

Home Care & Support Limited

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Inspection report

Chatterton Works
Chantry Lane
Bromley
Kent
BR2 9QL

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10 May 2018

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09 July 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This announced inspection took place on 10 May 2018. At our previous inspection on 28 and 29 May 2016 the service was meeting all the legal requirements we inspected.

Home Care & Support Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to approximately 240 older adults in the London Borough of Bromley. Not everyone using Home Care & Support Limited receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection there were 148 using the service.

At this inspection we found improvement was required because where risks to people were identified, risk management plans did not always have detailed guidance in place for staff on how to manage these risks safely. Medicine Administration Records (MAR) had not been properly completed to detail why people had sometimes not had their medicines. People did not have protocols in place for their 'as required' medicines (PRN). The provider did not have effective processes in place to monitor the quality of the service as they had not identified the issues we found at this 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.

There were appropriate safeguarding and whistleblowing procedures in place and staff knew how to safeguard people and how to raise any concerns. Accidents and incidents were logged and investigated in a timely manner. People were protected from the risk of infection as staff had been trained in infection control. Appropriate recruitment checks took place before staff started work. There were enough staff deployed to meet people's care and support needs.

Staff completed an induction when they started work and they had received training that was relevant to people's needs. They were supported through regular supervisions and appraisals. Staff also obtained people's consent before assisting them with their care needs. People's needs were assessed to ensure the service could meet these. 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. People were also supported to have a balanced diet and had access to a range of healthcare professionals when required to maintain good health.

People told us staff were kind and caring. Staff respected people's privacy and dignity, and they encouraged people to be as independent as possible. People were involved in making decisions about their daily care and support requirements and were provided with information about the service in the form of a service

user guide.

People were involved in planning their care and support. They were aware of the provider's complaints procedure and knew how to make a complaint. Complaints were managed and dealt with in a timely manner. Staff had received training on equality and diversity. The registered manager said that the service would support people according to their diverse needs where required. Where appropriate, people had their end of life care wishes recorded in care plans.

The provider carried out regular spot and competency checks to make sure people were being supported in line with their care plans. Regular staff meetings were held and feedback was sought from people about the service through telephone checks and annual surveys. Staff were complimentary about the service and said that they enjoyed working for the provider. The provider worked in partnership with the local authority to ensure people's needs were planned and met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risk management plans did not always have detailed guidance in place for staff on how to manage risks safely.

Medicines were not always appropriately managed as Medicine Administration Records (MAR) had not been always been completed in full. People did not have PRN protocols in place for their 'as required' medicines.

Accidents and incidents were appropriately managed.

People were protected from the risk of infection.

There were appropriate safeguarding and whistleblowing procedures in place to protect people.

The service had enough staff deployed. Appropriate recruitment checks took place before staff started work.

Is the service effective?

Good ●

The service was effective.

Assessments of people's needs were carried out prior to them receiving care to ensure the service could meet their needs.

Staff completed an induction when they started work and received appropriate training in line with people's needs. Staff received regular supervisions and appraisals.

Staff asked people for their consent before they provided care. Staff were aware of the Mental Capacity Act 2005(MCA) and acted according to this legislation.

People were supported to have a balanced diet.

People had access to a range of healthcare professionals when required to maintain good health.

Is the service caring?

Good ●

The service was caring.

People and their relatives said the staff were kind and caring.

People and their relatives were involved in decisions about their daily care needs.

People's privacy and dignity was respected and staff encouraged people to be as independent as possible.

People were provided with information about the service in the form of a service user guide.

Is the service responsive?

Good ●

The service was responsive

People and their relatives were involved in planning their care.

People were aware of the provider's complaints procedure, and complaints were managed appropriately and in a timely manner.

Staff had received training on equality and diversity and said they would support people according to their diverse needs.

Where appropriate people had their end of life care wishes recorded in care plans.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Quality assurance processes were not effective as they did not identify the issues we found at this inspection in relation to risk management plans and medicines administration.

There was a registered manager in post.

Regular staff meetings took place.

The provider took into account the views of people using the service and staff to help drive improvements if necessary.

Staff were complimentary about the service and said that the registered manager was supportive and approachable.

The home worked closely in partnership with the local authority.

Home Care & Support Limited

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 checked whether the provider was 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 was announced and took place on 10 May 2018. We gave the provider 48 hours' notice of the visit because we wanted to be sure they would be available for the inspection. The inspection team consisted of two inspectors and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we held about the service. This included statutory notifications that the provider had sent CQC. A notification is information about important events which the service is required to send us by law. The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also asked the local authority commissioning the service for their views of the service and used this information to help inform our inspection planning.

