

Here to Care Limited

Here2Care Limited

Inspection report

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Tel: 01634844495

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12 December 2019
16 December 2019

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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: Here2Care (Medway) is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service provides personal care to adults and some of whom have dementia and learning disabilities. At the time of the inspection there were 104 people receiving personal care from the service.

People's experience of using this service:

People were not supported by effectively deployed staff and they were not always supported in line with the care and support that had been planned for them. Staff rostering records showed staff were not always given enough time to travel between the calls, which impacted on their ability to arrive promptly or stay the full length of time with people as planned for. The provider's quality assurance systems were not effective. The provider had not always monitored and analysed staff rostering, travel time between calls, short calls, or late visits, so patterns could be identified, and improvements made. People who required accessible information was not always presented in formats that met their communication needs.

We made one recommendation in relation to making information accessible for people.

People and their relatives gave positive feedback about their safety and told us that staff treated them well. The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. Staff completed risk assessments for every person who used the service. There was a system to manage accidents and incidents and to reduce them happening again. Staff administered prescribed medicines to people safely and in a timely manner. People were protected from the risk of infection. There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by staff that were unsuitable.

The provider trained staff to support people and meet their needs. The provider worked within the principles of Mental Capacity Act (MCA). Staff asked for people's consent, where they had the capacity to consent to their care. 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's needs were assessed to ensure these could be met by the service. Where appropriate, staff involved relatives in this assessment. Staff supported people to eat and drink enough to meet their needs and staff supported people to maintain good health. The provider worked with other external professionals to ensure people received effective care. Staff supported people and showed an understanding of equality and diversity and people were treated with dignity, and their privacy was respected.

Care plans were person centred and contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. The provider had a clear policy and procedure for managing complaints and this was

accessible to people and their relatives. The provider had a policy and procedure to provide end-of-life support to people.

The registered manager and staff worked well together and acted when things went wrong. People who used the service completed satisfaction surveys. The provider developed an action plan in response to the feedback from the survey to show how the identified concerns were addressed. The provider completed checks and audits on accidents and incidents, complaints, staff training, and safeguarding. The registered manager and the provider remained committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.

Rating at last inspection: Good (report published on 12 June 2017).

Why we inspected: This was a planned inspection based on the last inspection rating.

Enforcement

We have identified breaches in relation to staff deployment, rostering and call monitoring including effective quality assurance system and process at this inspection.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 ●

Here2Care 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

One inspector and one assistant inspector visited the service on 12 December 2019. One inspector returned on 16 December 2019 to complete the inspection. Two experts by experience made phone calls to people to seek their views about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise is in older people and a family carer.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because the registered manager was often out of the office supporting staff. We needed to be sure that they would be in. Inspection activity started on 12 December 2019 and ended on 16 December 2019.

What we did before the inspection

We looked at all the information we held about the service. This information included the notifications that the service sent to the Care Quality Commission. A notification is information about important events that the service is required to send us by law. 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 also contacted the commissioners and the local authority safeguarding team for their feedback about the service. We used this information to help inform our inspection planning.

During the inspection

We spoke with the registered manager and three office staff members. We looked at 11 people's care records, and 4 staff records. We also looked at records related to the management of the service, such as the complaints, accidents and incidents, medicines management, safeguarding, staff rota, call monitoring and policies and procedures.

After the inspection

We spoke with 24 people, 14 relatives, and five members of field staff on the phone.

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.

