Help At Home (Egerton Lodge) Limited

Help at Home Leicester

Inspection report

Unit 6, Westleigh Business Park
Winchester Avenue, Blaby
Leicester
Leicestershire
LE8 4EZ

Tel: 01162444930
Website: www.helpathome.co.uk

Date of inspection visit:
31 July 2018
01 August 2018

Date of publication:
12 September 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection site visit took place on 31 July 2018 and 1 August 2018, and was announced. Before the site visit a team of inspectors and an expert by experience tried to make contact by phone with 50 people who used the service and 20 staff. We spoke with 32 people and 11 staff. Over 600 people were using the service at the time of our visit.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community It provides a service to adults in West Leicester, and in areas of Leicestershire such as Blaby, Oadby, Wigston and Market Harborough.

The CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where people receive this service, we also consider any wider social care provided.

The provider of Help at Home (Leicester) is Help at Home (Egerton Lodge) Ltd. The provider registered with the CQC in April 2017. This is the first inspection of the service since they became the provider for the service.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was registered with the service at the end of November 2017. They had an unexpected period of absence between January 2018 and April 2018, and returned to full time employment in June 2018.

The service has grown significantly in a relatively short space of time. The rapid growth was not fully supported by systems and processes which protected the quality of the service offered to people.

A lot of people received care calls at times which they had not agreed with the provider. They were either earlier or later than expected, and often they were not informed if the staff member was not going to be on time. Sometimes people did not receive their expected care call.

The office on-call and telephone response was not sufficient to ensure people's safety. Often, people and staff could not speak directly to office staff; they might not be able to leave a message; and when messages were left, they were not always responded to.

People were not always safeguarded from harm because some staff had not followed safeguarding procedures and some were not clear about when to refer to the safeguarding authorities.

People were mostly very satisfied with the care workers who attended their calls. They told us the care staff were kind and helpful. They were less satisfied with the responses they received from office staff when they contacted about concerns or staff lateness.

Staff did not always follow safe medicine practice. This had been recognised by the provider and steps were being taken to improve and monitor staff's practice.

The provider's staff recruitment processes reduced the risk of recruiting staff unsafe to work in a care environment. There were not enough staff in the office to support office functions, and not enough staff to cover the care calls at the time people required them.

People thought staff had the skills and knowledge to support them in their care. Staff had mostly received training expected by the provider, but the training had not always supported staff to undertake their roles safely and effectively.

Staff understood the importance of people giving prior consent to care before any tasks were carried out. But some people told us staff did not ask their permission before undertaking care.

Not all people thought complaints were managed well, and the concerns and complaints we heard as part of the inspection, had not been documented and reflected in the complaints log at the service. Complaint records were poor.

People were satisfied with the support staff gave them with preparing meals and drinks; but some people were frustrated at the times they sometimes had to wait for staff to arrive to prepare them.

The provider had not given sufficient support to the service to support them to manage the growth of staff and people who used the service.

There had been a lack of staff direction and accountability. Senior management had recently started to provide support to the registered manager and their staff, to ensure all staff understood the expectations placed on them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The provider's processes and systems did not always operate effectively to safeguard people from harm.

Some people had been placed at risk because they had not received care calls when they needed them; and received care from staff who did not know their needs.

The office staff did not always answer telephone calls from people and staff when they contacted to voice concerns or ask advice.

Medicines had not always been managed safely.

The provider's recruitment processes reduced the risks of recruiting staff who were not suitable to provide care to people.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Sometimes people were cared for by staff who did not know them or their needs.

People felt staff knew what they were doing, and staff had mostly received the training expected by the provider.

Staff mostly understood the Mental Capacity Act and checked whether people consented to the care provided.

Staff had been through a period of time where their work was not checked, and there was no support structure in place for them, but this had recently changed for the better.

People received support with their meals and drinks, but some people told us they did not get their meals at the time they wanted or needed them.

