Homebased Care (UK) Limited

Homebased Care (UK) Ltd- Erdington

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

At our last comprehensive inspection of this service on 31 March and 03 May 2017, we rated the service as 'requires improvement.' We found the provider to be in breach of Regulation 18 Registration Regulations 2009, because notifications of important events were not being made to CQC in a timely way. We asked the provider to complete an action plan to show us what they would do improve this and the action plan was received by us within the requested time frame.

After the inspection we received concerns in relation to the financial viability of the service. As a result we undertook a comprehensive inspection. This inspection was announced and took place on 24 and 29 January 2018. We gave the provider 48 hours' of our intention to undertake the inspection. This was because the service provides domiciliary care to people in their own homes and we needed to make sure someone would be available at the office.

Homebased Care (UK) Ltd - Erdington is registered to provide personal care to people living in their own homes. On the day of our inspection the service was providing personal care to 77 people.

At the time of our inspection a registered manager was showing on our records. However, during the inspection we found they had been left for over six months; therefore a registered manager was not in place and had not been notified to us as legally required. 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 service was being managed by the care manager until another branch manager moved across to the Erdington branch and registered with CQC.

People told us that staff frequently arrived late for calls and on occasions calls were missed. People told us they were reliant on staff and late and missed calls left them waiting for support; personal care and meals.

Staff were clear about their roles and responsibilities in keeping people safe. Staff understood how to protect people from abuse and were clear about the steps they would need to take if they suspected someone was unsafe.

People told us they received their medicines as required and staff said they had received medication training to support people appropriately.

People told us regular staff knew them well and had the skills and knowledge to meet their needs. Staff told us they received the right training for the people they supported.

People said staff supported them by preparing a choice of meals and drinks to support their wellbeing. Staff understood they could only care for and support people who consented to being cared for.

People told us that although individual staff were caring they felt the service was not caring because they felt anxious and upset that staff were not being managed well and they were worried they would lose their support. Where people had regular members of staff they praised them and they had developed good relationships with staff who they said were caring. Staff treated people with privacy and dignity and respected people's homes and belongings.

People told us they knew how to raise concerns but they felt these were not always listened to or action taken to resolve them. The provider had a system in place to deal with any written complaints. Written complaints received were logged and investigated.

People said the management of the service needed improving to ensure the correct management of staff and to ensure calls were made on time to meet their needs and by regular staff.

Relevant notifications had not been submitted to CQC where safeguarding reports had been referred to the local authority. CQC requires this information to look at the risks to people who use care services.

Governance systems were not effectual in ensuring that calls were made on time to meet people's needs. There had been a period of change within the service that had impacted on the care provided. This was acknowledged by the provider who was looking at ways to take action going forward.

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?

Requires Improvement

The service was not consistently safe.

Care calls to people were frequently late and on occasions calls were missed. Some people told us they had been left uncomfortable and waiting for staff to arrive and this had a negative impact on them.

People received care from staff that understood how to keep them safe and minimise the risk of potential harm.

The provider completed employment checks to ensure staff were suitable to deliver care and support before they started work. They need to strengthen the process further and ensure a full employment history was completed for all staff.

People told us they received their medicines as required and staff said they had received medication training to support people appropriately.

Is the service effective?

Good

The service was effective.

People felt staff were trained to meet their needs and staff said training received helped them do their job.

Staff had a good understanding of their responsibilities and sought people's consent before proving care.

People said staff supported them to prepare a choice of meals to support their wellbeing.

Is the service caring?

Requires Improvement

The service was not consistently caring.

People told us although individual staff were caring the service was not because they felt anxious and upset that staff were not being managed well and they were worried they would lose their support.

People felt they were not being communicated with to keep them up-to-date with any changes.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People told us they had raised concerns but felt these were not listened to and action was not taken to resolve them.

The provider had a system in place to deal with any written complaints which were logged and investigated.

