

Vila Pvt Ltd

My Homecare Bexley & Greenwich

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

My Homecare Bexley & Greenwich is a domiciliary care agency looking after people in their own homes. At the time of the inspection the service supported nine people with their personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service

We found risks were not always identified, and risk management plans were not always in to guide staff on how risks should be minimised. Call times did not always allow for travel time between visits.

We had mixed feedback from relatives about the timing of people's care and support and some staff did not always attend calls at the scheduled times and some staff did not stay for the whole duration of the scheduled call.

Staff records showed that they were supported through induction and training. However, staff and relatives told us that they had not always received adequate training

Complaints were not always logged and managed appropriately. Staff team meetings were not held on a regular basis through the pandemic.

There has not been a registered manager in place since January 2021 and there was not a clear management structure in place. The provider's quality monitoring systems were not effective. Internal audits did not identify the issues we found at this inspection or if they did remedial action was not taken to drive improvements.

People said they felt safe and that their needs were met. There were appropriate safeguarding systems in place to protect people from the risk of abuse. People were protected against the risk of infection and people told us that staff always wore personal protective equipment (PPE).

Medicines were safely managed. Sufficient numbers of suitably skilled staff were deployed to meet people's needs. There were no accidents and incidents logged since our last inspection in December 2020. Assessments were carried out to ensure people's needs could be met. Assessments were carried out prior to people joining the service to ensure their needs could be met.

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 told us they always asked people for consent before providing care and support.

People were supported to eat a healthy and well-balanced diet if required. People had access to healthcare services when required to maintain good health and their independence was promoted. Staff were supported through regular supervisions. The service was not currently supporting people who were considered end of life, but if they did then relevant information would be recorded in their care plans.

People and their relatives (where appropriate) had been consulted about their care and support needs. The provider worked in partnership with key organisations to ensure people's individual needs were planned.

Rating at last inspection and update

The last rating for this service was Good (published 2 February 2021).

Why we inspected

We received concerns in relation to safeguarding and whistleblowing. As a result, we undertook a focused inspection to review the key questions of safe, effective, responsive and well-led only.

Follow up:

We have not inspected caring key question. Ratings from previous comprehensive inspection for this key question were used in calculating the overall rating at this inspection. Therefore, the overall rating for the service has now deteriorated to requires improvement.

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for My Homecare Bexley & Greenwich on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

My Homecare Bexley & Greenwich

Detailed findings

Background to this inspection

The 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 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.

Inspection team

The inspection site visit on the first day of inspection was completed by one inspector and one pharmacist specialist. An expert by experience carried out calls to people following the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day of the inspection, one inspector attended the site visit.

Service and service type

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

There was no registered manager in post at the time of this inspection. 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 the meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection

This inspection site visit took place on 13 and 20 May 2021 and was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the provider. We asked for feedback from the local authority who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with seven relatives to seek their views about the service. We spoke with the manager, the commercial manager, the managing director, the care coordinator and four members of staff. We reviewed records, including the care records of nine people using the service, and the recruitment files and training records for five members of staff. We also looked at records related to the management of the service such as quality audits, and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested records such as risk assessments, staff meeting minutes, telephone monitoring records, training records and spot check records to be sent to us for review.

Is the service safe?

Our findings

Safe – this means people were not protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant people were not always safe or protected from avoidable harm.

Using medicines safely

- Medicines were not always managed safely. Some relatives told us that their relatives were late in being administered medicines by staff in a timely manner as prescribed. One relative said, "My [relative] is supposed to have his medication in the morning. (09.30-10.15) and it's now 10.20 and he hasn't had them yet as [staff] have not arrived. The time they attend is inconsistent"
- We saw that another person who was having their medicines administered by staff and this was documented in their care plan. Their relative said, "Last week a carer said she wasn't going to give [my relative] his medicines as it was not her job. My[relative] has missed his medicines at least two or three times a week. I have the medicines here".

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This means this is a failure to provide the safe management of medicines is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to the commercial manager who told us that they started to address these issues on the first day of the inspection. We will check this at our next inspection.