Staff worked with other healthcare agencies when necessary to support people's care.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Some people became anxious, frustrated and angry because staff did not attend their care calls when expected.

People thought when staff arrived at for their call, they were treated with dignity and respect, and staff were caring towards them.

Staff ethnicity reflected the ethnicity of people who used the service. However some staff spoke in a foreign language in homes where English was spoken as a first language.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Not all people received their care calls at the agreed times and with staff they were expecting to support them.

Some people felt staff rushed their care so they could get to their next call on time.

Not all people had recently been involved in reviews about their care.

Complaints were not well managed.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider had not ensured the increase in service provision was mirrored by checks and actions to maintain a quality of care people expected.

Office and management staff had been under pressure managing an increased workforce and increased number of people who used the service.

Office staff roles and responsibilities had recently been made clear to them, and staff felt the service was beginning to improve as a result.

The provider was now aware of the issues facing the service, and

had put actions in place for improvements. These were recent and not fully embedded into the service.

Help at Home Leicester

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Prior to our visit we contacted Leicestershire and Leicester local authority contract monitoring teams to find out their views of the service. They informed us they had concerns about the service around staff attending calls on time and staying for the agreed length of time. We also looked at information we had received about the service from members of the public and other health and social care professionals; as well as notifications the service is required to send us. A notification is information about specific important events the service is legally required to report to us.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

The inspection of the office took place on 31 July 2018 and 1 August 2018, and was announced. The week before our inspection visit we contacted by phone, people who used the service (or their representative), and staff who supported them. This was to find out what it was like to use, and work for Help at Home services. We spoke with 32 people or their representative; and 11 staff.

During our office visit we spoke with a care worker, a care-co-ordinator, an administrator, the deputy manager, the registered manager, the regional director and the operations manager. We looked at six care records, safeguarding records, staff recruitment files, complaints records, daily log books, training records, incident and accident records. After our visit we looked at records sent to us by email. This included the provider's audits of the service, and further training information.

Requires Improvement

Is the service safe?

Our findings

People who used this service were not always safe. This was because the service's systems and processes to safeguard people from harm were not being adhered to by all staff. During our conversations with people who used the service, one person told us of an alleged safeguarding incident involving a member of staff. They did not feel their concerns were taken seriously by the service and said they had stopped feeling safe because of this issue. The service had not identified the incident as a safeguarding concern, and the concern was still sitting on the desk of one of the office staff over two weeks after it had been raised. The senior management at the service re-assured us they would make sure the local authority safeguarding was aware of this incident and have it appropriately investigated.

Before our visit, we had received a call in March 2018 from a person who told us their relation had been left sitting in their chair all night without their medication, and with the lights left on because their call had been missed. In April 2018 we received a similar call about a person sitting in their chair all night because their care call was missed. We referred these to the safeguarding authorities.

During our inspection, we looked at the accident and incident record, and found on 28 July 2018, a relative of a person who lived on their own; had contacted the service at 4.45pm to inform the service that their relation had not received their morning call. The service had not been aware the call had not taken place, meaning that the person had gone without assistance with personal care and getting their breakfast. This had not been identified as a safeguarding issue and the authorities had not been notified. We found on this occasion the co-ordinator had unallocated a member of staff and failed to re-allocate a different staff member for the call. As such, the call system did not flag up the call was late or missed. Some people we spoke with also informed us they had experienced missed calls.

When looking at the complaint record, we saw a serious complaint by a relative had been received two weeks prior to our inspection visit. The complaint content meant a referral to safeguarding authorities was required. The service's record of action told us this had been referred to the safeguarding authorities in a timely way, but the referral numbers had been 'mixed up' by the office staff, and there was no reference number from safeguarding to acknowledge the referral had been received. Neither had there been any contact from the safeguarding team about this. No one in the office had followed this up to check the referral had gone through as expected and to ensure the safeguarding team were aware. On the day of our visit the safeguarding team were contacted and they confirmed they had not seen the referral.

