

Eden Brook Home Care Limited

New HQ

Inspection report

The Old Fire Station
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20 October 2022

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

New HQ is a domiciliary care service providing personal care to people in their own houses and flats. The service provides support to people living in and around Mid Essex. At the time of our inspection there were 96 people using the service. 95 people received 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 and what we found

Not all staff had been recruited safely, in line with best practice guidance and regulations. Not all staff had received adequate training and assessment to ensure they were safe to carry out their role. The provider did not have robust processes in place for the oversight of the service to identify concerns and make improvements.

Not all risks to people's safety had been adequately assessed and documented by the service. People and relatives gave us mixed feedback about how safe they felt. Not all staff had completed the provider's training in key areas, such as Safeguarding, Moving and Handling, and Medication Administration. People's care plans contained information relevant to them and included details of how to keep them safe. People and relatives told us care staff were nice and treated them with respect.

Systems and processes in place to maintain oversight of the service and drive improvements were ineffective at identifying concerns raised on inspection. Policies and procedures in place at the service were not being followed in relation to staff training. We received mixed feedback from people about communications from the service. The provider was implementing a new IT system during the inspection to make updating staff easier. Staff told us management were approachable and responded when staff needed them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 November 2018).

Why we inspected

We received concerns in relation to people's call times, staff training, and staff recruitment. As a result, we

undertook a focused inspection to review the key questions of safe and well-led only. You can see what action we have asked the provider to take at the end of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for New HQ on our website at www.cqc.org.uk.

Enforcement

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 managing risks to people, staff training and recruitment, and governance and oversight at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 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.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

New HQ

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

This inspection was carried out by 4 inspectors and 1 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.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The nominated individual had submitted an application to register. We are currently assessing this application.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 October 2022 and ended on 02 November 2022. We visited the location's office/service on 12 October 2022 and 20 October 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service, and 6 relatives about their experience of the care provided. We spoke to 11 members of staff, including the care manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 3 peoples care files, and 6 staff files in relation to recruitment.

We also reviewed a range of documents relating to the management of the service, including policies, procedures, and a range of quality audits. After the inspection we received additional information from the provider, as requested.



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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- The provider had not considered risks to people from having untrained staff delivering care. Not all staff had received adequate training in moving and handling, safeguarding, or medication administration, this placed people at risk of harm from improper or unsafe practices. A relative told us, "There was a problem moving (person), the two carers were not properly trained, and I had to stop what they were doing. They now do it very well."
- While the provider did have a safeguarding policy in place, not all staff had received adequate training in safeguarding, including how to spot the signs of potential abuse. This meant people may not be protected from the risk of harm as staff would not be able to recognise and report this. A staff member told us, "I can't remember if I did safeguarding training."
- Peoples care plans were detailed and included information about how to support people well and included risk assessments for how to keep people safe. However, staff told us they didn't always have access to the information, or the information available via their mobile devices was limited. A staff member told us, "Everything is on (care app), it's all basic information to be honest, the care plans need updating."

The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We received mixed feedback about how safe people felt. A person told us, "I feel quite safe with some, some I don't. It's the youngsters, 17- and 18-year olds. You will get one who is good, then others are not." A relative told us, "They are very good at their job. They are lovely, I can't fault them."

Using medicines safely

- Not all staff had received adequate training from the provider in medicines. Staff supporting people with their medicines without adequate training placed people at risk of harm.
- The provider told us staff without training would not be working alone or administering medicines. However, staff told us they had been working and administering medicines without being trained by the provider or assessed.
- The provider told us all staff had been competency assessed as safe to administer medicines. However, when speaking with staff, many confirmed they had not been assessed for medicines, or spot checks. A staff member told us, "I had only recently done all my training from my last company, which they said they would use for now." Another staff member told us, "There's no supervision or spot checks, I'm pretty much

left unsupervised. They only contact me if they need for something."

The provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff were not always recruited in a safe manner, or in line with best practice guidance. Not all staff had a Disclosure and Barring Service (DBS) check completed by the provider when they started, with some staff working for over a year before one was completed. This practice was not risk assessed and mitigations had not been documented or put in place to reduce the risk of people receiving care from staff who could be deemed unsafe or unfit. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Not all staff were adequately trained by the provider. The provider assumed new staff had been trained at previous employments, no evidence of this training was sought, and the provider had no assurances any of the training staff had received from previous employers would be suitable or applicable to the role staff were expected to perform.
- The provider failed to ensure safe recruitment practices were in place. Staff were working without receiving references from previous employment, without providing full employment histories, and without receiving robust and documented interviews to ensure they would be suitable for the position.

The systems in place to ensure staff were recruited safely and were suitable for the role were ineffective. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us weekends were a consistent theme surrounding visits being late or inconsistent. A person told us, "On the weekend they come very late. One time it was 1 o'clock, another time it was 11 o'clock to help me wash and dress. When my family came at the weekend I was still in my nightdress, that's not very nice." Another person told us, "The weekends are always worse than in the week." The provider told us they had implemented a new system to be alerted when calls would be late so people could be notified of delays.

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 Mental Capacity Act (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 found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

- We were assured that the provider was supporting people using the service to minimise the spread of

infection.

- We were assured that the provider was using Personal Protective Equipment effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider stated they had implemented changes to the service following safeguarding concerns.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- There wasn't a clear structure of responsibility in place for staff. Staff were not sure who was responsible for specific areas, such as concerns or complaints.
- The service does not have a registered manager, however, the nominated individual had submitted an application to register as the manager with CQC. We are currently assessing this application.
- The nominated individual had not maintained oversight of the service and was unaware of the concerns we raised during the inspection. The nominated individual is responsible for supervising the management of the service, as there was no registered manager in post.
- The provider did not have effective systems in place for the oversight of staff training, staff were working without receiving training from the provider. This also meant the provider was not following their own policies and procedures regarding staff receiving adequate training and competency assessments.
- The provider was aware of the regulatory requirements regarding staff recruitment, however they were not adhering to them. They did not have effective oversight and auditing systems in place to identify the concerns we found on inspection.
- The nominated individual did not demonstrate an understanding of the duty of candour. Concerns identified during the inspection were dismissed, with a culture of blaming former employees for current issues.

The systems in place to monitor the quality and safety of the service were not effective. 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 nominated individual told us they had reviewed all staff training, and had begun to ensure all staff had completed mandatory training.

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

- The provider was installing newer IT systems to make it easier and quicker to update staff to changes in rotas and calls, this was ongoing at the time of the inspection.
- People, and relatives, spoke highly of a member of staff, who they felt they could speak with if needed. A person told us, "I do phone the office, invariably its (care manager) I speak to and she sorts it out."

- Staff told us communication between the office and the care staff was good. A staff member told us, "The new care manager is approachable, and there is a messaging group for staff." Another staff member told us, "I had a really bad day so I called (care manager) who calmed me down."

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

- The provider told us people's views were sought regularly to gain feedback about how the service was run. However, people told us they had not been asked for their views or feedback. A person told us, "No, I don't get asked anything like that." Another person told us, "Sometimes I don't think they listen to me. When they alter the times, they don't let you know."
- People and relatives stated they were not informed when people were running late, or they did not know when staff were due to arrive. The service did not provide rotas to them so they could see who and when staff had been planned to visit. A person told us, "There is no knowledge of timings or a rota. They refuse to tell you who is coming."
- The provider stated people's care plans were regularly reviewed and updated. However, people told us they had not seen their care plans or been involved in reviews. A person told us, "I've never actually seen a care plan. I assume there must be one somewhere." Another person told us, "A couple of times (manager) came out to see us in the beginning, to see how we were doing. I've not had a review for ages."

Working in partnership with others

- The service worked with a local hospice to provide end of life care to people in their own homes.
- Evidence of people being referred to external professionals, such as Speech and Language, and Occupational Therapy were seen during the inspection.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The systems in place to ensure staff were recruited safely and were suitable for the role were ineffective. This placed people at risk of harm.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems were either not in place or robust enough to manage safety of people effectively.

The enforcement action we took:

We have issued a warning notice.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Failure to have robust systems and processes in place to assess, monitor, and improve the quality and safety of the service.

The enforcement action we took:

We have issued a warning notice.