service was open to working with other agencies to help ensure people received good quality care. They told us that where appropriate, they would share information with local authority social work professionals, for example, should they need to conduct an assessment of a person's needs or when investigating any potential safeguarding allegations. However, at the time of our inspection they had not needed to work with other agencies when providing people with support.

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 Risks to people had not always been assessed. The provider had not done all that was reasonable to manage risks safely. Medicines were not safely managed. |
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to monitor the quality and safety of the service. Records relating to people's care were not up to date or accurate. |
| Personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider's recruitment procedures were not operated effectively to ensure that staff were of good character. |
| Personal care | Regulation 18 HSCA RA Regulations 2014 Staffing There were insufficient staff employed by the service to meet people's needs. |