The provider had failed to ensure all people were safe and that safeguarding processes had been followed. The provider was in breach of Regulation 13 of the health and social care act 2008 (regulated activities) 2014; Safeguarding service users from abuse and improper treatment.

People were not always informed about changes to their call rota, and so were unaware they would be supported by staff they did not know. One person told us, "I hadn't been told that a new set of carers were coming, I was not thrilled with them at all". Another said, "I usually see the same people but week-ends are a bit haywire. I don't always get the same people. I don't know them and I am not told they're coming." We

were told by the operations support manager that people should receive a rota informing them of the care staff who would be attending their calls that week, but whilst many people told us this was the case, this was not the experience of everyone.

The office phone, and on-call system, used for staff and people to contact the provider out of main office hours in the evening and the week-end, did not always support people's safety. People and staff had mixed views about the on-call system. Some said when they called, the phones were not answered, and others felt that if a message was left it wouldn't get through to the right person. One person said to us, "I couldn't even get through to them when I tried to call. There is no point." Another person said, "Sometimes I ring and then it cuts off, they don't tell you anything."

A member of staff told us the office on-call was hit and miss, "Sometimes I can get through straight away, other times it might take two to three times." They went on to tell us they had the impression that if staff phoned in sick, the member of staff 'on-call' would have to cover the absentee member of staff's calls. Other staff said, "It depends who has the phone. Sometimes there is no response and this can be very frustrating as I need advice from the office. This can be the same during the day as well." And, "It only works sometimes. Hopefully someone is there in an emergency but it is not a timely system. It is hard to get through sometimes during the day, I think that they need more phone lines. I think that each care co-ordinator could do with support. "

The registered manager told us the phone system would only allow for three messages to be left. Anything over this number and the message would not be recorded. One member of staff told us, "Sometimes the office is difficult to get in contact with. We can leave a message, but sometimes it (the answer machine) is full." Given the service supported over 600 people, this was not sufficient to ensure people's safety.

Risks to people's health and welfare were not always managed properly to ensure their safety and well-being. Risk assessments we looked at contained detailed information about the risks related to people's care. For example, if someone was at risk of falling, the risk assessment identified this and how staff could reduce the chances of the person falling. When staff knew people who used the service, and arrived at the person's home on time, people's risks were mitigated because staff had the knowledge and time to ensure people were safe. However, when staff did not arrive at the expected time, or did not normally visit the person, the risks of potential harm increased. For example, three people told us they needed staff to arrive at a set time so they could have their medicines as prescribed. For example, one person told us they self-medicated but needed staff to prepare their breakfast. They needed to have their heart medicine and inhalers prior to staff attending their breakfast call. They told us that sometimes it could be nearly dinner time before they could have their breakfast, and they were often not told of the delay. As well as impacting on their medicine regime, it also meant they were not interested in their lunch time call because they had only recently had breakfast.

Another person told us they required two members of staff to support them with moving safely. They said both staff did not turn up at the same time which caused problems with moving them. They told us one staff member ended up using the hoist on their own. A member of staff also informed us that due to the lateness of other staff, some people who used the service were hoisted by one person instead of the two recommended to ensure people's safety. Another member of staff told us the company policy was that no staff on a dual call should go into the person's property without the other staff member. They told us they regularly ignored this policy because by going into the person's property on their own, they could set up the call ready for the arrival of the other member of staff. They told us if they didn't do this then the calls would be delayed further.
There were not enough staff to meet people's needs. The regional director told us they had challenges in

recruiting and retaining staff. They said Market Harborough was difficult to recruit and retain staff because it was a rural area; and the payment system meant staff did not want to spend 20-30 minutes driving to a care call because it reduced the amount they were paid. At the time of our inspection visit there were 15 care staff vacancies, and these were across all the areas the service covered. Whilst there were concerns about staff recruitment and retention, the provider continued to accept further care packages from the local authorities.