We spoke with five people using the service, five relatives, eight members of staff and the registered manager. We reviewed records, including the care records of four people using the service, recruitment files and training records for four members of staff. We also looked at records related to the management of the service such as quality audits, accident and incident records, and policies and procedures.

Is the service safe?

Our findings

Risks to people were not always managed safely. Risk assessments were carried out and risks to people were identified in relation to moving and handling, nutrition, medicines, falls and skin integrity. However, risk management plans did not always have detailed guidance in place for staff on how to manage these risks safely. For example, one person had a history of falls, lacked balance and was unable to weight bear but their risk assessment lacked detailed information for staff on how the person should be supported to mobilise when using a walking aid. When we spoke to staff about the person's mobility needs, they could describe how they supported the person to mobilise safely when using their walking aid, they did this by ensuring the person's walking aid was within reach and staff monitored the person whilst they were mobilising. Following the inspection, the registered manager sent us documentation to show that people's risk assessments had been updated to include detailed guidance for staff on how to manage identified risks safely.

Improvement was required to ensure staff managed people's medicines safely. We reviewed a sample of people's Medicine Administration Records (MAR) and found they had not always been completed accurately. MAR charts were not always signed to confirm that medicines had been administered as prescribed and had not been properly completed to detail why people had sometimes not had their medicines. For example, one person's MAR chart for April 2018, had not been signed on nine occasions to confirm that staff had administered their medicines. We also saw that there were 11 occasions that staff had recorded the letter 'O' to indicate that there was a reason why the person had not had their medicines but there were no details recorded to show why this was the case.

We also found that there was no guidance in place for staff on the support people required with any 'PRN' medicines that had been prescribed to be taken 'as required'. 'PRN' guidance is needed to enable staff to understand when someone may need their 'as required' medicines. The lack of guidance meant that staff did not have information about the reasons why someone might require a PRN medicine or what the maximum dose was. However, when we spoke with staff they knew people well and knew when they required PRN medicines.

Following the inspection, the registered manager sent us information to confirm that people who required PRN medicines had a protocol in place to ensure staff had up to date information about when people required PRN medicines including the dosage. The registered manager had also arranged refresher training in relation to the completion of MAR charts and PRN medicines. We also saw that the provider had included a training article in the May 2018 newsletter about ensuring MAR charts were completed in full.

People and their relatives told us that they felt safe. One person said, "Yes I do feel safe, [staff] know how to handle me and I am confident they know how to mobilise me." One relative said, "The consistency in staff makes my relative feel safe."

People were protected from the risk of abuse. Staff understood the types of abuse that could occur and who to contact should they have any concerns. They were aware of the organisation's whistleblowing policy and

told us they would not hesitate to use it if they needed to. One staff member said, "I would definitely report any concerns I had. My manager is very good, they would take action straight away." Another staff member said, "I have read the whistleblowing policy and would use it to report any issues I had." There were appropriate safeguarding procedures in place and the registered manager followed safeguarding protocols and submitted safeguarding notifications when required to the local authority and CQC.

Accidents and incidents were appropriately managed to help ensure people's safety. The service had a system to record all incidents and accidents that had occurred at the service. This included the details of the incident or accident, and the action taken to help prevent a reoccurrence. For example, a person was mobilised unsafely, where they hurt their back. The person was assessed and found not to have suffered an injury. The registered manager carried out a supervision with the respective staff member and learning was disseminated at staff meetings to ensure that all staff were aware of their responsibilities in relation to mobilising people safely.

People were protected against the risk of infection. The provider had an up to date infection control policy in place and staff had received training in infection control. Staff described with confidence how they worked to reduce the risk of the spread of infections, for example by ensuring they wore a pair of fresh gloves and aprons when assisting different people with personal care. The registered manager told us that staff picked up personal protective clothing (PPE) once a week when they visited the office. One staff member said, "We have plenty of PPE available. I always wear aprons and gloves when supporting people."

People were supported by staff who were suitable for their roles. The provider conducted appropriate recruitment checks before staff started work. Staff files included completed application forms which detailed their employment history and qualifications. References had been sought and proof of identity had been reviewed. Criminal record checks had been undertaken for each staff member and checks were also carried out to ensure staff members were entitled to work in the UK.

