

## Skyline Home Care Services Limited

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## Inspection report

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Date of inspection visit:  
19 November 2021  
21 November 2021  
25 November 2021

Date of publication:  
26 January 2022

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Skyline Home Care Service is a domiciliary care agency providing personal care to 36 people aged 65 and over at the time of the inspection. The service supports people in their own homes. CQC only inspects where people receive personal care, and this was the case for all of the 36 people. 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

Some risk assessments were missing from care plans. This meant that there was a lack of guidance for staff in relation to specific health conditions.

Recruitment processes were not always robust to ensure the registered manager had a full picture and whether a potential employee was suitable for the role.

End of life care plans had not been considered and there was very little personal history detail or information about people's hobbies and interests.

Some audits were completed, however, overarching quality audits had not been completed. Some audits that had been completed and not identified issues found during the inspection.

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.

People and relatives spoke positively about the staff and registered manager. People felt supported with every area of their care and relatives felt that people were safe.

People and relatives told us staff were kind and caring and respectful of their privacy and understood equality and diversity.

Staff completed a thorough induction process and then regular training afterwards. Staff felt supported by the registered manager and they knew their roles and responsibilities within the service.

The registered manager supported staff with staff meetings and regular supervisions. They also involved people and relatives by regularly making contact to follow up on any concerns or complaints.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 03 January 2020).

### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding to test the reliability of our new monitoring approach.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### 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** ●

# Skyline Home Care Services

## 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 Care Act 2014.

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the provider 48 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.

#### 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 and professionals who work with the service. We used all of this information to plan our inspection.

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.

During the inspection

We spoke with the registered manager as they were the only person present at the location during the inspection.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with a professional who has previously visited the service. We also spoke with two people and three relatives about their experience of the service. We also sought feedback from five members of staff.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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

- People told us that staff kept them safe from risks. One relative told us, "Staff are very knowledgeable about Mum's risks and her preferences." One person said, "Oh yes, they know all about risks regarding my health."
- Although we received positive feedback from people and their relatives, the monitoring and management of risks were not always clear in people's care plans. The registered manager had introduced a new online care planning system. Risk assessments were either not robust enough or not on the new system. This increased the risk of staff not having correct guidance on how to manage people's individual risks.
- Three of the four care plans reviewed were for people that were at risk of falls. There were no falls risk assessments in place to advise staff on how to minimise this risk.
- Two care plans reviewed were for people that were at risk of pressure ulcers. There were no risks assessments for staff to know how to identify a new pressure area, what steps to take and what guidance to follow. Staff appeared to be knowledgeable in these areas, however, the company were actively recruiting new staff so this would not always be clear for new employees.
- One person showed behaviour that sometimes challenged, and another person lived with depression. There were no risk assessments detailing triggers or ways for staff to manage varying moods.
- A person who was receiving support with personal care had a catheter. Although staff had received training, there was no catheter risk assessment or guidance for staff of what to look out for. This meant that if something was to go wrong staff may not know what action to take or identify an issue in a timely way.

We found no evidence that people had been harmed however, risk assessments were either not in place or did not contain enough detail to ensure people were supported safely. 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.

### Staffing and recruitment

- We found recruitment checks were not always robust. The registered manager had not always checked gaps in staffs' work history to be assured there were no concerns.
- The registered manager had not always ensured potential staff had provided appropriate references. Two examples were seen where people had not detailed any previous employment prior to 2017 and 2019. One of these people had been known to work in a care setting prior to this and no reference had been sought from this company.
- Some employees had only provided one previous employment reference and one personal reference. This meant that the registered manager was unable to build a full picture of the applicant and their suitability for

the role.

We found no evidence that staff were not suitable for their roles however, recruitment checks were not robust enough to demonstrate thorough consideration prior to being employed. 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 that staff were thorough on their calls and never rushed. One relative said, "They come in and are very nice and take their time."
- Rotas showed that there were enough staff to support people that needed two carers, and ensured staff could spend their whole time allocation at the home address with travelling time built in to their schedules.
- Other areas of recruitment had been completed thoroughly such as Disclosure and Barring Service (DBS) checks which were carried out for all members of staff.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe with the staff supporting them in their homes. One person said, "The ladies (staff) are lovely and deliver the care very well in a safe way." A relative said, "It means a lot to know that [person] is safe with staff as they are always so professional and kind."
- Staff were up to date with safeguarding training and knew what process to follow if they had any safeguarding concerns.
- The provider had a safeguarding policy and any safeguarding concerns had been shared with the correct professionals following correct procedures. The registered manager was keen to work closely with the local authority if there were any safeguarding concerns and examples of this were seen.