Prior to our visit, local authority compliance checks had found staff were not always recording the medicines they administered to people. The regional manager informed us that as part of their action plan they had provided further medication training for staff and were implementing additional medicines training which looked at the 'impact and consequences' of getting medication administration wrong. Staff told us they had received medicines training.

We looked at a four medicine administration records which were held within the monthly log books sent back to the service. We saw there had been errors made in recording which had been identified as part of the auditing process, but we could not see what action had been taken in response to this. One file had not identified the risk related to a member of staff who administered 'medicines prepared by the family'. The record did not inform the member of staff of what the medicines were and why they were being administered to the person. The provider recognised staff continued to make errors when recording medicines and had started to implement training on the impact and consequences of medication errors.

The provider had failed to ensure systems and processes kept all people who used the service safe. This meant they were in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014; Safe care and treatment.

Staff understood the importance of preventing the spread of infection. People and staff we spoke with told us staff used gloves and aprons when they undertook personal care tasks to reduce the risks of uniforms or hands becoming contaminated with bacteria which could be passed to another person. For example, one person said, "They are good with the hygiene and wear gloves and aprons".

The provider's recruitment practice reduced the risk of the home employing staff unsuitable to work with people who used the Help at Home services. The registered manager ensured they had received references from previous employers or people who knew staff well; and criminal record checks from the disclosure and barring service (DBS) before new staff were able to work with people.

Whilst there were issues in relation to the timing of calls and the impact this had on people's safety; most people we spoke with told us they felt safe with the individual care workers who attended their calls. Typical comments from people who used the service included: "I feel very safe, they will look after me, clean me and do what they have to do to help me;" and "Staff make me feel safe. I mostly have a lady. We get to know each other and sometimes have a chat which is nice". And, "My [relative] definitely feels safe with the staff. When they had the stroke, they lost their speech initially. They cannot speak very well, but is comfortable with the staff being there."

Requires Improvement

Is the service effective?

Our findings

Staff did not always know people's needs when they arrived at the person's home to provide support. For example, one person told us, "They don't ask any questions, I have to tell them what to do if they're not regular." This was because staff had to cover for unplanned staff absences such as staff sickness, or for staff vacancies. Staff confirmed that sometimes they did not know a person's needs before they visited them, and relied on the person or the care notes in the person's property to tell them what they needed to do.

The initial assessments of people's needs were comprehensive and provided staff who read them a good understanding of what support people needed, and circumstances when staff needed to consider referral to other healthcare professionals.

Whilst there had been some concerns expressed about staff time keeping, and staff not knowing what their care plan was; people told us when staff undertook care tasks, staff knew how to do these safely and effectively. One person said, "They notice bed sores if I have them. I'm bed bound and they keep a good eye on things. They hoist me in and out of bed and help me onto my mobility scooter and wheelchair." A relative told us, "Staff know what they are doing with the hoist…They check [name] body and if there is a scratch they will treat that, or other sore areas, which they will point out to me. There's not much that escapes them, they are good at what they do."

Staff had received training to provide them with the skills and knowledge to provide people's care; although not all training to refresh staff skills and knowledge was within the period the provider expected the training to take place. The provider was addressing this at the time of our visit to ensure all staff had received the expected 'refresher' training.

The PIR informed us that 231 staff had undertaken the Care Certificate. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. Staff had also undertaken further training with over 120 staff having undertaken vocational qualifications in health and social care.

Staff had not, until recently received sufficient supervision from the management team. We were informed this had recently changed after more 'field supervisors' had been recruited. Field supervisors had started to provide staff with one to one support and undertook unannounced checks at people's homes to ensure staff were providing the correct support.

Some people had care packages with the service which included staff helping them make meals and drinks, and support with their eating and drinking. However, of these, some people told us of the frustrations of not knowing when they would have their breakfast or lunch calls, and how this might impact on other meals they would normally eat. For example, one person told us, "The timing is very bad in the morning, they get another person in front and I don't have breakfast until gone 10am. The time given to them is 9:15am and I go out for dinner. If I don't have my breakfast until late I don't want my dinner."

