

Home Care & Support Limited

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Inspection report

Chatterton Works
Chantry Lane
Bromley
Kent
BR2 9QL

Tel: 02084648811

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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

Home Care and Support Limited is a domiciliary care service in the London Borough of Bromley, providing personal care and support to people living in their own homes. On the day of the inspection there were 69 people using the 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

People told us they did not always receive their calls at the right times and they could be rushed and not always for the planned duration.

The call monitoring system, introduced following the last inspection, did not provide accurate oversight of people's call times and durations. Following the inspection, the provider acted promptly to address this with the system provider.

People told us they felt safe from harm using the service. Staff were familiar with safeguarding procedures and where to raise any concerns.

Medicines were safely managed. Risks to people were assessed and risk management guidance was in place for staff to reduce the likelihood of occurrence.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 01 July 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last four consecutive inspections.

At our last inspection we found breaches of the regulations in relation to medicines management, staff recruitment and systems to monitor the quality and safety of the service. The provider met with us and completed an action plan after the last inspection to tell us what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations. However, some improvements were needed to the call monitoring system to ensure it was effective.

Why we inspected

We carried out this inspection to follow up on action we told the provider to take at the last inspection.

Recommendations

We have made a recommendation in relation to the deployment of staff. We will ask the provider for an action plan and follow this up at our next comprehensive inspection.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 are in our well-led findings below.

Requires Improvement ●

Home Care & Support Limited

Detailed findings

Background to this 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 site visit was carried out by one inspector. An Expert by Experience made calls to people using the service or their relatives. 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.

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

We gave the service 24 hours' notice of the inspection. This was because we needed to allow for the provider or registered manager to seek permission to contact people and their relatives for feedback about their experiences to support the inspection.

What we did before the inspection

Before the inspection we reviewed the information we had received about the service. We asked for feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. 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 of this information to plan our inspection.

During the inspection

We visited the office and spoke with the registered manager, the nominated individual, the provider and three members of the office staff including a care coordinator. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including five medicines records, daily notes, nine care plans and risk assessments. We looked at five staff recruitment records.

The inspector spoke with one person using the service by phone and the Expert by Experience spoke by phone with another person and eight family members of people using the service.

We spoke with five care workers or senior care workers by phone to understand their views about the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested records such as call monitoring data, meeting minutes and monitoring records.

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 requires improvement. The rating for this key question has remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety.

Staffing and recruitment

At the last inspection we found recruitment checks were not always sufficiently robust. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was now meeting this regulation.

- The provider had audited their recruitment records following the last inspection and acted to address gaps found. We found appropriate recruitment checks were carried out before staff started to work at the service.
- There were enough staff to meet people's needs but they were not always deployed effectively. We had mixed feedback about care delivery. People and their relatives told us their support calls did not always happen when planned, some calls were cut short, some people experienced a lack of consistency of care workers and care workers rushing when delivering support.
- Comments from people and their families included, "They are just in a rush." "They don't spend the time they should". "One carer gets a 30-minute call down to eleven minutes." and "I'm seeing every Tom, Dick and Harry telling me different things." A small number of people were happy with the care provided and commented. "We've got a regular carer and there is a lot of consistency which is important for dementia." and "The carers generally turn up on time."
- We had mixed feedback from care workers about staffing levels and travel time. Some staff told us there were enough staff and the calls were not shared equally. Most staff told us they had sufficient travel time planned. Other staff said there were not always enough staff to cover calls when there was sickness or holidays particularly during the pandemic.

We recommend the provider seek appropriate advice and review the deployment of staff across the service; to ensure care and support is delivered when and as planned.

- The provider told us there had been staffing difficulties during the pandemic and they had tried to recruit staff. Staffing remained a challenge, but they had recently recruited a number of full-time care workers and were confident this would address these issues.

Using medicines safely

At our last inspection we found the provider had not always managed medicines safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was now meeting this regulation.

- Medicines were administered safely. People and their relatives told us they were happy with the support they received. One person said, "The carers always remember about my medicines. They know what I take."
- There were medicines risk assessments that identified any possible risks and a risk management plan. Medicines records were electronic and where there were any issues in recording electronically, paper records were maintained.
- Staff had medicines training and competency assessments were carried out to ensure they are had the skills to administer medicines safely.

Assessing risk, safety monitoring and management

- People were protected from possible risks. A relative said, "My family member feels safe with Home Care. I'm happy with how staff help them move and use the equipment, when they are caring for them."
- An electronic system for people's care plans, daily records and medicine administration records had been introduced following the last inspection. This was monitored to ensure any issues with care were identified as they arose.
- Improvements had been made to the identification and assessment of risk. The service had introduced a new care plan and more detailed risk assessment to help identify and manage risks. Considerable improvements had been made to the system for reporting accidents and incidents so that timely action could be taken.
- There was a comprehensive business continuity plan to manage emergencies such as a pandemic or severe weather.
- Staff told us the out of hours on call service was reliable and the office was responsive at acting on any concerns they raised about any changes to people's needs or risks, which we confirmed from records.