There were enough staff to meet people's needs. The registered manager showed us staff rotas and told us that staffing levels had been calculated and organised according to people's support and care needs. Staff said they had enough time to travel between people using the service and were not rushed when delivering care and support. The service operated an electronic call monitoring (ECM) system which allowed the provider to monitor and confirm that staff were attending the calls they were scheduled to attend. The registered manager told us that if staff were going to be late for any reason then they were required to contact the office at the first opportunity so that people could be informed. We looked at a sample of the data from the ECM system for the three weeks prior to our inspection and saw that there had been no late or missed calls. One person said, "Staff are on time, I have no complaints." Another person said, "Yes, they are on time."

Is the service effective?

Our findings

People and their relatives said that staff were knowledgeable and had the skills to provide the care and support they required. One person said, "Staff know 100% what they are doing. A relative said, "My relative's main carer is experienced and a very nice person who is good at dealing with older people and talking to them."

People received care from staff who were supported to carry out their roles effectively. New members of staff completed an induction when they started work and received training to help them carry out their role. All new staff were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new care workers. Records showed that staff had completed mandatory training which included safeguarding, infection control, medicines, first aid, moving and handling and health and safety. One staff member said, "I've done all my training and it's up to date." Another staff member said, "My training is all up to date and I had an induction when I started. I also shadowed a more experienced staff member that was very useful." A third staff member said, "I've done all my training, the training provided is very good."

Staff were supported through regular supervisions and appraisals. Areas discussed included training, equality and diversity, medicines and spot checks. One staff member said, "I do have regular supervisions which are really good. I can speak to my manager freely, they offer me advice and they make me feel valued."

People's needs were assessed prior to them joining the service. The registered manager told us this was done to ensure the service would be able to meet their care and support needs. These assessments, along with referral information from the local authority were used to produce individual care plans and risk assessments. This was so staff had the appropriate guidance to meet people's needs effectively.

People's rights were protected as staff met the requirements of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. This provides protection for people who do not have capacity to make decisions for themselves.

The registered manager told us all of the people using the service had capacity to make decisions about their care. They said that if they had any concerns about any person's ability to make a decision they would work with the person, their relatives and, if appropriate, any relevant health and social care professionals to ensure decisions were made appropriately on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005. Staff had an understanding of the MCA 2005 and they also understood the need to gain consent when supporting people. One person said, "Yes, staff do ask for consent; it's automatic. It's part of the conversation; it's second nature." Another person said, "My carer always asks me for my consent."

People's nutrition needs were met and they were supported to eat and drink if required. People's nutrition needs were documented in their care plans. Staff assisted people with breakfast and assisted primarily in heating meals rather than preparing them. One person said, "Yes, carers make sandwiches and microwave food." Another person said, "Now the summer is here I will eat lots of salads that I like. I get enough to drink."

People had access to a range of healthcare professionals when necessary. If there were any concerns, people were referred to appropriate healthcare professionals, such as GPs and district nurses. One person said, "Yes, staff have contacted the GP and they have stayed past their allocated time to do this." A relative said, "Staff have contacted the GP on many occasions when they noticed my relative was unwell."

Is the service caring?

Our findings

People and their relatives told us that staff were caring. One person said, "Yes, staff are very caring. They know what they need to do to help me." Another person said, "Staff are very kind, they care 100%." A relative said, "When my relative is disorientated the carers are so good. They listen to my relative."

People and their relatives told us they were involved in decisions about their daily care. One relative said, "If there is a problem I phone the office. For example, if my relative has an appointment, they are very happy to change the call time even if I've phoned them and given them late notice." One staff member said, "One person likes to choose what they wear every day. I show them the options available and they decide." Staff regularly spoke to people to discuss any changes they wanted to make to their care and support needs, for example making changes to the time or length of their calls. Care plans contained details of people's life histories and staff were knowledgeable about people's individual likes and dislikes. One person said, "I chat about lots of things with staff, from how I'm feeling, to films and history."

People and their relatives told us that staff spent time with them and did not rush them. One person said, "Staff do not rush me at all. They take their time with me." Another person said, "My carer never hurries me." A relative said, "The carers' are patient with my relative and don't rush them."

People's diverse, cultural and spiritual needs were documented in their care plans. These included, for example their preferred choice of language. One relative said, "Staff have learnt to speak some words in my relative's native language, so that they can understand my relative and vice versa." The registered manager said that there were no other people with diverse needs but if they did then they would offer them the support they required.

People's privacy and dignity were respected and they were encouraged to be independent whenever possible. One staff member said, "I always close doors and make sure people are covered up. I explain to people what I am going to do and ask if they want assistance." Another staff member told us, "I try and encourage people to be independent by asking them to turn on taps or brush their teeth if they can." People's information was stored in locked cabinets in the office and electronically on the provider's computer system. Only authorised staff had access to people's care files and electronic records.

