

Homecare1st Ltd

Homecare1st

Inspection report

Venture House
2 Arlington Square, Downshire Way
Bracknell
RG12 1WA

Date of inspection visit:
07 September 2022

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03 November 2022

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

Homcare1st is a domiciliary care agency providing support to people in their own homes. People with various care needs can use this service including people with physical disabilities, older people and people with dementia. At the time of inspection, 30 people received personal care from this service.

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 were not always handled and recorded correctly and safely. The providers recruitment of staff did not always include the required information. The visits were scheduled using an online system and this was overseen by the registered manager. People and relatives felt the staff supported them well. However, some improvements could be made regarding timings of the visits.

People reported they felt safe with the staff providing their support and care. Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. The staff team followed procedures and practices to control the spread of infection using personal protective equipment. People's risks were assessed and managed effectively.

The provider did not ensure systems were in place to oversee the service and ensure compliance with the fundamental standards. They did not ensure the Care Quality Commission (CQC) was informed of notifiable incidents in a timely manner.

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 20 February 2021).

Why we inspected

We undertook a targeted inspection to follow up on specific concerns received about the service. The inspection was prompted in part due to concerns received about the recruitment of staff and staff training. A decision was made for us to inspect and examine those risks.

We found there was a concern with the recruitment of staff and ensuring staff received all mandatory training prior to providing care to people. Therefore, we widened the scope of the inspection to become a focused inspection looking at the key questions of safe and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Homecare1st on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe recruitment of staff, notifications of incidents, management of medicines, risk assessments and good governance 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 from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details in our well-led findings below.

Requires Improvement ●

Homecare1st

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by two inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 7 September 2022 and ended on 23 September. We visited the location's office on 7 September 2022

What we did before the inspection

We reviewed notifications and information we had received about the service since the last inspection. We contacted the local authority for feedback regarding the service. We used the information the provider sent

us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four members of staff including the registered manager, deputy manager, office administrator and office assistant and contacted 14 care staff and received feedback from four. We reviewed a range of records. This included nine people's care records and multiple medicines records. We looked at 14 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- We reviewed staff records to check whether all checks required were completed prior to staff employment.
- For three staff members, evidence of conduct in their previous roles was requested after their start date at Homecare1st.
- There was not always evidence the provider had verified the applicant's reasons for leaving previous work with vulnerable adults from their previous employer

The registered person had failed to ensure that information specified in Schedule 3 was available for each person employed. This was a breach of regulation 19 (2)(b)(3)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had requested a Disclosure and Barring Service (DBS) check for new staff and had requested an overseas criminal records check for staff who had been recruited through the sponsorship programme (recruiting new staff from outside of the United Kingdom). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us staff were not always on time when arriving to provide care. One person told us, "We have always had issues with the timings really. We were told it would be 15-30 minutes leeway [on agreed times] but I often have to call to see where they are." Another person told us, "I have to say, the timings are not brilliant...Very occasionally they will call if they are going to be late, but not often."
- This was raised with the registered manager who advised this would be reviewed and improved.

Using medicines safely

- People were prescribed 'when required' medicines to help them manage various conditions. However, the protocols did not always contain clear information specific to the person such as symptoms to look out for or how they express themselves when in pain.
- Although staff received regular competency checks in relation to medicines management, they were undertaken by a staff member who had not received training to be a competent assessor. This was discussed with the registered manager who immediately arranged for staff to receive training in relation to this.
- Two people have time-sensitive medicines prescribed. People should have clear individual plans how to manage this type of medicine to control the symptoms. We reviewed medicine administration records (MARs) and the times to administer time-critical medicine was not always adhered to. For example, for one

person, the evening medicine was due at nine pm however, there were 13 days when it was administered between half an hour and one and a half hours late. The time specific morning and lunchtime medicines did not have time specified within the MARs to give this medicine. This meant that people were at risk of not having their medicine on time which can cause worsening symptoms of their condition.

The provider had failed to ensure safe medicine management. This was a breach of regulation 12 (1) (2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, information on people's MAR charts was reviewed and updated to support staff to give time specific medicines as prescribed.
- When the registered manager received alerts from the online system of missed medicines, an investigation and actions following the medicine error took place.

Assessing risk, safety monitoring and management

- People's care plans did not always include sufficient information and guidelines to help staff provide care in a safe and individualised way, based on people's needs, likes and the support they required.
- We found the registered manager did not always ensure adequate information was provided to staff in order to mitigate risks. For example, one person was found to be taking an anticoagulant medicine (used to treat and prevent blood clots). This is identified as a high-risk medicine due to the potential side effects. High risk medicines require a separate risk assessment and symptoms for staff to be aware of in case of an emergency. At the time of inspection, although there were risk assessments in place, they were not specific to meet the needs of the person and some included information that was not relevant to the prescribed medicine.
- One person's health risk assessment highlights the person is at risk of, "cardiovascular disease, high cholesterol". Within the risk reduction measures, it states, "Care worker to read and follow care plan and risk assessment" however there was no further information within the risk assessment document in order for staff to know the actions to take to mitigate the risk.