Apart from the timing of the calls, people were satisfied with staff support for eating and drinking. Typical responses were, "They give [name] breakfast and do a very good job really." And, "They prepare my lunch and sometimes an evening meal too. They cater for everything I need and are very suited to the job."

People were also supported to ensure they had enough hydration. Staff told us at the beginning of the summer the provider sent a message to them reminding them to ensure people kept hydrated throughout the hot weather. People confirmed they received their drinks as required. One said, "They always make cups of tea"; another said, "They will prepare whatever I ask. They always provide me with drinks, I'm well looked after".

Care staff were vigilant of people's health needs and worked with other organisations to provide health care and support. One person told us the care worker remarked to them that their legs were very swollen and said they needed to see their GP. Another told us they had a couple of, "Bouts of septicaemia" and the care workers had called the ambulance for them. A third person said the care workers thought they might have an ulcer, and contacted the ambulance. They told us they then spent two days in hospital.

Staff understood what to do in an emergency. One relative told us their care workers gave their family member CPR (cardio-pulmonary resuscitation) a few weeks ago. They said, "I sat there in amazement. Absolutely brilliant. They received instructions from the paramedics…the carers didn't hesitate into getting [name] onto the floor. We are very pleased with them."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

The service mostly worked within the principles of the MCA. One person who used the service was not able to leave their home. We were informed the registered manager was working with the authorities to ensure they were assessed by the Court of Protection for a deprivation of liberty safeguard.

Most staff understood the importance of gaining people's consent before they undertook any care tasks. People told us, "Staff always ask for [name] consent, it's always the case, they never assume". And, "They always get consent before they start any task. I let them get on with it". But some people told us that staff never checked with them whether they wanted staff to undertake their personal care.

Requires Improvement

Is the service caring?

Our findings

The provider did not always provide a caring service to people. This was because people became anxious if a care worker did not arrive at the expected time and nobody had informed them the person was going to be late; or frustrated if a care worker either arrived too early or too late to enable the person to plan their daily lives accordingly.

One person said that when care workers were late it caused them problems because they needed the toilet and needed support with this. The lateness of care workers resulted in 'accidents.' They said. "It causes anxiety because it's embarrassing." Another said, "I haven't complained but my nerves are all worked up about the late calls and not being kept informed." And a third told us, "When I have rung about the lateness they have been helpful but I get really mad when they are late."

The care records we looked at showed us that staff had asked people their views about the service provided. Whilst all the ones we looked at, people said they were happy with the service, two commented on missed calls and late calls. One commented on not being told about a change of care worker, and the other said the staff hadn't provided care in the way they preferred. We did not see that these issues had been followed up by the member of staff who had conducted the review.

Some people told us that, at times, staff communication was not as good as it could be, including staff conversing with one another in a language other than English. One person said they thought care workers who spoke in a language they couldn't understand was 'rude' and said, "They sit here and chat away in their own language – it's a bit disconcerting."

Whilst there were issues with some staff speaking in a different language to those they were caring for; the provider catered for a range of nationalities. People who used English as a second language, or could not speak English, were supported by staff both in the office and on the care worker teams who could speak different Asian languages.

Before our visit we received information from a person who was concerned that staff had breached confidentiality. They said the member of staff spoke about the care they provided to other people, when providing care to them. We asked the registered manager to investigate this, and inform us of the response.

Most people we spoke with were very happy with the caring nature of the staff who worked for Care at Home. One person said, "They (staff) are wonderful. I worked at the (local hospital) for 27 years so I've seen a lot that I can compare with. The staff compare very favourably, very thorough. I cannot fault them", "I'm extremely satisfied, they are caring and considerate, all the girls that come to see me, I can't complain". Another said, "I like all the staff, they are kind, caring and friendly. I get on with them all. They are very polite. They are respectful and always ask permission before they do anything as well as showing respect for my culture".

