

My Homecare (Reading and Bracknell) Ltd

My Homecare Reading

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

My Homecare Reading is a domiciliary care agency that provides personal care to people in their own homes. It provides a service to people who have dementia, learning disabilities or autistic spectrum disorder, mental health, physical disability and older people.

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. At the time of our inspection the service was providing personal care to eight people.

People's experience of using this service and what we found

The provider did not operate effective quality assurance systems to oversee the service. These systems did not identify shortfalls in the quality and safety of the service or ensure that expected standards were met.

The provider did not ensure consistent actions were taken to reduce risks to people and plans were not in place to minimise those risks. Effective recruitment processes were not in place to ensure, as far as possible, that people were protected from staff being employed who were not suitable. The management of medicines was not always safe. Staff did not always follow correct infection prevention and control processes when visiting people. Not all staff were up to date with, or had received, their competency checks and mandatory training. We did not have evidence the management team kept their knowledge and competencies checked and up to date. Staff did not have regular supervision and appraisals, and team meetings.

When incidents or accidents happened, it was not always clear that it was fully investigated, and if any lessons were learnt. The provider did not follow and accurately record and keep a copy of all the actions taken as required in the duty of candour regulation when a notifiable safety incident occurred. The registered person did not ensure that clear and consistent records were kept for people who use the service and the service management. The registered person did not inform us about notifiable incidents in a timely manner. Staffing levels did not always support people to stay safe and well. The provider scheduled the visits however timings and length of visits varied. People and relatives told us the times of visits were not kept according to the care plan. People and relatives gave us mixed feedback about staff being kind, caring and respectful. They did not always uphold people's privacy or respond in a way that maintained people's dignity.

People, their families and other people that mattered were involved in the planning of their care. However, the care plans did not contain information specific to people's needs and how to manage any conditions they had. Staff did not have detailed guidance for them to follow when supporting people with complex needs. Staff were not always following the care plan to provide the right support to people.

The provider did not ensure their safeguarding systems were operated effectively to investigate and follow the provider's procedure after becoming aware of an allegation of abuse. Most of the staff were not up to date with their safeguarding training. Not all people and relatives felt they could approach the management or staff with any concerns and felt that communication had to be improved.

We judged people were not supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

Most of the staff members felt staffing levels were sufficient to do their job safely and effectively. The provider appreciated staff contributions and efforts during the COVID-19 pandemic to ensure people received the care and support. Staff felt they could approach the management team for support and advice. The provider was working with the local authority to make improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

The last rating for this service was good (published 15 August 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to quality assurance; risk management; notification of incidents; safeguarding; record keeping; effective and person-centred care planning; management of medicine; infection control and prevention; staff training, competence and deployment, and recruitment. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it. And it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

My Homecare Reading

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector. An Expert by Experience made phone calls to people who use the service and/or relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. A second inspector made phone calls to staff working at the service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. The provider had employed a new manager however they were not able to support the nominated individual and us during inspection.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection to be sure that the provider would be in the office to support the inspection. Inspection activity started on 20 June 2022 and ended on 21 June 2022. We visited the location's office on 20 June 2022.

What we did before the inspection

Prior to the inspection we looked at all the information we had collected since the last inspection about the service including previous inspection reports and notifications the previous registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to the nominated individual during the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We sought feedback from people who use the service and relatives. We also spoke to five staff about their experience of work and the care provided. We reviewed a range of records relating to the management of the service, for example, records of medicine management, risk assessments, accidents and incidents; quality assurance system; and complaints/compliments records. We looked at five people's care and support plan and associated records. We looked at seven staff files in relation to recruitment.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further records and evidence including quality assurance, training data, and policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Recruitment and staffing

- The registered person did not operate effective and robust recruitment and selection procedures to ensure they employed suitable staff.
- The registered person did not ensure all required recruitment checks and information were gathered before staff started work.
- None of the seven recruitment files we reviewed contained all of the required recruitment information. Missing information included evidence from previous employment regarding staff's conduct and verifying reasons for leaving, declaration of health and fitness to carry out the role, one risk assessment in relation to a staff member's criminal record and proof of identities. All seven staff files viewed did not contain a full employment history.
- In six files, we did not find evidence that the registered person completed Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- After the inspection, we raised all these queries with the provider, and they have provided information of the action taken including applying for DBS checks that were not done. However, failing to obtain all required recruitment information and allowing staff to work and attend visits, placed people at risk of receiving care from unsuitable staff.