People were given information in the form of a 'service user guide' about the service prior to joining. This guide detailed the standard of care people could expect and the services and facilities provided. The service guide also included the complaints policy, so people had access to the complaints procedure should they wish to make a complaint.

Is the service responsive?

Our findings

People and their relatives were involved in planning their care and support needs. One person said, "I'm independent so deal with everything myself". Another person said, "Yes I have care planning meetings." A relative said, "Yes, I am involved and attend my relative's review."

People's care had been planned based on an assessment of their needs. People's care plans addressed a range of needs such as medicines, skin integrity, personal care, communication and mobility. This also included the number of staff people required to support them on a daily basis and the equipment they required, such as hoists or walking aids.

Care plans were reviewed regularly and contained details about people's individual routines and identified the support they required. This included the preferred times of their calls and the duration of each visit, as well as the time they liked to get up or go to bed. They also included daily notes that detailed the care and support people received as well as details about people's preferences, such as their favourite foods and the way they liked to be supported with their personal care. One staff member said, "One person likes to have a shower every single day, so I make sure they have this."

People's complaints were managed appropriately. People and their relatives knew how to raise a complaint if they needed to. The service had a complaints policy in place and a system to log and investigate complaints. We saw that complaints were investigated and appropriate action was taken to address the concerns raised. One person said, "I know how to make a complaint. I would phone the company and ask to speak to the relevant person depending on what the complaint was about."

Where required we saw people had advanced care plans in place that documented their end of life care wishes. The service recorded what was important to people and if necessary would consult with relevant individuals and family members where appropriate to ensure people's preferences and choices for their end of life care were acted upon. The registered manager told us not everyone wanted to discuss this area and where this was the case they respected their wishes.

Is the service well-led?

Our findings

The home had systems in place to monitor the quality and safety of the home, but they were not always effective as they had failed to identify and address issues we found during this inspection in relation to risk management plans and medicines administration. For example, we saw that the last medicines audit carried out in April 2018 identified gaps in MAR charts for March 2018, however, there were no records to show what action had been taken to address the issue and drive service improvements.

Following the inspection, the registered manager sent us information to show that all future medicine audits would have an action plan in place to address any issues in relation to medicine audits.

The registered manager carried out audits in relation to the electronic call monitoring (ECM) system and regular spot checks on staff performance which covered areas including checking that they were wearing their uniforms and badges, using personal protective equipment (PPE), and were providing care in line with people's preferences and support needs. The sample of checks we reviewed showed that no concerns had been identified and that people were receiving appropriate support at the times they had requested.

The service had a registered manager in post. The registered manager was knowledgeable about the requirements of being a registered manager and their responsibilities with regard to the Health and Social Care Act 2008. For example, they had submitted notifications to CQC as required. The provider's nominated individual was also involved in the day to day management of the service and supported the registered manager in their role.

The service sought people's views about the support they received by carrying out surveys; we saw that feedback from a survey carried out in January 2018 was positive. Comments included, "Happy with carers, highly recommend. Home Care has been excellent." and, "All good, I am pleased with the service." The registered manager told us that if they received any negative feedback it would be analysed and used to produce an action plan to make improvements at the service.

People and their relatives were complimentary about the service. One person said, "Staff are professional, visits are on time, we have a joke and a laugh. I'm happy about the service provided to me." A relative said, "Staff are very professional and answer all queries and questions and deal with special requests". Another relative said, "The company, the friendliness of the staff and the familiarity of consistent staff is good."

Staff meetings took place on a regular basis to discuss the running of the service and ensure staff were aware of the responsibilities of their roles. Minutes of the last meeting in April 2018 showed items discussed included people's individual care needs, equipment and medicines. One staff member said, "I enjoy staff meetings; we can get together to discuss things as a team. We are a good team." Another staff member said, "Team meetings are good, the management show their appreciation of our hard work." The provider circulated a monthly staff newsletter which provided staff with information about the running of the service. The provider also had a 'carer of the month' award, a ceremony was held to recognise and celebrate staff and the work they did.

Staff were complimentary about the overall management of the service. One staff member said, "The registered manager is great and really supportive." Another staff member said, "The management are brilliant, they treat staff like family. They are approachable and ready to listen, there is nothing for them to improve on"

The registered manager told us that they worked closely with the local authority to meet people's needs. The local authority confirmed this. The registered manager told us that the ethos of the service was to provide quality and reliable care to people.