People told us care staff treated them with dignity, and ensured their privacy was maintained, particularly

when undertaking personal care. One relative told us, "Personal care is always undertaken in private and the carer carries out the personal care how [name]likes it. If [name] doesn't like it [name] will say." Another said, "I think it's great, how caring they are. We have conversations which make you feel at ease. It's not the best getting stripped in front of a stranger." A third said, "They cover up my family member. Personal care is provided in the lounge as we have a hospital bed in there. Doors and curtain are all closed".

Requires Improvement

Is the service responsive?

Our findings

People did not always get a service responsive to their needs. Not all people received their care calls at the expected time, and many did not know if their care call was running late or early. People who had been with the service for some time and had consistent care workers with an established care call route, were more satisfied with the staffing arrangements than others. However, others commented on staff either arriving earlier or later than expected; night time staffing and week-end staff cover being an issue, and insufficient travel time for care workers to go from one call to another. They were also unhappy that the office staff did not communicate to them that their care worker was going to be delayed or changed.

One person's views summed up the frustrations of many we spoke with. They said, "I have no real concerns except they don't let me know if someone is running late which really annoys me. I don't know why they have them covering such a very wide area. One person can't do that distance in that time! We don't get a rota so we don't know who or what to expect. The carers are good but the office isn't, they just don't keep me informed so I get all worked up and it really upsets me. I have the same two carers mostly and they are lovely. I feel safe with them entirely."

One person told us of the problems they experienced with week-ends calls. They explained they liked to go to church and their care call at 8.30am should give them plenty of time to get to the church service. However, their experience was that staff sometimes didn't arrive at their place until 10am by which time it was too late for them to go. Another told us they had stopped using the service at night because the care workers did not come at the expected time. They said, "Some (care workers) would come at 6pm, some at 7pm, sometimes at 9pm which was too late. There's not enough attention to the carers at night time. If you want something at 8pm, they're there at 5pm, it's no good…One came at 9:30pm when I was in bed. At night time it was rubbish." A third person told us their care plan had an earlier call written into it, but for two years, despite repeated requests, the earliest call they received was 9.30am when they woke up at 5.30am. A forth said, "I have calls twice a day and I don't really have concerns about anything to do with the care but the times can be a problem. When you are paying for it and you end up doing it yourself anyway it makes me mad. Last night it was 11pm by the time I was in bed instead of 9.30. The same this morning it was 11am. They seem short-handed. This happens several times a week."

Staff we spoke with also told us of the challenges of getting to people on time. One member of staff told us they had five minutes to get from one side of town to another. They told us it could not be done and the result was not only the next call was late, but the ones after that. They told us it was a problem experienced a lot, and felt the system was inflexible. Other staff told us of similar experiences.

Some people experienced rushed care. Their comments included, "Most of the carers are very good. Some do seem quite rushed, they don't carry out the duties they're supposed to, I don't think they check things;" and, "They didn't wash the pots, she went earlier as well because she said she had too many on." Some people we spoke with told us their care was never rushed by staff so they could get to their next appointment. Typical comments included, "They're very thorough and never rush my care", and, "They take their time and do not rush at all."

A member of staff told us some staff might rush the care tasks because they only got paid according to the amount of time previously agreed a care package should take. They said if a care package was for 30 minutes and a person was feeling unwell and needed more time, staff would not get paid for the extra time they gave that person. Another told us, staff might stay longer than a person wanted because if they left earlier than the agreed time they would not be paid. They gave an example of night calls. They said sometimes a person might have a 30-minute night call to get them ready for bed. The person may be very tired and just want the worker to leave them once they were ready. This could take 10 minutes. They said staff lose 20 minutes pay if they did what the person requested.

The operations support manager, who has been working at the service since June 2018 to provide support and guidance to the office staff, told us they were aware of the problems regarding the allocation of call times and travel time, and were in the process of reviewing allocations and routes. They told us they had already undertaken a lot of work on early and late calls and hoped to see further improvements in the next two weeks.