The registered person had not obtained all the information required by the regulations to ensure the suitability of all staff employed. This was a breach of Regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Organisation of staffing did not ensure people were visited according to their care plan. The deployment of staff did not always ensure people were supported to meet their diverse and complex needs. The provider was aware the visit times and length were an issue however we were not assured this was being addressed effectively to improve it.
- Staff said they had enough time to visit and support people most of the time. However, some were uncertain if the management would extend the allocated times due to staff shortages.
- One person said staff came on time, "The [staff] are always there when I need them, and they come on time".
- Other people and relatives said staff did not arrive on time and that would affect peoples' care and support. They said, -"The carers don't always come [at] the allocated time...[staff] come at 8:30am onwards and that's too late...there is a lot of variation in times",

- "The punctuality could be improved somewhat...times can vary a lot...I also think it's a long time for someone to be put to bed and sometimes they don't return until 10am the next morning...times are all over the place",

- "We have some examples where I know [staff] has not attended [the visit] full stop...timing can be variable",

"The visiting times in some weeks have been very sporadic, the staff came at lunch time when my relative is already dressed...my relative has dementia and to have [staff] the right time in the morning to give a wash is very rare [so] my worry is my relative is not always going to be clean and that will lead to other infections",

- "The punctuality is good some of the time, but it depends on which [staff] it is...we had some missed calls and yesterday the first [staff] didn't arrive until 1:30pm and this resulted in my relative sitting in soiled clothes for several hours because [my relative] didn't have the morning cleaning".

The registered person did not ensure there were sufficient numbers of staff deployed effectively to meet people's care and treatment needs. This was a breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The provider understood some of their responsibilities and the importance of safeguarding people who use the service. They explained how they would deal with concerns but did not say anything about reporting concerns to external professionals accordingly such as the local authority, police and the Care Quality Commission (CQC).
- During the inspection, we found that some incidents were safeguarding concerns, but these were not raised with the relevant authorities to ensure they were investigated properly. For example, during our conversation with the provider, they told us about an allegation of verbal abuse. They told us they had not raised this with the relevant authorities to investigate it properly. Failing to report such incidents placed people at risk of ongoing harm or abuse. The provider was not fully aware of procedures to follow in accordance with the local safeguarding adults' policy and procedure.
- One relative said, "I have absolutely no confidence in this company what-so ever. They have failed in many respects of the care that my [relative] needed...the whole situation is extremely poor from start to finish".
- Although there was a system and process to protect people who use the service from abuse and improper treatment, the provider and the staff did not ensure these systems were operated effectively.

The registered person did not ensure the provider's systems and processes to protect people from abuse and improper treatment were operated effectively and consistently. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other people and relatives were positive about the support and said, "I feel I'm absolutely safe and happy with the service I get and I get full support with my personal care", "They keep me safe all the time and they do my morning care call and get me out of bed and do personal care" and "My relative is kept very safe and protected and I have no issues or worries".
- Staff told us how to recognise abuse and protect people from the risk of abuse. They were able to explain what actions to take if they felt people were at risk including to contact the outside organisations.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider had completed some risk assessments for people in relation to their support needs. However, some information was missing. For example, one person had aids to support them with mobility such as hoists and slings. There was some information noted about completing transfers. However, specific instructions were not noted to ensure the staff were using safe moving and handling techniques. Furthermore, this person needed two staff to support them. We reviewed some daily notes and there were at

least eight occasions where only one staff completed the tasks. This meant the provider did not ensure the person received safe care because the risk assessment was not followed by having two staff to mitigate the risks of injuries and harm.

- Where a person had bed rails in place, this was not incorporated into the care plan as noted on the bed rails risk assessment. This meant we were not sure the staff were aware of how to use bed rails safely and ensure the person was not put at risk of harm and injury.
- Another person had a condition that affected their wellbeing and health almost daily. But there were no risk assessments completed to mitigate any risks relating to their care and support.
- As part of people's support plans, the provider would carry out a health and safety assessment of the environment to ensure the person, their family and staff were safe while support was being given. After we reviewed people's records, not all of them had this assessment completed.
- We spoke about the process of reporting and recording incidents and accidents with the provider. We also reviewed incident and accident records. There were some incidents noted but it was not clear what was done afterwards to prevent any further incidents and protect people from harm. The incident forms were not always signed off to indicate anyone from the management team had reviewed them.