Staff provided care that took account of people's individual needs and preferences and offered people choices.

Is the service well-led?

Inadequate

The service was not consistently well led.

People said the management of the service needed improving to ensure the correct management of staff and to ensure calls were made on time to meet their needs and by regular staff.

The provider had not fulfilled their duties to ensure that relevant notifications had been submitted to CQC where safeguarding reports had been referred to the local authority. CQC requires this information to look at the risks to people who use care services.

A registered manager was not in place and this not been notified to us as legally required. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

Homebased Care (UK) Ltd- Erdington

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 24 and 29 January 2018 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service. The provider can often be out of the office supporting staff and we needed to ensure that someone would be in. The inspection team consisted of one inspector and an 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, with an area of expertise in dementia care.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We had received concerning information prior to the inspection about the financial stability of the service. We asked the local authority if they had any information to share with us about the service. The local authority is responsible for monitoring the quality and for funding some of the people receiving care support.

During the inspection we spoke with 12 people who received care by telephone. We also spoke with five relatives of people who received care. We spoke with the chief executive of Homebased care (UK) Ltd, the head of human resources, seven care staff and an administrator. We also looked at three staff recruitment files, complaints and compliments records and safeguarding incident records.

Requires Improvement

Is the service safe?

Our findings

People told us staff were frequently late in attending calls to support them and on occasion calls were missed. One person said, "They missed two calls [in one day]; I rely on their help because I can't wash myself. I sat all day not washed and with no lunch." Another person told they told us they were reliant on staff for help and late calls meant on occasion they were left without personal care which they described as, "Unnecessary and undignified." Another person commented, "I don't know who is coming and when they are coming."

We spoke with 12 people about the care provided and seven people complained to us about late calls. One person told us they were frustrated by, "Frequent late calls," and added, "Night visits and weekend visits are a nightmare." A second person commented, "The support at weekends is not good enough." Another person commented, "I do not like the late visits from people [staff] I do not know."

One relative told us the lateness of calls had led them to cancel some of their calls. They told us staff had not been able, "To stick to agreed visiting times." They added, "By the time the morning visit was 90 minutes late and the lunch visit was 60 minutes early there was no benefit to having the second visit." Another person told us, "I am going to move to another firm if they don't improve quickly. The carers are late too many times."

Staff we spoke with told us more staff were needed. They said that some staff had recently left the service and therefore the remaining staff were now supporting more people. One member of staff said, "I've been covering calls in other areas, I'm doing calls for people I've never met before. There's no real organisation [of calls]."

We spoke to the chief executive about how calls were organised. They advised that due to some changes in the organisation, some staff had left and other staff had been moved to cover calls and they acknowledged that some calls had been late. They recognised that they needed to take action to ensure all calls were provided to meet people's needs and there were sufficient staff to cover the calls; therefore they had taken the business decision to not take on any new care calls until the management situation was resolved. They told us they were not aware of any missed calls.

The provider had a call planning system in place, which required staff to call into the system at the start and end of each call so calls could be monitored. Staff told us that not all staff were using the system because it used people's telephones to dial into the office. Although this call was cost free, staff told us some people were reluctant for staff to use their telephone line. Staff commented this meant late and missed calls were not always flagged by the system enabling office staff to follow up. We spoke to one administrator who told us they relied on care staff calling in if they were running late, they would log the call and then pass it to the care co-ordinator to follow up.

The providers systems had not been effective in providing safe care and treatment. We consider this is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with confirmed that they had received training in safeguarding people and demonstrated a good understanding of the types of abuse people could be at risk from. Staff were clear about the steps they would take if they had any concerns. Staff told us they were confident to report any concerns with people's safety or welfare to the provider and felt that action would be taken.

All staff we spoke with were able to describe the different risks to people and how they supported them. For example, when people would need the support of two carers. Two members of staff told us they checked areas were hazard free before they left people to help keep them safe. Staff told us people's risks had been assessed when they first received care from the service and had then been reviewed regularly and changes recorded in their care plans. Staff said the assessments gave them the correct level of information to provide care and support and were kept up-to-date to ensure they were aware of any changes to people's care needs.