Using medicines safely

- People and their relatives told us that staff supported them with their medicines when they needed them. One relative said, "They help Mum with all of her medicines. They know what they are doing."
- The registered manager had completed regular medicine competency checks on all staff to ensure people were supported safely with their medicines.
- Regular medicine audits were completed. This included the management of medicines being checked when delivered or collected and during the return processes. Also detailed other checks such as checking correct labels, unopened medicines and the general safe storage of medicines.
- Since the last inspection the registered manager had introduced a new online system that generated alerts if any medicines were missed. The registered manager explained that these alerts would come straight through to her and she would address immediately. Evidence of this was seen in audits carried out of medicine administration records.

Preventing and controlling infection

- People told us staff were vigilant when preventing and controlling any spread of infection. One relative said, "They (staff) are all very well presented, they (staff) always put their aprons and masks on and they take away the dirty, used stuff and put it in the bin, I'm very impressed by them (staff)."
- Infection control audits were completed regularly. This included hand washing competencies and staff knowledge checks alongside up to date guidance.
- The registered manager kept a COVID-19 folder which contained various policies and procedures for staff to follow. This also contained risk assessments for people that were particularly at risk from the virus.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.

### Learning lessons when things go wrong

- Staff were knowledgeable in reporting and recording accidents and incidents. Examples of these were seen and showed that staff had completed them in a timely way.
- The registered manager kept a log of all accidents and incidents. This ensured oversight of any trends and patterns. The log showed how the registered manager had taken action in response to accidents and made referrals to health professionals, and in turn this had reduced occurrences of similar nature.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and relatives told us how they felt initial assessments had been completed thoughtfully. One person said, "When [person] first came out of hospital – [registered manager] assessed him, came out to the house, very nice lady, very caring, she wanted to know every detail."
- Pre-assessments were completed thoroughly to detail what risks needed further assessments and detailed information about health needs and medicines.
- This information did not entirely transfer on to the new online system. The registered manager assured us that she was working tirelessly with the provider of the system to include as much detail from the initial assessments was carried over to the system.

Staff support: induction, training, skills and experience

- Staff felt supported and felt that they had received all relevant training and supervision for them to be competent in their roles. One staff member said, "Yes I have got all the help and training I need to support people's needs for example we get face to face training that include moving and handling, life support, we also get online training for medication, end of life and Dementia which gives me further qualifications."
- There was a clear induction programme that all staff followed. This included new members of staff 'shadowing' experienced and senior staff.
- The registered manager kept a training record matrix. This helped ensure full oversight of when staff were due their refresher training or if any staff needed new, additional training. The matrix showed that all staff were up to date with training and had monitoring to ensure staff were made aware of upcoming refresher training with plenty of notice to ensure completion on time.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people did not need support with this area of their life. However, the people that did spoke positively about the support they received. One person said when talking about meals, "She (staff) just knows exactly what I want."
- Details of people's diet preferences were not always detailed on the new system, however, they were detailed on paper copies at the home and in initial assessments. People also told us staff knew their diet preferences well.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us that staff always helped them access health appointments if they needed to. One person said, "They always help me book appointments and always are following them up for me, they're so helpful."

- We saw in records that the registered manager had made health referrals for various people in a timely way. They had then followed up the appointments and spoke to occupational therapists to ensure correct equipment was ordered.
- The registered manager involved health and social care professionals at the earliest opportunity and this was shown through various records. This ensured effective results for the people being supported by the service.

#### 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.

- The service were not supporting any people that had restrictions in place. Consent had always been sought in initial assessments.
- People told us that staff always gave them choice and asked for their consent when supporting them with personal care. One relative said, "They're always checking if what they are doing is okay. They always ask him, can I do this? How do you want it done?"
- Staff showed good knowledge in the MCA. Staff also completed regular training in this area to ensure they always had a full understanding of this subject.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were kind and caring. One person said, "They're (staff) a lot more like friends, more than anything." A relative also said, "All staff are very nice ladies and very caring and very considerate and very professional."
- Staff told us how important it was to respect the people they were supporting. One staff member said, "I respect everyone as an individual, being compassionate, keeping our promise and putting people first is important."
- Staff received regular equality and diversity training and the provider had an equality and diversity policy for staff to review whenever they needed to.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us how staff listened to them. One person said, "They do it all, they do my breakfast, a slice of toast and a hot chocolate, a sandwich for lunch, dinner a nice jacket potato and ham. They know I'm a fussy. They always get it right and always check."
- People and relatives told us how the registered manager and staff involved them with every decision relating to their care. One relative said, "The staff are very respectful when it comes to us making choices about [person's] care. They respect I do her medicines and I prepare her meals, they always offer to help but respect our choices."
- People told us how staff always respected their privacy. One person said, "They are always very respectful during personal tasks."
- People and relatives also told us how staff were always willing to do additional tasks if people decided they wanted something different. One person said, "They're lovely, I said I needed my nails painting and we have set aside some time this lunchtime for them to paint my nails."
- The registered manager said, "It's very important for me and my staff to put the choices of the people first. We need them to be happy and as healthy as possible to have the best life, that's our priority. We do everything in our power to ensure people are treated with respect and dignity."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