The registered person did not ensure care and treatment was provided in a safe way. They did not ensure all risks relating to the safety and welfare of people using the service were consistently assessed, recorded and managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People did not have their medicines managed safely.
- The provider said most people were supported to take their medicine, so we asked to see medication administration record (MAR) sheets for people. The provider could not find these records during the inspection and they said they were not sure where they would be stored.
- We saw one MAR sheet in one person's file and another one was sent after the inspection. The MAR sheets were not filled in correctly and there were a lot of gaps. For example, one person had a blister pack and three other separate medication prescribed. A blister pack is used to provide a safe and convenient way to take prescribed medication. Any medication needed each day is separated from the rest into its own little pack. This makes it easy to know how much and when the person needs to take their medication. The person also had to have a specific medicine on a specific day and time, repeated weekly. However, the MAR sheet had no record of any medicine being administered for 17 days or more.
- The provider said that as far as they were aware, they had no-one taking 'as required' (PRN) medicine. However, we found people were taking PRN medicine for managing pain but there was no protocol or information about when and how this should be offered to the person.
- The staff supporting people had not been assessed as competent to provide support with medicines. There was no further evidence to show that the member of the management team assessing other staff was also deemed as a competent assessor.

Medicines management was not robust enough to demonstrate that medicines were managed safely at all times. 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.

Preventing and controlling infection

- The staff did not always use personal protective equipment (PPE) to ensure care was completed effectively and safely.
- People and relatives gave mixed feedback about staff using PPE when visiting and while supporting them.

They said, "Some carers have very high standards of hygiene and other are not very good at all" and "[The staff] do not make any serious attempt to clean the property, and they do not wear uniform, they do not have PPE, and I've seen staff attempt to mop up [bodily fluids] without gloves!".

- The staff said they had enough PPE to use during visits to people. However, the staff were not regularly monitored to check if they used PPE and completed handwashing techniques correctly. Not all staff had received infection control training.

The provider did not have processes and systems in place to ensure that all staff met their responsibilities in relation to preventing and controlling infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The provider did not ensure the service continued to meet the individual's needs and that outcomes were being achieved consistently for people. People's care needs were assessed to identify the support they required. However, some care plans were basic and did not include more detailed information for staff to follow so they could meet people's specific needs safely and effectively such as managing specific conditions. Some care plans did not include exact times of visits to meet people's needs and ensure continuity. One relative told us there was no care plan in place at all.
- The records did not always contain clear guidance for staff on how to manage people's oral health and support they would need with it.
- There was no clear evidence that people's care plans and needs were regularly reviewed. This meant staff were not always guided by the most up to date information about what people needed and wanted from the service.
- This meant the provider was not able to ensure all people who use the service had their needs met, as they chose to achieve good outcomes.

The registered person did not ensure people's care was appropriate and met their needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff did not always have the knowledge, skills and training they needed to meet people's complex and diverse needs and ensure their safety and welfare.
- Even though staff told us positive things about the training, people and relatives had mixed views about the skills and knowledge of some staff. They said, "I feel some of the skills the staff have are better than others", "Generally, the carers have the correct knowledge to carry out the care", "Some carers are very capable and trained, and others don't really have a clue" and "Staff came in, I asked who they were and they had no idea why they were there. [One staff] is the only one that does the job... I would trust her from start to finish".
- We reviewed the training matrix provided to us which recorded mandatory and role dependant training. People had a variety of different needs, however, we did not see staff were consistently provided with such training and skills to ensure they had the right knowledge and guidance to provide effective care and support to people. For example, some people needed support with moving and handling to support their mobility by two members of staff. The training matrix showed only one staff member had training in the theory of moving and handling. There was no evidence the staff were assessed as competent to complete

moving and handling support for people. Another person had a sensory impairment that required a specific way of communicating with them which could affect the support if not done in the right way. Staff did not have any specific training about such impairments, how to help and support the person's individual needs and ways of communicating with them.