Staffing and recruitment

- People were not supported by effectively deployed staff. One person told us, "They [staff] are supposed to come in the mornings about 9am. Sometimes it can be as late as 11.40am before they arrive." Another person said, "I couldn't tell you how long I wait, it could be better, more on time." A relative commented, "The morning visit should be around 9am, now it can be as late as 11.30am. Last night the carers didn't turn up until 8pm for a 6pm call, and I have had enough. I will now change care company."
- Staff did not always attend people's care calls as required. For example, one person's care plan showed morning, lunch, tea and bed call, with no specific time of visits. The referral request showed morning call from 8am to 8.30am, the staff rota showed 9.35am to 10.05am, but they were visited from 9.06am to 9.52am. This was the case for lunch, tea time and bedtime call.
- Another person's care plan had morning and night calls with no specific time of visits. The referral request showed morning call from 8am to 8.30am and 8.00pm to 8.30pm for night call. Whereas, staff rota reflected 8.40am to 9.10am for morning call and 9.25pm to 9.55pm for night call, but they were visited for morning call from 9.12am to 9.22am and from 8.20pm to 8.30pm for night call.
- The service maintained an electronic call monitoring system to monitor staff attendance and punctuality. The registered manager explained that when staff were running late for more than 30 minutes they followed up by calling people and if required they arranged replacement staff. However, there were no communication record to show that the office staff had informed people when staff were running late to their scheduled home visits.
- People told us sometimes the office staff call and sometimes they don't when staff were running late. One member of staff said, "I have had a couple of incidents where I have phoned the office to let them know I am running late and when I get to the client they have not been informed, there has been a couple of times when that has happened."
- People were not always supported in line with their agreed time. Call records showed that on some occasions staff had not spent the full allocated time at people's homes. For example, one person had a scheduled call visit for 45 minutes, but they were visited for 15 minutes, another person was visited for 10 minutes instead of 30 minutes. For a third person, staff visited for 11 minutes, instead of 30 minutes.
- There was no record to show people had asked staff to leave earlier than their scheduled visit times. As a result, it was not clear whether people had requested staff leave early or if staff were in a rush to complete their allocated tasks.
- Staff rostering records showed staff were not always given enough time to travel in-between the calls, which impacted on their ability to arrive promptly or stay the full time with people. For example, we found the travel time allotted between two different postcodes was not enough to ensure staff arrived on time.
- When we asked staff about this, one member of staff told us, "No, I have raised that issue this morning with

one of the office staff. Today I had five minutes to get from one area of Medway to another area of Medway and no consideration is given to the time of day, sometimes you don't get any travel time at all, the start time is the same as the last call finish time. It just keeps happening, nothing has changed."

The above issues were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We brought the above concerns to the attention of the registered manager, who told us they would straight away review call timings for all people and complete actions in the next 12 weeks.
- We confirmed through our discussions with people using the service there had been no missed calls to them.
- The provider carried out satisfactory background checks for all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, and criminal record checks and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives gave us positive feedback about their safety and told us that staff treated them well. One person told us, "My home is safe. I feel safe. They [staff] look after me." Another person said, "Yes, indeed, I feel safe. I have no problems at all." One relative commented, "I believe everything is safe,. Because everything is written down and I can also email the manager, if a problem arises, she can sort things out quickly."
- The provider had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. This included reporting their concerns to the registered manager and the local authority safeguarding team. Staff completed safeguarding training and knew the procedure for whistle-blowing and said they would use it if they needed to.
- The service-maintained records of safeguarding alerts and monitored their progress to enable learning from the outcomes when known. The service worked in cooperation with the local authority, in relation to safeguarding investigations and they notified the CQC of these as required.

Assessing risk, safety monitoring and management

- Staff completed risk assessments and risk management plans that included guidance of the support staff should provide for every person who used the service. These included manual handling risks, oral care, eating and drinking and their home environment.
- Risk assessments were reviewed periodically and as and when people's needs changed. Staff told us these records provided them with the relevant information they needed to understand people's situation and needs. The registered manager monitored them to ensure any areas for improvement were identified and discussed with staff.

Using medicines safely

- Staff administered prescribed medicines to people safely and in a timely manner. One person told us, "They [staff] support with medicines and offer me a drink." Another person said, "I do my own medicines, if I need help putting cream on my back they'll help."
- The provider trained and assessed the competency of staff authorised to administer medicines. Medication Administration Records were up to date and clear records kept of the medicines administered.
- The service had PRN (as required) medicine protocols in place for any medicines that people had been prescribed but did not need routinely. Regular medicines checks were carried out by the senior staff and if areas of improvement were identified these were put into an action plan and discussed with staff.

Preventing and controlling infection

- People were protected from the risk of infection. Staff understood the importance of effective hand washing, using personal protective equipment (PPE) such as aprons and gloves and disposing of waste appropriately, to protect people and themselves from infection and cross-contamination.
- The service had infection control procedures in place and records showed that staff had completed infection control training to ensure they knew how to prevent the spread of diseases.

