

Mrs O's Caring Hands Homecare Limited

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Inspection report

56-60A
Front Street West
Bedlington
NE22 5UB

Tel: 07834171060

Date of inspection visit:

06 November 2020

09 November 2020

16 November 2020

18 November 2020

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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

Mrs O's Caring Hands Homecare Limited is a domiciliary agency providing personal care to people living in their own homes throughout Northumberland. Services were provided to adults with a wide range of health and social care needs including physical disabilities, mental health needs and those living with dementia. At the time of our inspection there were 86 people receiving support.

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

Medicines management procedures needed to be improved. We were not assured that people either received their medicines in a timely manner or as prescribed.

There were quality assurance systems in place to monitor the service and care being provided. Some records and quality assurance processes would benefit from further review. We have made a recommendation regarding this.

There were enough suitably recruited staff on duty although an update in recruitment procedures was required. We have made a recommendation regarding this.

Safeguarding procedures were embedded within the service and incidents and accidents were reported and investigated. Recording systems were being reviewed.

Staff were kind and caring and the registered manager was praised by staff for their support. There was evidence of a supportive culture throughout the management and office teams.

Infection control procedures were being followed and any issues arising were addressed straight away. Enough masks, aprons and gloves were available for staff to use.

People and staff reported that the service was well led. We did receive some mixed comments on communication within the office team which was raised with the management team to look into.

People had the opportunity to feedback on their experiences, but it was not always clear if action had been taken. We have made a recommendation in connection with this.

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 21 December 2017).

Why we inspected

We received concerns in relation to the management of medicines, staffing, unsupportive culture and quality assurance. As part of CQC's response to the coronavirus pandemic, we are also included a review of infection control and prevention measures as part of this inspection. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them.

Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mrs O's Caring Hands Homecare Limited 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 have identified a breach in relation to safe care and treatment at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Mrs O's Caring Hands Homecare Limited

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 carried out by one inspector.

Service and service type

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

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

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed consent from people to allow us to contact them and to ensure the registered manager was available for our office visit.

Inspection activity started on 6 November 2020 and ended on 18 November 2020. We visited the office location on 16 November 2020.

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.

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

During the inspection

We communicated with seven people and five relatives by telephone. We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the company trainer, one coordinator and the newly appointed compliance officer. We contacted 26 care staff (of which 12 responded). We spoke with three external professionals, including a care manager, a social worker and a member of the community nursing team.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at six staff files in relation to recruitment and training. 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 contacted two professionals who regularly visit the service.

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 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.

Using medicines safely

- Medicines were not managed safely. People's medicine administration records (MAR's) were not completed fully, including the quantities being administered and if medicine were to be taken before food.
- Some people were being administered medicines that were not recorded in their medicine records.
- People who had 'as required' medicines prescribed, did not have written protocols in place to describe how, when and why these should be administered. People's medicine needs were assessed but records were not always updated when changes occurred.
- The provider had a medicine policy but this did not always reflect national guidance.

This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Safe recruitment procedures were followed. Risk assessments for positive Disclosure and Barring Service checks (DBS) were not always fully recorded. We discussed other improvements to procedures, including ensuring that gaps in employment history were investigated and recorded.

We recommend the provider review recruitment procedures in line with best practice and in light of feedback given during inspection.

- There were enough staff to meet people's care and support needs. The very small number of missed calls were recorded and investigated by the registered manager.
- Consistent staff teams and regular timings of calls were promoted.

Assessing risk, safety monitoring and management

- Risk has been assessed and risk procedures were followed by staff to minimise harm to people. Some people's records needed more detail on specific health conditions, and this was fed back to the registered manager who confirmed they were addressing this.
- Reviews took place to monitor the quality of safety.

Preventing and controlling infection

- Staff had received infection control training which had been increased in relation to the coronavirus pandemic. One person said, "They (care staff) always wear masks, it's important to protect me."

- The provider equipped staff with Personal Protective Equipment (PPE) which included masks and gloves. Spot checks were completed to ensure staff were using PPE correctly.
- We were assured the provider was accessing Covid testing for staff when required.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and were protected from abuse by staff who had been trained in recognising safeguarding concerns. One person said, "I feel very safe with the staff who look after me."
- Policies were in place to promote safety, including the safeguarding and gift receiving policies which staff followed.
- The registered manager investigated and reported any safety concerns to external agencies.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reported to the office to be dealt with. The registered manager was in the process of reviewing how all incidents were recorded.
- Missed calls and medicines errors were investigated and lessons learnt recorded to try and minimise the risk of recurrence.

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 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.

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

- Quality assurance processes were in place to help identify areas for improvement. This included spot checks and audits on various processes and procedures. During the inspection we found issues with medicine records. The provider had recently employed a member of staff with a pharmacy background to support the medicines quality assurance process.
- Some care records needed further detail. We discussed this with the registered manager who started to address this straight away.

We recommend the provider further review their quality assurance procedures and care records in light of the issues we had found in line with best practice guidance.

- Staff understood their roles and responsibilities. Staff had their competencies assessed to ensure they were working to the standards expected.
- The registered manager had an action plan in place to address issues they had previously identified and had enrolled on an excellence training programme with the local authority to further enhance their knowledge.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular contact was made with staff during team meetings, telephone or email contact. We received a small number of comments indicating communication with office staff could be improved. We passed this to the registered manager to look into.
- People were engaged with throughout the current pandemic to ensure their needs were met. This included care reviews and customer surveys being sent out. There was no evidence that negative comments on returned surveys had been addressed and no analysis had taken place.

We recommend the provider reviews their customer survey procedures in line with best practice and feedback given during the inspection.

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

- The provider understood their obligations in relation to duty of candour, including being open and transparent when incidents had occurred. One recent alleged breach of data had been reported and this issue was still being investigated.

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

- The management and staff teams showed kindness and dedication throughout the inspection process. Staff demonstrated a commitment to providing person centred quality care, which met people's needs.
- Effective systems were in place to deal with any issues raised. People and their representatives were confident issues would be addressed.
- The registered manager assisted us throughout the inspection and listened to the advice given and also showed willingness to address concerns raised.

Continuous learning and improving care; Working in partnership with others

- The registered manager gave us examples of continuous learning and improvements to the service.
- Staff worked in partnership with healthcare professionals and other external partners. One healthcare professional said, "Previous care providers served notice due to issues, but Mrs O's have battled through the complexity and this has taken a huge amount of resources."

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to manage medicines safely and in line with good practice to keep people safe. Regulation 12(2)(g)