End of life care and support; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care files lacked end of life support plans. The registered manager confirmed that this is something that she has not yet addressed with people or implemented into people's individual files. This meant that if people entered this stage of their life staff would not know how to provide support to meet their individual needs and preferences.
- The new care planning system had very little personalised detail for staff to understand people's individual needs. There were no life histories or details of people's hobbies and interests.
- For people that were wholly dependent on staff for support with personal care, there were no oral health care plans. This meant that staff did not know people's individual dental health needs, therefore would find it difficult to notice a change or if a person was in need of a referral to a dentist.
- Daily notes were not personalised and there were often entries such as "tasks completed, service user comfortable". There were no details of any additional tasks were completed to meet people's individual preferences or hobbies. This meant that no additional information had been gained from visits to make the care plans more detailed and person centred.

We found no evidence that people's support had been impacted however, the new system had failed to ensure person-centred care was being considered. This placed people at risk of not having their individual needs met. This was a breach of regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- However, people did tell us that staff knew them well. One person said, "The staff are just so lovely, and they know absolutely everything about me. As I said before, they're more like friends."
- Relatives also confirmed this sentiment. One relative said, "Staff are very knowledgeable about Mum. They know what she likes to do and how she likes them to provide care. We've had a very good experience."

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.

- The registered manager was knowledgeable about what their responsibilities were in relation to meeting people's different communication. She confirmed that some people benefitted from a face to face meeting with her as they cannot hear clearly on the phone and some people would need a larger printed document.
- Some details were mentioned in care plans and initial assessments. These advised staff if people needed

support with their glasses or hearing aids.

Improving care quality in response to complaints or concerns

- People told us they were confident to raise concerns and complaints if they needed to. One person spoke to us about a concern they had raised and said, "I raised it, it got sorted pretty much straight away. I'm very happy with them."
- The registered manager was confident about how to deal with complaints and concerns and logged them to ensure she had full oversight of them. This also ensured that concerns and complaints were dealt with in a timely way with appropriate action taken.
- The provider had a complaints policy in place which had clear guidance for staff to follow if they were presented with a concern or a complaint.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a care plan audit that had been completed with no action to take, however, had not highlighted issues found with care plans during the inspection.
- The registered manager had introduced a new care planning system. Care plans had no person-centred detail other than a person's name, date of birth, address and medical conditions. There was no life history, hobbies or preferences detailed to promote personalised care and support.
- In a monthly care documentation/record keeping audit an outstanding action had been recorded since July. This action detailed the need to educate staff to detail entries as daily logs "lacking detail". This was seen to still be an issue with the inconsistent detail provided in the daily logs. Some daily logs simply stated, "tasks completed, left comfortable."

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 or that there was consistent oversight of the service. 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.

- However, people did say that the registered manager often asked for feedback when she spoke with them in a more informal way and staff did know personalised details about them. This however, may change when new staff are recruited or if the service was to suffer staff shortages.
- Other audits were in place such as medicine audits, infection control audits and staff training audits.

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

- People and relatives told us that the registered manager was professional and approachable. One relative said, "The manager is very warm, open and honest. She knows what she's doing and I trust her if I was ever to raise anything."
- People told us how the registered manager asked them for feedback. One person said, "The manager has called me in the past for feedback. But she's always checking in to see that everything is okay, so that is all I need as she is always listening to me."

- Staff felt involved and included in the service. This was partly due to regular supervision and staff meetings. One member of staff when talking about the service said, "It is well run and the manager makes it a point to communicate/discuss with carers any ongoing issues, upcoming events and updates via the different platforms we use. We have a meeting once a month."
- The registered manager showed various logs and audits that she completed that showed what action she took in response to various incidents and complaints. These all detailed that they had acted in line with duty of candour principles.
- Alongside these logs, the registered manager also completed "lessons learned" documents to ensure the risk of future incidents were minimised.
- The registered manager had submitted all relevant notifications to CQC and other professionals when necessary since the last inspection.

#### Working in partnership with others

- The registered manager confirmed various examples of good partnership working with other professionals. For example, she had worked closely with a health professional to ensure a person had the correct, safe living environment in their home.
- The registered manager also had worked closely with social care professionals. One social care professional said, "[Registered manager] is keen to learn, improve and provide a high level of care."

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The new system had failed to ensure person-centred care was being considered. This placed people at risk of not having their individual needs met.</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk assessments were either not in place or contained enough detail to ensure people were supported safely. This placed people at risk of harm.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were either not in place or robust enough to demonstrate safety was effectively managed or that there was consistent oversight of the service. This placed people at risk of harm.</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment checks were not robust enough to demonstrate thorough consideration prior to being employed. This placed people at risk of harm.</p>