- Medicines risk assessments were carried out and had guidance in place for staff on how to minimise any risks.
- Some people were prescribed medicines on a 'as and when required basis' for pain relief (PRN). There was guidance in place for staff about when these medicines should be administered.
- Medicines Administration Records (MAR) were completed clearly and in full and medicines audits were regularly carried out to identify any shortfalls.

Assessing risk, safety monitoring and management

- Risks to people had been assessed in areas including falls, mobility, nutrition and communication. However, where risks had been identified, risk assessments did not fully assess the risks or provide actions or guidance to reduce risk in relation to people's health needs.
- We saw that five out nine people were at risk of falls, but not all falls risks had been identified in detail and risk management plans were not always in place to minimise the risks.
- One person had been identified as living with Parkinson's disease, however the risk assessment did not identify all risks related to the condition and a risk management plan was not in place to guide staff should the person become ill.

- Staff told us that the system was not working effectively as they were unable to see all relevant information. One staff member said, "The new system is bad. We cannot see any risk assessments, so all I know is that if a client becomes ill, I need to press the lifeline pendant around their neck. Another staff member said, "The new system is not good. It's not accurate and I am not happy with it. I don't know if we can see risk assessments on it, as we don't have the time to look. So, then I ask they clients what they need done."

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke to the commercial manager who told us that they would ensure that people's risk assessments would be updated, and risk management plans would be put in place. We will check this at our next inspection.

Staffing and recruitment

- The provider used an electronic monitoring system to allocate staff support to people using the service. The provider showed us the system and told us that people were supported by staff that lived local to the area. They told us that they allowed travelling in addition to call times to ensure staff had enough time to travel between calls without being late.
- The provider showed us that there had been no missed calls and the new electronic monitoring service confirmed this. However, when we looked at the system, we saw that staff did not always attend at the scheduled time. We saw that some staff were arriving almost 2 hours early for appointments and up to 55 minutes late. The provider had failed to identify this issue.
- Relatives also told us that staff did not always attend calls at the scheduled times. One relative said, "There are a couple of ladies that are bang on with timings but, generally we don't know when they will come."
- We saw that staff did not always stay for the scheduled duration of the call. For example, we saw that one staff member had only stayed for 15 minutes of a 30 minutes call. One relative said, "The morning call is 45 mins and they usually stay 25 minutes".
- Although the provider told us and rotas showed, that staff were allocated travel time between visits, when we spoke to staff about travel time between people, some of them told us that they were not allocated travel times so were often late. One staff member said, "We don't get travel time between clients, sometimes and this can cause a problem with some clients, even if I let them know I am going to be late". Another staff member said, "Sometimes I don't have enough travel time and I am late for calls, this is usually, when we are short-staffed and have been asked to cover clients at short notice".
- Some people said there was not a consistency in staff that attended calls. One relative said, "There is a fast turnover of staff and consistency of staff is just not there. It can be quite hard for my [relative] with the different staff that come". Another person said, "There have been a number of different carers over the last few weeks".
- We received mixed reviews when we spoke to staff about staffing levels, they said that the service was often short-staffed. One staff member said, "There are often times when we are short-staffed, the office needs to be more organised when this happens." Another staff member said, "There are not always enough staff, but at the moment there is". This meant that staff did not always attend calls in a timely manner.

We spoke to the commercial manager who told us they will improve oversight of punctuality and the duration of calls. We will check this at our next inspection.

- Appropriate recruitment checks took place before staff started work. Staff files contained completed application forms which included details of their employment history and qualifications. Each file also contained evidence confirming references had been sought, proof of identity reviewed, and criminal record checks undertaken for each staff member.

Preventing and controlling infection

- People were protected from the risk of infection. There were systems in place to manage and prevent infection. There were policies and procedures in place which provided staff with guidance, including Covid-19.
- Staff were tested on a weekly basis and had completed infection control training which included Covid-19 and followed safe infection control practices by wearing appropriate personal protective equipment (PPE) such as wearing mask, aprons and gloves when supporting people. They disposed of PPE appropriately, in order to protect people and themselves from the risk of infection. One staff member said, "I always wear gloves, mask and an apron, I also always wear my uniform."
- Covid-19 risk assessments had been carried out to minimise risk to people and staff. Visitors to the office were temperature checked and office staff wore appropriate PPE within the office and were able to work in a socially distanced way.