- We reviewed the training information and a number of staff did not have their training or competencies refreshed and assessed. The provider did not have a clear system to monitor staff's training and also keep up to date with their training, competencies and knowledge so they would be able to lead by example, monitor practice, support staff and pick up any improvements needed.
- The provider told us that some staff completed the Care Certificate as part of their role in previous employment. But staff did not complete it when they started working for My Homecare Reading. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The provider and staff team said they had not had one-to-one supervision meetings and appraisals for a while, especially whilst having no manager in place.
- The provider could not assure us that people received effective care and support from competent staff with up to date knowledge and skills.

The registered person did not ensure all staff were competent, skilled and had up to date training in order to carry out their role and effectively support people. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2019 Regulations 2014.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and relatives told us mixed feedback about the way mealtimes were managed. They said, "I've seen [staff] trying to prepare some food for [relative], like soup, sandwich, microwave meals...one staff tried to give [relative] a sandwich with mouldy bread! [Staff] do not make [any] attempt to wash hands [after personal care]", "I think the carers are good people...They make my breakfast and do laundry" and "I discovered they offered my relative two sips of drink that was left there from the night before and that was all he got".
- People and relatives also told us that late calls affected mealtimes. One relative said, "The first call of the day is meant to be between 9am and 10am and this morning they came at 11:30am". This meant the person did not receive support with their breakfast until mid-morning.
- Care plans included information about how to support people with meals and diet, and their preferences. They also included information about help people required with eating or encouragement with drinking and having a balanced diet.
- People and their relatives and staff were in regular communication to help people remain as healthy as possible. People's needs were monitored, and there was communication between staff and health and social care professionals to help people when their support needs changed. However, the provider did not have full oversight of people's changing needs. Therefore, changes in health and wellbeing were not always picked up in a timely manner. Feedback from some people and relatives indicated people's care and support could be organised better.

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 MCA 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 rights to make their own decisions, where possible, were protected.
- People and relatives felt some of the staff were polite and respectful towards people and respected their decisions. Staff were able to explain how they supported and encouraged people to make decisions and choices.
- There was some evidence to show people were involved in their care and support. The care plans also included information about how to ensure staff always asked people for consent, supported and respected their decisions and offered choices during the visits.
- However, the information in care plans was not always specific to the person and their individual capacity and ability to make decisions. In addition, this was not continuously reviewed to take account of fluctuations in capacity. Therefore, the staff did not have the most up-to-date information about how people were able to make their own choices and decisions, and how staff should promote this and support people.
- People and relatives said, "I feel the carers are professional enough and know what they are doing with me", "Some carers are very appreciative on me and I like that. I have a reasonably good continuity of the same people and I can express my own decisions about my care and it's taken on board" and "I think the staff respect my relatives' decisions when he wants things or doesn't want things".

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- We received mixed feedback about the way some staff supported people. People told us, "I do prefer certain [staff] because some are better at understanding my speech", "They have a good personality and they do try and make an effort with my relative, but as I say, I think some tweaks are required to make both caring and relationship in general better with my relative" and "Staff came in, I asked who they were and they had no idea why they were there... It's like they don't want to be there".
- Rights to privacy and dignity were not always supported. People and relatives told us staff did not always treat them with respect and dignity. They said, "I know when one of the [staff] came, she would look at [personal care aspects], and pull curtains to do it. The other staff don't do this to uphold the privacy. Staff are useless, and before you think it is bad, it gets worse", "Sometimes carers speak too loud and when there are other people in the house it's not very discreet" and "I think time is an issue because the staff are there and away, they can't spend more time with him to promote any independence he may still have".

The registered person did not ensure people were treated with dignity and respect. This was a breach of Regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives felt some staff members showed more compassion and kindness than others. They said, "The [staff] are very kind and very caring...they do their best to keep me satisfied" and "The personality of the [staff] is pleasant and caring, my relative is respected...[the staff] try to do what they can with the resources they have".
- Other people and relatives were positive about the staff and said, "The personality of the carers is pleasant and caring, and my relative is respected. The carers try to do what they can with the resources they have", "I'm very respected and I have a good relationship with all of them", "[My relative] is well respected, but it really depends on the people you get" and "Some of my independence is promoted and I'm allowed to wash part of me in the shower".
- Staff explained how they supported people with their needs respecting privacy and dignity and promoting independence whenever possible.
- Any private and confidential information relating to the care and treatment of people was kept in their home in a chosen place. Staff were aware of confidential information sharing and discussed it only with relevant people such as professionals or family with people's permission. This information was also kept securely in the office.