Learning lessons when things go wrong

- The provider had a system to manage accidents and incidents to reduce the likelihood of them happening again. Staff completed accident and incidents records. These included action staff took to respond to and minimise future risks, and who they notified, such as a relative or healthcare professional.
- The registered manager monitored these events to identify possible learning and discussed this with staff.

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's needs were assessed to ensure these could be met. Staff carried out an initial assessment of each person's needs to see if the service was suitable for them. The assessments looked at people's medical conditions, physical and mental health; mobility, nutrition and choices.
- Where appropriate, staff involved relatives in this assessment. Staff used this information as a basis for developing personalised care plans to meet each person's needs.

Staff support: induction, training, skills and experience

- The provider trained staff to support people and meet their needs. One person told us, "They [staff] are a delight, all of them. They've been my carers since 2004 and they go way and above the rest." Another person said, "They [staff] are skilled and experienced and quite confident at what they do."
- Staff told us they completed comprehensive induction training and a brief period of shadowing experienced staff, when they started work.
- The registered manager told us all staff completed mandatory training identified by the provider. Staff training records confirmed this. The training covered areas such as basic food hygiene, health and safety in people's homes, moving and handling, administration of medicines, infection control and safeguarding adults.
- Staff told us the training programmes enabled them to deliver the care and support people needed. One member of staff told us, "Yes, we did manual handling, I am confident with using a hoist now and we also learned how to change catheters and now I am confident with changing a catheter bag."
- The provider supported staff through regular supervision and onsite spot checks to ensure people's needs were met.

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

- Staff supported people to eat and drink enough to meet their needs. One person told us, "They [staff] sometimes cook meals for me or cut up my food, they do everything I need." A relative said, "My [loved one] gets a hot meal at lunchtime, which is good."
- People's care plans included a section on their diet and nutritional needs. This provided staff guidance on the level of support they should provide to ensure people's needs were safely met
- Staff told us people made choices about what food they wanted to eat and that they supported people to prepare those foods, so their preferences were met.

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

- People were supported to maintain good health. People's health needs were recorded in their care plans and any support required from staff in relation to this need.
- The provider had worked with local healthcare professionals including GPs, district nurses, and occupational therapists.
- Relatives coordinated people's health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed.
- Staff told us they would notify the office if people's needs changed and if they required the input of a health professional such as a district nurse, GP or a hospital appointment.

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. We checked whether the service was working within the principles of the MCA.

- People's capacity to consent to their care and support was documented. Where people had Power of Attorney in place it was noted in their care plans.
- People and their relatives, where relevant, were involved in making decisions about their care. People and their relatives confirmed that staff obtained consent from them before delivering care to them.
- Staff had received MCA training and understood people's rights under this legislation. The registered manager and staff understood their responsibilities under the MCA.

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

- Staff supported people and showed an understanding of equality and diversity.
- People's care plans included details about their ethnicity, preferred faith and culture.
- The service was non-discriminatory and staff told us they would always support people with any needs they had with regards to their disability, race, religion, sexual orientation or preferred gender.

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

- People and their relatives were involved in the assessment, planning and review of their care and support needs.
- People told us they had been involved in making decisions about their care and support needs and their views were respected. One person told us, "I was involved with the planning of care. I liked the way they spoke to me." Another person said, "The care plan was led by me. All care was agreed with the agency and has been duly followed."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy was respected. One person told us, "They [staff] respect me when giving me personal care." Another person said, "They [staff] wash and dress me, they respect my privacy and dignity." One relative commented, "They [staff] always close doors to protect my [loved one's] modesty. None of them make a fuss and they keep everything calm, which supports my [loved one's] best interests in terms of health and wellbeing."
- Staff described how they respected people's dignity and privacy and acted in accordance with their wishes. For example, staff told us they ensured people were properly covered, and curtains and doors were closed when they provided personal care.
- People were supported to be as independent in their care as possible. Staff told us that they would encourage people to complete tasks for themselves as much as they were able to.
- The provider had policies and procedures and staff received training which promoted the protection of people's privacy 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.