Systems and processes to safeguard people from the risk of abuse.

- There were appropriate systems in place to safeguard people from the risk of abuse. Staff had received safeguarding training. They knew of the types of abuse that could occur, what to look out for and the process to follow for reporting any allegations.
- People told us that they felt safe. One person said, "I do feel safe with all the staff." One staff member said, "If I had concerns, I would tell my manager and I know they would act immediately."
- The manager and the commercial manager understood the procedures and reported allegations of abuse to the local authority and the CQC to notify them of any abuse allegations, in line with regulatory requirements.

Learning lessons when things go wrong

- There were no accidents and incidents reported since the last inspection. However, the provider had a system in place to appropriately record and investigate concerns.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff training records confirmed that new staff had completed an induction and the Care Certificate. The provider confirmed staff new to working in social care were also required to complete the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for staff new to working in health and social care.
- Staff records showed they completed mandatory training which included safeguarding, dignity, medicines, mobility and mental capacity and Deprivation of Liberty Safeguards (DoLS). However, relatives we spoke to told us that they did not feel that staff were well trained. One relative said, "If [staff] have had training, I don't think they are putting this into practice". Another relative said, "I'm on the fence on that one, one or two [staff] are good."
- The provider told us that all staff had undertaken 'Stoma bag' training but was unable to provide us with certificates to show that staff had completed the course. One relative said, "Some staff refuse to change [my relative's] stoma bag because they say they are not trained. [My relative] needs help with this as he is unable to manage on his own." One staff member told us, "I have not had Stoma and PEG training directly, I had to shadow a colleague to show me how to do it" Another staff member said, "I have only had Stoma and PEG training online. We need to have these as practical training because it is very complex, and we sometimes forget what to do when we get to clients".

This means this is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We spoke to the commercial manager, who during the inspection was re-arranging for all staff to have 'Stoma bag' training and acquire the relevant training certificates. The commercial manager said that they would speak to staff at the next staff meeting to discuss training needs. They also said that they would be speaking to all relatives to ensure that they are happy with the carers they have. We will check if this at our next inspection.
- Staff were supported through regular appraisals and supervisions in line with the provider's supervision policy.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's health conditions were adequately assessed or recorded accurately before they joined the service to ensure their needs could be met.
- People's and their relatives had the opportunity to input into the assessment process.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's care records contained completed capacity assessments in all the people's care records.
- The commercial manager told us the people they currently supported had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to decide they would work with the person and their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the MCA.
- We saw that staff had received training on the MCA. They told us they sought consent from people when supporting them and they respected people's decisions. One staff member said, "I do ask for people's permission and explain what I am going to do to support them."

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to eat and drink enough.
- Staff supported people by heating up microwave meals and preparing drinks.
- Staff knew people's preferences, likes and dislikes. One staff member said, "One person likes peanut butter on toast every morning, so I make sure they have this."

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- People had access to a range of healthcare services and professionals which included GPs, and district nurses should they need it.
- People and their relatives usually arranged and attended the healthcare appointments independently. However, the manager told us they would provide this support if required. One relative told us that their relative had a fall and the staff member called an ambulance.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection in this key question was rated Requires Improvement but was not reviewed. At this inspection this key question has remained as Requires Improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- The provider did not have an effective system in place to handle complaints effectively. Verbal complaints were not logged and investigated in a timely manner. One relative told us, that a carer had attended a call with their children, they made a verbal complaint about this, but we could not find records to show that this complaint had been investigated in line with the provider's complaint procedure.
- When we spoke to another relative, they told us that they had made a complaint about the care their relative was receiving by telephone but the provider asked for evidence by email before they would investigate the matter. We could not find records to show that this complaint had been investigated in line with the provider's complaint procedure.