Not everybody thought the service was accommodating when their needs changed, or communicated why they hadn't acted on requests. One person said, "There have been visits from the office staff to discuss my care on two occasions and we agreed the care together. I did however ask for assistance to attend the leisure centre for exercise to strengthen my weak side in November last year and this still has not been put in place. I feel ignored on this issue." Another said, they had wanted changes made to their current care plan to change a 45-minute call to a different day. The service told them they did not have the capacity to do this and tried to reduce the time of the call to 30 minutes. This was not long enough for staff to support the person, and so they had to return to the original care plan.

The provider had failed to provide person centred care which met people's needs and reflected their preferences. The provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Person-centred care.

People we spoke with said they had been involved with the service in discussing what they wanted and planning their care. There were mixed views about whether people's care needs had been reviewed regularly. Some people told us they were, with comments such as "I was involved in the content of my care plan and this is updated regularly, I think a couple of months ago. It confirms my needs and how staff should support me." And, "We've just had another one of those done as my family member is hoisted now." Whereas others said, "They do call to check on the care plan but not as often as I would like. It doesn't matter though as I have my girls (carers)." And, "The office hasn't been out lately but if I call them then they will try to sort things out. I have never formally complained." The records we looked at during our office visit showed that people had been involved in care planning and care reviews.

Everyone we spoke with knew how to make a complaint. But many felt when they called the office, the response of office staff was not satisfactory. One person told us their complaint was actively dismissed by the office staff despite a few attempts to complain about the issue.

We looked at the provider's complaint log. There were only eight complaints logged by the service and investigated. The complaint investigation recordings did not assure us that complaints had been managed appropriately. This was because there was a lack of detail about how complaints were investigated and how the service had arrived at their conclusion about whether the complaint was upheld.

Given the size of the service and the range of concerns we and commissioning teams had heard, we did not think the number of complaints accurately reflected the number of concerns being raised. The operations

support manager agreed with this. They told us they would have expected to see more concerns logged as part of their complaint investigation process and said they would add this to their action plan for improvement to the service.

The service did not provide people with specialist end of life care, however staff supported people who had died. A member of staff told us they had received training in end of life care but this was a long time ago. The training information provided by the service did not include training to support staff with end of life care.

It is recommended the service provides staff with end of life care training; to support staff understand better how to support people when they are near the end of life.

People's communication needs were identified as part of the assessment process. Staff were given clear instructions about how to support people who had sight or hearing impairments and how to manage any communication needs. For example, staff who supported people with a sight impairment, were told to talk through with the person, what had been recorded in the person's care plan, and to read back the recording to check with the person it accurately reflected their views and/or experience.

Requires Improvement

Is the service well-led?

Our findings

The provider, Help at Home (Egerton Lodge) Ltd was registered to provide this service in April 2017. This is the first inspection of the service since the company became the provider of the service. Since registration, the service had expanded considerably. This was because Help at Home accepted the contracts of people from two smaller services which were closing, and staff transferred from those services to Help at Home. The provider also accepted additional contracts with Leicester and Leicestershire commissioning teams. At the time of our visit, the provider provided care to over 600 people.

The growth had also meant a lot of changes for staff. We were informed that some staff from those services which closed, did not want to move to a new provider and had left the service, and the service struggled to retain senior staff as well as finding it a challenge to recruit and retain staff in the Market Harborough area.

The PIR sent to us in April informed us that 117 new staff had started work at the service in the last year, and 15 staff had left the service. It also informed us that 582 people had started to use the service in the past year. This number had since increased to over 600 people at the time of our inspection visit. This meant office and management staff had to oversee the induction and new care call routes of a high proportion of new staff; and assess and plan for the considerable number of people new to the service.