Supporting people to express their views and be involved in making decisions about their care

- The care plans were drawn up with people, using input from their relatives and health and social care professionals where available.
- People and relatives were asked to provide their views on the support they received. However, not all people and relatives felt they were involved in the care planning process. They said, "I'm not always consulted or given much leeway of how I want the care to be conducted on my relative. I've seen the care plan and it's an accurate reflection on the care provided, but in reality, it's not always followed to the letter also because my relative has some resistance to the care at times" and "There is no care plan, and the [staff] who attend have very little idea and apparent experience of what they are doing".
- People's records included some information about their personal circumstances and how they wished to be supported including to ensure privacy and dignity was respected, and independence encouraged where possible.
- Due to recent changes in the managers and lack of records, we were not assured that people and those important to them were consistently involved in making sure they received the care and support they wanted. This also meant staff did not always have the information they needed to learn about people and engage with them in decisions about their care and support.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to inadequate. 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

- Services registered with the Care Quality Commission (CQC) are required to notify us of significant events and other incidents that happen in the service, without delay. During this inspection, we found the registered person did not ensure CQC was consistently notified of reportable events such as allegations of abuse. This meant we could not check that appropriate action had been taken to ensure people were safe following such incidents.

The registered person failed to notify the Commission of notifiable events, 'without delay'. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- The provider did not ensure the systems and processes worked effectively so they could assess, monitor and mitigate any risks relating to the health, safety and welfare of people using the service, staff and the operation of the service.
- The provider's quality assurance systems did not identify the concerns we found on the inspection. For example, missing recruitment information for staff suitability; issues with medicine management, out of date training and lack of records for staff competency and knowledge checks, risk management and care planning.
- The provider was open and transparent about the issues they were having, especially with the recent manager changes. They acknowledged the issues we found and the need to make improvements.
- We asked the provider about how they monitored people's care visits to ensure they took place as expected. They told us they used an online system to create staff rotas, but it was not able to pick up late or missed visits. The provider relied on people and/or their families and staff to report late or missed visits. The provider also said they had not yet done any checks this year on timings and quality of visits. This meant people were at risk of receiving late care and support that could have an effect on their health and wellbeing.
- The provider had no real oversight of late or missed visits which did not support further improvements. There was no evidence the provider looked at trends or themes or were able to identify areas of concern and take action to prevent recurrence.
- We asked the provider for evidence of any further audits or checks they carried out to ensure they had oversight of the service and asked how they reviewed and assessed the quality of the service, but there was no further evidence provided. The provider was open about the lack of audits and checks done and were not able to provide any further evidence at the time of inspection.

- We asked the provider about how they monitored staff's conduct, skills and practice. They said staff spot checks and observations had not been completed for a while. The provider had little oversight of the quality of care staff provided to people. This meant they were not able to identify and address any issues with staff's practice in a timely way. The provider did not gather feedback from people and relatives to help them oversee the quality of care provided. This meant provider did not proactively work with staff, people and relatives to ensure people received care they needed and wanted.
- The provider did not always ensure people and staff were protected against the risks of unsafe or inappropriate support and practice because accurate records were not maintained, completed accurately or updated when necessary. There was a lack of management and leadership to ensure people's needs were met, appropriate support was provided and they could experience high quality care.
- We were not assured that the provider had good governance systems in place that ensured appropriate oversight of the service and the provision safe and good quality care. This lack of governance also prevented the provider from identifying and acting on issues that could place people at risk of harm or abuse.

The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with the fundamental standards (Regulations 8 to 20A). This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We discussed duty of candour and what incidents were required to be notified to the Care Quality Commission. The provider had a policy that set out the actions staff should take in situations where the duty of candour would apply.
- Since the last inspection, there had been at least one incident where the duty of candour was applicable. People were supported to receive the required treatment after the injury. However, there were no records available to show what action was taken to meet the duty of candour requirements.
- We were not assured the registered persons acted in an open and transparent way with relevant persons in relation to incidents.