This was a breach of Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The commercial manager also said that they would set up a complaints system to log, monitor and investigate complaints in line with the complaints policy. We will check this at our next inspection.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were reviewed regularly, however, there was a lack of information about people's health needs in care plans. For example, one person lived with a risk of seizures. there was limited and contradictory information on how and when staff should mobilise the person if they were having a seizure. The manager said they would update the person's care plan.
- Another person lived with Parkinson's disease, however, there was limited information about this condition to enable staff to identify concerns and meet the person's support needs.
- People had a personal profile in place, which included important information about the person such as date of birth, gender, ethnicity, religion, medical conditions, GP details and next of kin details.
- Care files included individual care plans addressing a range of needs such as medicines, moving and handling, nutrition, communication and environment.
- People told us that they were involved in planning their relatives care and there was a care plan was in place. One relative said, "I believe there is care plan and a [staff member] came to update it."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained information which showed how they communicated and how staff should communicate with them. The commercial manager told us that there was no-one who needed information in another format. However, if required information would be provided in a format that met people's needs, this include large font or pictorials.
- People whose first language was not English were allocated staff that could speak their native language.

End of life care and support

- No one at the service currently received end of life care. The manager told us, where required they would work with people, family members and other healthcare professionals to ensure people's end of life wishes were met.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated Good. At this inspection this key question has deteriorated to requires improvement. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There has not been a registered manager in place since January 2021 and there was not a clear management structure in place. This demonstrated a failure of leadership and governance by the provider.
- The governance of the service was not effective or robust and this was evidenced by the nature of the breaches of the regulations we identified at this inspection. The widespread and significant impact of these demonstrated a failure of leadership and governance by the provider.
- The provider was not aware of most of the concerns we raised during the inspection as they did not maintain adequate oversight of the service.
- Records were not completed fully and accurately. Risk assessments and the lack of risk management plans did not demonstrate the provider always understood how to assess and manage risks. The provider had not identified the issues with found in relation to risks. This meant that we were unable to confirm if people were receiving safe care.

Engaging and involving people using the service, the public and staff

- We saw that regular staff meetings were not held. We saw minutes of the last team meeting held in November 2020. One question asked of all staff during this meeting was if they knew each client's care plans and risk assessments. The answer was that the 'majority of staff did not'. However, there were no records to show that this had been followed up and actioned to rectify the issue. One staff member said, "We had not had a staff meeting for a very long time." Another staff member said, "I haven't been to a staff meeting".
- Although the provider carried out some telephone reviews to measure if people were satisfied with the service they were receiving, we saw some people had not received a telephone review for over a year. One relative told us, "I have had correspondence with [a manager] but I have never been asked the question if I am happy with the service".
- The provider carried out spot checks and care reviews. The commercial manager told us that at the same time they sought people's views about the service. However, there were no records to show this happened in order to allow the provider to drive improvements.

Continuous learning and improving care

- There was a lack of learning at the service, which meant that care was not being improved in response to learning. Issues were identified but there was no action plan on how the provider was going to rectify these issues, which included communicating issues to staff. Learning from issues identified during the inspection had not always been disseminated to drive improvements.

- Records showed regular audits were carried out by management to identify any shortfalls in the quality of care provided to people. These included medicines, staff files, care plans and risk assessments. However, these were not always effective. Care plan audits did not identify the issues we found at this inspection. For example, there was not having detailed information about people's health risks to ensure their needs were safely met.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the quality and safety of the service was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection the commercial manager confirmed that a staff meeting was held on 25 May 2021. We will check this at our next inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- When things went wrong, apologies were given to people, however lessons were not always disseminated to staff.

- The commercial manager had a good understanding of when and who to report concerns to. We saw that relevant professionals informed as required such as the local authority and CQC.

- Staff told us that the commercial manager is supportive was supportive and approachable and they could go to them at any time. One staff member said, "I like the commercial manager and the sort out any problems".

Working in partnership with others

- The service worked in partnership with key organisations, including the local authority and health and social care professionals to provide joined-up care. For example, they worked with commissioners, GPs, safeguarding teams, hospitals and district nurses. They also provide care and support when people moved back to their home.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risks were not always assessed, identified or reviewed and risk managements plans were not always in place.</p> <p>Staff did not always attend calls on time or stay for the duration of the call.</p> <p>Regulation 12(1)(2)(b)</p>
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>Complaints were not logged and investigated in line with the provider's complaints policy.</p> <p>Regulation 16</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17(1)(2)(b)</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Not all staff training was documented.</p>

Staff reported that they had not undertaken appropriate PEG or Stoma training.

Regulation 18