We saw records of employment checks for three staff completed by the provider to ensure staff were suitable to deliver care and support before they started work. One member of staff also confirmed the checks made and told us, "[You are] not allowed to start until everything is in place." Whilst the provider had made reference checks with previous employers and with the Disclosure and Barring Service (DBS); they need to strengthen the process further and ensure a full employment history was completed for all staff.

Three people told us they received support with their medicines and they had not experienced any adverse problems as a result of late visits. One relative commented, "They [staff] make sure that the medication is taken from the blister pack carefully and at the right time." Staff told us they had received training in supporting people to take their medicines.

All the people we spoke to had no criticisms about the quality of cleanliness and hygiene of staff and said they left their homes 'neat and tidy.' People told us all staff wore uniforms and used aprons and gloves when carrying out their duties.

Good

Is the service effective?

Our findings

People told us their regular carers were well trained and very suited to their caring roles. One relative told us, "[Staff member's name] knows exactly how to work with people who have dementia." Staff we spoke with told us that training helped them to do their job and that they were happy with the amount of training they had received. Staff gave examples of where training had improved the care they provided to people. For example, one staff member told us how manual handling training had improved their confidence in supporting people and commented, "It showed me the right way to do things."

Some people were being supported by staff to eat and drink enough to keep them well. People told us staff ensured they had a choice of what they would like to eat and staff left a drink to hand at the end of a call. One person said, "They make me breakfast and a lovely cup of tea; they always ask what I want but I usually have the same."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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 to 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. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection.

Staff we spoke with told us they had completed MCA training and were aware of their responsibilities to ensure people's consent to care and treatment was sought and recorded. This was confirmed by people we spoke with, one of whom commented, "Staff respect what I say, if I say no they do respect it's my choice." People we spoke with told us how they had agreed to their care and had signed agreement of their care plans. One member of staff told us, "I ask always for [the person's] consent, it's important that they have a choice."

People told us staff would support them access medical care if needed. One person told us in the previous year staff had called paramedics for them on several occasions. They told us, "In each instance the carers [staff] remained with me until the paramedics arrived." The person told us staff had also notified their relatives. Another person told us staff had called their GP after discovering they had fallen. They said staff wanted to make sure they were checked over. The GP then made a home visit later in the day to make sure they were okay. One relative told us although they arranged their family member's healthcare appointments they were assured staff would help them if needed.

Requires Improvement

Is the service caring?

Our findings

People spoke very positively about their regular staff; however some people said the service was not caring. People told us they felt very anxious about staff arriving late for calls. One person told us, "My regular carers are like diamonds; but the other more casual carers frequently let me down and this causes me a great deal of stress which I can do without." People also told us they felt extremely anxious that staff had not been paid in the previous month and they feared that meant staff would stop caring for them and this worried them. One person said," I am very worried that I may lose the support of these lovely people. I would not be able to cope without them." Another person told us they were extremely anxious that they might lose their support completely. They said, "I would be stranded without the help. I simply would not be able to cope. I am very worried."

People told us they felt communication needed to be improved. People told us changes made within the agency were not communicated to them. For example, changes in carers or a change in the management staff. One person said, "We know things are changing but we don't hear anything. We are just left worrying without the facts." Another person said, "It's as if they [the management team] just don't care about us."

People said their regular carers were caring and supported them with dignity. One person said, "They [staff] are 24 carat gold!" Another person commented their two carers were, "My right hand and my left-hand - they are brilliant." Another person said, "They [staff] are brilliant ….so kind and gentle. We would not be without her. In fact, if they ever left I would pay them out of my own pocket just to keep their support."