At the same time as this expansion, the location did not have a stable management structure. There had been three different managers at the service. The current registered manager was registered in November 2017, and then had to take a period of unplanned absence from January 2018 to April 2018, not returning to full-time employment until June 2018. During their absence the service was managed by the deputy manager and an operations manager. The operations manager had since moved on to another role.

The information in the PIR did not reflect what we saw when we visited the service, or people's experience of it. For example, it said, "Our branch is supported by an Operations Support Manager and a Regional Director. There are clear lines of responsibility and accountability. Performance is monitored and reviewed both daily and in formal reviews with the senior management team. Information from reviews and collated from the BRS system are openly discussed at the monthly Operational Board meeting and at the Board of Directors. We have implemented a new audit tool that is easily modified to continuously measure and drive quality improvements in the branch and that is adaptable to changing review practices and service delivery."

Before our visit we contacted Leicester and Leicestershire local authorities about the care provided to people. They told us of the concerns they had about the service. Their concerns were like those we identified as part of this inspection visit. They had been working with the service for a few months to effect improvements. We had also received some concerns from people who used the service and professionals involved with their care.

During our inspection we found from talking with people and staff; and by looking at records, there had not been clear lines of responsibility and accountability; and audits had not identified concerns. We also found

that whilst there had been an increase in office staff, there were not sufficient staff available to undertake the office functions effectively. For example, the provider had reduced the number of staff who monitored the 'electronic call monitoring' system from two to one member of staff, at a time when numbers of people using this had increased substantially.

The provider's operations support manager had recently been brought in by the provider to support the service to improve. They and the regional director were providing the registered manager and office team with additional support to improve the service. The operations support manager told us they had worked in the service since June 2018 and would continue to work there daily until sufficient improvements were both in place and sustained.

We saw some improvements had taken place but it was early days and at the time of our visit the improvements had not yet resulted in a positive impact on people who used the service. The management team recognised they still had a lot more work to do. For example, we identified that communication log books which should have been available at the service could not be found; some of the information in the log books available needed further exploration; people's complaints were not being appropriately addressed; and safeguarding procedures were not always being followed or understood. Some of the records were not clear because the staff member did not have a good command of written English. This was concerning because records related to managing complaints and safeguarding allegations needed to clearly show what actions had been taken.

Whilst at the time of our visit there had been some improvements made, the provider had failed to adequately monitor and assess the risks related to the health, safety and welfare of people who used the service. This meant the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities); Good governance.

Care staff gave us mixed responses when we asked how management supported them. Some staff felt they were listened to by management, but others felt they did not know the management of the service, and when management were approached, they did not feel their concerns were acted on. Office staff told us the registered manager and deputy had always been very busy and this sometimes made it difficult to get support. They said that now the senior management team were spending time with them as a group, they were helping to identify what the issues were for them and they felt improvements were being made.

The registered manager was also pleased with additional support they had received. They told us that now staff responsibilities had been made clearer, the team was beginning to gel. They also informed us that because they were always so busy, they and the deputy now had 'protected time' every Wednesday afternoon for staff to meet with them and discuss any issues or concerns they had. They told us this had been put in place three weeks before our inspection visit (but they had been on annual leave for two of these).

The provider understood and met the CQC registration requirements and had submitted notifications of events relating to the service as required.

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 9 HSCA RA Regulations 2014 Person-centred care The provider did not meet the Regulation because they did not ensure that the care and treatment of people met their needs and preferences.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not meet the Regulation because medicines were not always managed safely, late or missed calls meant people were placed at risk; and the office equipment and staffing levels meant people and staff did not often get timely responses to concerns raised.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The provider did not meet the Regulation because safeguarding systems and processes did not operate effectively immediately upon becoming aware of, any allegation or evidence of abuse or harm.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not meet the Regulation

because they did not effectively oversee the increase in service provision to ensure people received care that met their needs; and fulfilled their care agreement with people. The provider's systems and processes failed to introduce measures in a timely way to maintain a service which provided quality care to all people who used it.