The registered person did not follow and accurately record and keep a copy of all the actions taken as required in the regulation when a notifiable safety incident occurred. This was a breach of regulation 20 (Duty of candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We spoke with the provider about the current situation at the service and they acknowledged that there were issues to sort out. They were honest about having difficulties covering and overseeing the service while not having a registered manager in place. The provider had started to hand back some care packages, recruited a new manager and started making the necessary improvements to build up the business again.
- Staff felt they could approach the management team with any concerns. Staff were positive about the support from the management team and said, "I definitely have confidence in the manager", "In [the] short time I have been here, have not had any physical contact with management" and "I would say so, we do let them [the management] know about any concerns and they listen".
- People and relatives had mixed feedback. Comments included, "I know very little about the management side, but I don't think it's very well managed because there's always been a time issue", "I don't think the service is managed well... I did complain and this has been rectified, but for me having to complain about these things shows a form of bad workmanship in the company itself" and "They also need to tweak things

in the management side and be more reliable with time keeping...They need better continuity of good reliable carers".

- Others said, "I think the service is well managed...This is the first time anyone has asked me questions about the service and I'm happy to praise them for their efforts" and "I would recommend My Homecare because I've known of many companies and none of them are perfect, but they are ok with me".
- We were aware the provider had been working with the local authority on an improvement plan to review and address the issues and actions to be taken. Although we received feedback that the provider was engaging, the issues we identified were still ongoing and the lack of organisation and management of resources became evident throughout the inspection. Systems to monitor peoples' experience of care, management of staff skills and visits to people did not appear to be effective or appropriate, and this led to issues remaining unresolved.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- We asked the provider for any surveys done to gather people's, relatives' and others' feedback to support the running and quality of the service. However, they were not able to provide any evidence.
- People did not benefit from high quality and person-centred care because the management of the service was not robust. The provider did not consistently empower people, relatives and staff to contribute to improve the service at all times using their input.
- Some people and relatives said, "The previous manager who has left recently didn't always listen to my requirements and was often hard to get hold of. The current new manager is making a slight, perhaps improved impact in things, but it's very early days to say if they will be significant", "I would recommend home care, but only for a few carers if your fortunate enough to get them, but not for others" and "I would like to have more opportunity to get to know the management to discuss the problems. I'm not sure I would recommend My Homecare".
- The staff told us they felt supported by management and that the service was well run. They said the management took things seriously and action was taken to put things right. However, the staff told us they had not had any team meetings yet as said it would have been useful to have those, to discuss various matters about the service.
- The management team and the service had established partnership working with outside organisations and external health and social care professionals had been consulted or kept up to date with developments. The service had links with the local community and the provider worked in partnership to support people's health and wellbeing.

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 The registered person had not notified the Commission about specified incidents without delay. Regulation 18 (1)(2)
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person did not ensure care and treatment was appropriate, met people's needs and reflected their preferences in a consistent way. Regulation 9 (1)(3)
Personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect The registered person did not ensure people were treated with dignity and respect consistently. Regulation 10
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure safe care

and treatment. The registered person had not assessed the risk to health and safety of service users or done all that was reasonably practicable to mitigate any such risks. The management of medicine was not safe. Infection and prevention control was no safe.

Regulation 12 (1)(2)(a)(b)(g)(h)

Regulated activity

Personal care

Regulation

Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment

The registered person had not ensured that the established systems and processes to protect people from abuse and improper treatment were operated effectively.

Regulation 13 (1)(2)(3)

Regulated activity

Personal care

Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

The registered person had not operated an effective system to enable them to assess, monitor and improve the quality and safety of the service provided. They did not ensure there were established processes to ensure compliance with all the fundamental standards (Regulations 8 to 20A).

Regulation 17 (1)(2)(a)(b)(c)(d)(e)(f)

Regulated activity

Personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The registered person had not followed their established recruitment procedures to ensure the suitability of all staff employed. The registered provider had not ensured the information specified in Schedule 3 was available for each person employed.

Regulation 19 (1)(2)(3)(a) and Schedule 3.

Regulated activity

Personal care

Regulation

Regulation 20 HSCA RA Regulations 2014 Duty of candour

The registered persons must act in an open and transparent way with relevant persons in relation to care and treatment provided to service users in carrying on a regulated activity. The registered person had failed to record and keep a copy of actions taken, as required of this regulation, when a notifiable safety incident occurred.

Regulation 20 (1)(2)(3)(4)(6)

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered person did not ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to ensure they can meet people's care and treatment needs. The registered person had not ensured staff supporting people were appropriately trained and supervised in order to perform their work.

Regulation 18 (1)(2)(a)