People told us they had developed good relationships with their regular staff. One person said, "[Staff member's name] is like a mother to me; we have a lovely relationship." Another person commented, "I get on really well with my carers. They are very friendly and they will do anything for me." A third person told us, "We get on like a house on fire!" One relative confirmed, "They [staff] are very respectful of [person's name] needs and they make them laugh. I hear them laughing and chatting all the time. This makes me very happy indeed."

Staff knew how to provide care in the way people wanted. One relative said, "We look forward to [member of staff's] weekly visit. They are like a whirlwind in the way they goes round cleaning up everything in exactly the way we want it done." Another person said, "My carers are great. They do exactly what I ask of them they are all lovely people and I feel very comfortable in their company."

Another person said, "[Staff member's name] is marvellous. I am very, very happy with everything they do on my behalf. There is definitely good will on both sides. And I accept that occasionally staff will be late." They added, "I am extremely lucky to have such a genuine carer. They are very respectful and there is absolutely no embarrassment in the way that they wash and dress me."

One person told us how staff supported them to maintain their independence. They said, "I like to be as independent as possible. So when I am helped to have a shower I do as much for myself as possible, and then my carers help me to dry myself in the way I want to."

Three staff we spoke with said they enjoyed working with people and had developed good relationships. One member of staff told us, "I love this job. I love to see the smile on their [people's] faces. We enjoy a laugh together." Staff spoke in a caring way about the people they supported. Staff told us about the importance of respecting people's homes and families too. One member of staff said, "I always ensure I leave everything clean and tidy, I would want my house looked after so I do the same for the clients [people]."

Staff we spoke with also shared their understanding of caring for someone with dignity. They told us about practical ways in which they maintained a person's dignity. One staff member listed things they did such as closing curtains when people were getting dressed as well as ensuring doors were closed when supporting people with personal care and ensuring personal information was confidentially maintained.

Requires Improvement

Is the service responsive?

Our findings

At our last comprehensive inspection of this service on 31 March and 03 May 2017, we rated this key question as 'requires improvement,' because people and their relatives told us they knew how to raise concerns but were not always confident that their concerns would be responded to. At this inspection people told us they had raised concerns but felt these were not listened to and action had not been taken to resolve them. Therefore the rating for this question remains unchanged.

People told us that if they had a concern they would ring the office, they told us this process was explained in their personal folders. However, some people told us they did not feel that their concerns were always listened to or resolved. For example, one person said, "I've complained but nothing changes." Another person explained, "If you ring with a grievance they don't return your calls." Other people told us when they had concerns they rang office staff who they described as approachable and who showed empathy, but said they were not always able to address the problems discussed, such as the frequency of late visits.

One relative told us there had been a number of managers at the service and when they raised concerns information had not been passed on. They told us, "When you phone for a manager they say they have left and no one knows about the concerns you have raised. Then you are back to square one and you have to start all over again."

Some people told us they had previously raised concerns and action had been taken. For example, one person told us they had raised concerns at the starting of receiving care. They said action had been taken and the issue had been resolved and they had had no reason to raise any concerns since.

We looked at the written complaints the provider had received. We saw that six written complaints had been received in the past 12 months; three of which concerned late calls. We saw that following receipt of written complaints areas for improvement had been discussed in staff meetings.

The providers systems had not been effective in receiving and acting on complaints. We consider this is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us although regular staff knew them well; recent staff changes meant that new staff did not know them or how they wanted their care provided. One person said, "I had one carer [staff] who came and had never been before. They didn't know what to do." One relative also commented that they would like to see new staff introduced to their family member before taking over responsibility for their care. They told us some did not understand the level of support their family member required. Another person told us they felt they had to show staff what to do. They added they were becoming less mobile and were worried in the future they would not be able to show any further new carers what is required of them.