Systems and processes to safeguard people from the risk from abuse: Learning lessons when things go wrong

- Systems were in place to help protect people from the risk of abuse. People and their relatives told us they felt safe using the service. One person said, "The staff that visit me seem fine and they keep me safe from any harm." A relative remarked, "My family member is kept very safe in my opinion from the service they get."
- Staff had completed safeguarding training and knew the signs to look for and how to report any concerns. Safeguarding alerts had been raised appropriately with the local authority and CQC had been notified as required.
- The provider had strengthened their oversight processes for learning from accidents, incidents and safeguarding through a learning forum which we saw looked for any patterns and identified learning to share with staff. For example, additional training was being sought for staff on skin integrity to help them identify any concerns more quickly.

Preventing and controlling infection

- The provider had systems to reduce the risk of infection. There was a detailed COVID-19 risk assessment and management plan. Staff were reminded to test for COVID-19 before they started work. Staff had received training on infection prevention and told us there was a good supply of personal protective equipment (PPE).
- People and their relatives commented that staff followed safe infection control practice and wore PPE and washed their hands regularly. A relative commented, "I would say their hygiene standards are very good right through the COVID-19 pandemic. They have all the protective clothing like masks and aprons and

gloves."

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 requires improvement. The rating for this key question has remained the same.

This meant the service management and leadership was inconsistent. Systems did not always support the delivery of high-quality, person-centred care.

Rating explanation

At our last inspection we found systems to monitor the quality and safety of the service were not effectively operated. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements had been made and the provider was now meeting this regulation. However, further improvements were needed to address issues with call monitoring.

Continuous learning and improving care

- Improvements were needed to address the oversight of call times and length to ensure people received their care as planned. An analysis of calls showed that the way the call monitoring system was operated did not accurately reflect care delivery. There was no accurate oversight of the timing and duration of people's calls. Care Workers had received training on the new system but were not always using the system correctly. This had not impacted on people's safety but there was a risk without accurate monitoring that this could occur.
- Where paper medicines records had been used due to problems with the electronic system these were not always audited to ensure any issues were addressed. These issues had not always been identified or addressed by the provider. The provider took immediate action following the inspection to address these areas and met with the IT system provider to try and resolve the issues we found
- Other aspects of the service such as electronic medicines records and staff records of the support provided were monitored for any concerns. Spot checks were carried out regularly and considered for any learning. The provider had completed an action plan following the last inspection and address issues we had identified.
- Improvements had been made to the monitoring of staff training which was fully up to date and to the reporting and recording of accidents and incidents.
- Office staff held regular meetings to review any changes to people's care and seek appropriate advice.
- Staff told us they thought the service had improved and that the provider was working to improve call consistency and duration. However, some staff felt more work was needed to address the way care calls were allocated.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: 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 registered manager was aware of her responsibilities as a registered manager under the Health and Social Care Act 2008. They were aware of the types of incidents they were required to notify CQC about and knew of the requirement to display their current CQC rating.

The provider was familiar with their responsibilities under the duty of candour.

- Improvements had been made to the way staff communicated with the office and the provider had strengthened their communication with staff through regular bulletins and messages.
- Overall, we received positive feedback from people and their relatives about management responsiveness. One relative said, "I, as a relative, have a good relationship with office management. They are polite and if you have any problems, they will do their best to solve it." Another relative remarked, "My overall opinion, I feel they are doing a good job as a company. The office staff are proactive and share information confidentially and sort out any problems."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Since the last inspection the management team had worked to improve the service and aimed to provide good quality care. Feedback was sought via telephone monitoring spot checks, and surveys. However call punctuality and duration impacted on people's experience of the service. We had some mixed feedback from people and relatives about how engaged or informed they were by the service.
- Staff were positive about the management team and thought they had made improvements to the culture of the service, which they said was more open. One staff member said, "The managers are open minded and approachable. They are good leaders and it feels like they care about people and the staff." Staff were also positive about the training and development opportunities they were offered.

Working in partnership with others

- Staff told us there had been improvements in the way the service communicated with other agencies. They were also encouraged to work together as a team. Staff meetings were held and the provider also updated and communicated with staff through monthly bulletins.
- Care records showed staff liaised with health and social care professionals in a proactive way where this was appropriate.
- A representative from the provider attended the local authority domiciliary care forum to keep themselves up to date with local issues.