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 provider had an accessible information policy in place. The service was supporting two people who had a learning disability, and information about their care plans and other related care documents were not available in formats and font size that met their needs.
- We discussed the Accessible Information Standard with the registered manager, who told us they would provide all information in pictorial formats with suitable fonts, within a week to people who required in line with the Accessible Information Standard .

We recommend the provider continue to monitor and seek advice from a reputable source on best practice to ensure information was accessible to people and act accordingly.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred and contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed from staff and what they could do for themselves.
- Staff told us, that before they went to people's homes, they looked at their care plans to know how to support them.
- Staff completed daily care records to show what support and care they had provided to each person. These care records showed staff provided support to people in line with their care plans.
- Staff told us they would discuss with the registered manager any changes they noticed when supporting people to ensure their changing needs were identified and met.
- The registered manager told us they updated care plans with clear guidance for staff when people's needs changed. Records we saw showed that care plans were up to date and reflected people's current needs.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and would do so if necessary. One person told us "I have only had one complaint, they started sending carers that I didn't know. I get uneasy with new people, so I had to let them know and they sorted it." Another person said, "Yes, I have a good relationship with the office. Yes, they listen to me always."

- The provider had a clear policy and procedure for managing complaints and this was accessible to people and their relatives.
- The service had maintained a complaints log, which showed complaints were investigated and responded in a timely manner when concerns had been raised.

End of life care and support

- The provider had a policy and procedure to provide end-of-life support to people. The registered manager was aware of what to do if someone required end-of life care.
- Staff received training to support people if they required end-of life support. However, no-one using the service required end-of-life support at the time of our inspection.
- People had valid Do Not Attempt Cardiopulmonary Resuscitation (DNAR) forms in place where this decision had been discussed with them and their relatives, where appropriate.

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.

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

- The provider's quality assurance systems were not effective. The provider was not effectively monitoring people's calls to ensure that these were taking place as planned. One member of staff told us, "Sometimes on my rota I can have eight calls in a day and then I get about three or four phone calls during the day asking me to cover other calls and it makes me think where are the staff that are supposed to be doing those calls.. Every day I get calls saying there are calls to be covered because they haven't got anyone to do them."
- The provider had not always monitored and analysed staff rostering, travel time between calls, short calls, or late visits, so patterns could be identified, and improvements made.
- People who required accessible information was not always presented in formats that met their communication needs.

The above issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We brought this to the attention of the registered manager. Following the inspection, the registered manager developed an action plan to show how improvements would be made. We shall look at this at our next 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 service had a registered manager in post. They demonstrated good knowledge of people's needs and the needs of the staffing team.
- There was a duty of candour policy and the registered manager understood their roles and responsibilities. Staff were encouraged to report all accidents, incidents or near misses and to be open and honest if something went wrong.

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

- The registered manager and staff worked as a team. There was a clear staffing structure in place and staff understood their roles and responsibilities.
- The service had an on-call system to make sure staff had support outside office working hours and staff

confirmed this was available to them.

- There was a positive culture in the service, where people and their relative's opinions were sought to make service improvements.

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

- The registered manager encouraged and empowered staff to be involved in service improvements through periodic meetings. Areas discussed at these meetings included call monitoring, staff training, medicines management, staff supervision and spot checks, satisfaction surveys, and coordinating with health and social care professionals to ensure continuity of care.
- We observed staff were comfortable approaching the registered manager and their conversations were professional and open.
- People completed satisfaction surveys. The provider developed an action plan in response to the feedback from the survey to show how the identified concerns were addressed. For example, some people's home visits had been rearranged to suit their preferences.

Continuous learning and improving care

- The provider completed checks and audits on accidents and incidents, complaints, staff training, and safeguarding. As a result of these checks and audits the provider made improvements, for example, care plans and risk management plans were updated, staff refresher courses had been arranged, complaints were investigated and daily care records improved.
- The senior staff carried out spot checks of staff to ensure care was provided as planned.

Working in partnership with others

- The registered manager and the provider remained committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.
- They worked closely with local authority commissioners and healthcare professionals.

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 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance system was not effective.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were not supported by effectively deployed staff.