People who received support from regular staff said they knew them well. One relative we spoke with praised the personalised care their family member received. They told us their relative was of Asian heritage and didn't speak English. They said, "The managers have made sure that we get two carers [members of

staff] from Asian backgrounds on every visit and in particular [staff member's name] does everything brilliantly. Even when this carer [member of staff] is on holiday another Asian lady [member of staff] takes over the care support." They concluded, "Our carers [staff] provide the right cultural support in a very caring and sensitive way."

People told us they were involved in planning their care when they first received support but gave us mixed responses about whether they were involved in the continued planning and reviews their care. For example, one person told us they had not had a review in over 12 months. People told us spot checks were completed to ensure staff were providing care as required and this was confirmed by staff. One member of staff told us, "They [management team] do spot checks to make sure everything is ok and give you feedback on how you are doing. I am due one shortly."

People spoke with told us staff referred to their care plans before providing care and updated the information following a call.

Inadequate

Is the service well-led?

Our findings

At our last comprehensive inspection of this service on 31 March and 03 May 2017, we rated this key question as 'requires improvement,' because although safeguarding notifications were sent to the local authority for investigation we [CQC] were not always notified. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 Notification of other incidents.

At this inspection we found improvements had not been made to reporting process and not all relevant notifications had been submitted to CQC when safeguarding reports were referred to the local authority for investigation. A notification is information about important events which the provider is required to send us by law and CQC requires this information to look at the risks to people who use care services. The providers audit systems had failed to identify that five notifications had not been made to CQC.

This is a continued breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 Notification of other incidents.

Our records show that a registered manager was in place to manage the service. However, we found that the registered manager had left the service over six months before. Therefore a registered manager was not in place. 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.

We asked the chief executive about this. They acknowledged a registered manager was not in place but advised that the provider's care manager had covered the role and provided support to staff. They told they were also planning to bring a registered manager across from another branch to become the new registered manager at the Erdington branch.

People told us they felt the management of the service needed to improve. For example, one person told they felt that the staff turnover was because of poor management and the fact that some of the staff were not been paid regularly. They said, "I am so worried; I am looking to move to another agency." One relative told us they felt things needed to improve and said, "If they had a good manager it would make all the difference."

We saw the provider had systems in place to address areas identified as requiring improvement. For example, we saw that meetings had been held with staff to discuss the expected standards of care. Staff also told us that spot checks were completed to observe the level of service provided. However, these systems were not robust in addressing areas requiring improvement and sustaining any improvements made.

We spoke to the chief executive of Homebased Care about this. They advised that a minimal number of staff had recently left and advised that they were looking to recruit new staff. They were aware of some late calls in this transition period but were assured when the new staff started all calls would be covered as required.

They had taken action in recruiting new staff and had taken the decision not to take on any new care calls until the management situation had been resolved.

The providers systems had not been effective at improving the quality of the service. The service had failed to achieve and sustain a minimum overall rating of 'Good' at two consecutive inspections. We consider this is a breach of regulation 17 'Good governance' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All staff told us they attended team meetings, which gave them the opportunity to discuss any issues. One member of staff told us, "They do two or three meetings at different times to give everyone opportunity to attend." Staff also said, in addition spot checks were made by the care co-ordinators to observe their care practice.

During inspection we were made aware that the organisation was in financial difficulty and the registered provider was looking at options to maintain continuity of service for people. The chief executive praised the team work of staff and said they had worked well together through the recent changes. They said, "The backbone of the busy is staff. They have been very supportive." Staff confirmed there was good team work. One member of staff said, "The team all pull together, some of us have worked together a long time. We all support one another. "Another member of staff said, "The team are very supportive of each other."

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 18 Registration Regulations 2009 Notifications of other incidents Not all relevant notifications had been submitted to CQC when safeguarding reports were referred to the local authority for investigation.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The providers systems had not been effective in providing safe care and treatment.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The providers systems had not been effective in receiving and acting on complaints.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers systems had not been effective at improving the quality of the service. The service had failed to achieve and sustain a minimum overall rating of 'Good' at three consecutive inspections.