The provider had not ensured risks relating to the safety and welfare of people using the service were consistently recorded and managed. This was a breach of Regulation 12 (1)(2)(a)(b)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- All staff had received safeguarding training and staff reported they were aware of the process they would take to raise a safeguarding concern.
- There were systems in place to guide staff on what action to take if they thought a person was at risk of harm.
- People and relatives reported feeling safe when staff were providing care. A relative told us, "I felt [person] is definitely safe with them and they kept us informed."
- The registered manager had ensured that calls were not missed by allocating an on-call staff member each day to monitor all calls via the service online system which raises alerts when staff have not arrived on time.

Preventing and controlling infection

- All staff completed training in infection control and up to date guidance regarding personal protective equipment (PPE) has been shared with all staff.
- People and their relatives told us staff wore PPE when providing care, "They always wear their PPE and dispose of it in the bin.", "They [staff] always wear their PPE and change gloves after personal care."

- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- A system was in place to record individual incidents and accidents. The management team reviewed these regularly to ensure any trends or patterns could be identified.
- The registered manager shared any lessons from the incident or accident with staff through team meetings and staff supervisions.
- Where a trend had been identified, action had been taken to reduce the risk of reoccurrence.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers being clear about their regulatory requirements

- During the inspection, we identified at least two occasions where a safeguarding concern had been raised however, the registered manager had not submitted a notification to CQC without delay. Notifications are events that the registered person is required by law to inform us of.
- This was discussed with the registered manager who agreed to send all required notifications without delay in the future.

The provider failed to notify the Commission of notifiable events without delay. This was a breach of Regulation 18 (1)(2) of the Care Quality Commission (Registration) Regulations 2009.

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

- The registered manager had not ensured all staff had received mandatory training prior to providing care to people. For example, one staff member started providing care to people on 10 July 2022, however, did not receive training until 20 and 21 July 2022. Another staff member started providing care to people on 13 July and did not receive mandatory training until 20 July 2022.
- At this inspection, we found non-compliance with four regulations. The provider had failed to ensure safe recruitment of staff, safe management of medicines and risks, good governance and the provider had not ensured that all safeguarding notifications were sent to CQC without delay. The provider's system had not enabled them to identify they were non-compliant with these fundamental standards.

The registered manager had not established or used an effective system to enable them to ensure compliance with their legal obligations and the regulations. This was a breach of Regulation 17 (1)(2)(a)(b)(c)(d) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had quality assurance systems in place. This included regular review of documents including Medicine Administration Records (MAR) and care plans.
- An analysis of audits was completed on a regular basis to identify themes and trends. This was shared with staff during team meetings or supervisions to ensure the service continued to improve.

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

- The provider had an open-door policy and aimed to accommodate staff's needs.
- There was mixed feedback from people and relatives about the service being managed well. Some people

reported they were not always informed about staff changes and time keeping was an issue, but others disagreed with this.

- Staff said they could rely on other team members and the senior staff.
- Evidence of team meetings was reviewed and identified that staff had the opportunity to raise concerns.

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 providers duty of candour policy outlined actions for staff if something went wrong.
- Staff were aware of their responsibilities and understood the importance of transparency when investigating circumstances if something had gone wrong.
- The registered manager had developed good relationships between people, professionals and family members and actively encouraged critical feedback from people to help improve the service.

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

- There were opportunities for people and relatives to provide feedback. The management team operated an open-door policy and welcomed any feedback. People told us, "I am always asked for feedback; there are spot checks and I would recommend them [provider] 100%."
- Staff were supported through supervision and appraisals. Staff supervision files were reviewed, and opportunities were provided to staff to raise concerns during their supervision.
- Customer review forms were completed regularly and within the form people are asked whether they are happy with the care provided and if anything can be improved.

Working in partnership with others

- The team worked closely with the local social and health professionals.
- The registered manager was able to explain and provide evidence of collaborative working with professionals to support the needs of people.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>How the regulation was not being met:</p> <p>The provider failed to notify the Commission of notifiable events without delay.</p> <p>Regulation 18 (1)(2)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured risks relating to the safety and welfare of people using the service were consistently recorded and managed.</p> <p>The provider had failed to ensure safe medicine management.</p> <p>Regulation 12 (1)(2)(a)(b)(d)(g)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered manager had not established or used an effective system to enable them to ensure compliance with their legal obligations and the regulations.</p>

Regulation 17 (1)(2)(a)(b)(c)(d)

Regulated activity

Personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

How the regulation was not being met:

The registered person had failed to ensure that information specified in Schedule 3 was available for each person employed.

Regulation 19 (2)(b)(3)(a)