TopKare Limited

My Homecare Slough South Bucks

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
My Homecare Slough South Bucks is a service providing care and support to people in their own home. At the time of the inspection the service was supporting 72 people across Buckinghamshire, Oxfordshire and the Royal Borough of Windsor and Maidenhead. This included both younger adults, people with physical or sensory impairments, and older people. Some people were receiving live-in 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
We found risks to people using the service were not always clearly identified. We also identified concerns in relation to safeguarding people from abuse, the safe management of medicines, concerns regarding staff testing for COVID-19 and a lack of auditing in relation to accidents and incidents. Most people told us they felt safe. One person explained, "I feel totally safe with the girls [staff], they are all so kind to me, nothing is a trouble, they can be a bit late sometimes and the poor things they are always in a rush to get to the next person but I am not rushed."

People did not receive a rota to inform them of when and which staff were visiting. People's care was added to a "route", which the service aimed to assign regular staff. Some people told us they would like to receive a rota, and some people were not fully satisfied with staff timekeeping or their scheduled visit times. We have made a recommendation regarding staff deployment. We also received positive feedback, a relative commented, "I have no issues at all, the carers do what they are supposed to in a professional and very caring way. The carers can be a bit erratic with the times of the calls but it doesn't really impact on [person] as I am here all the time if he needs anything." Another relative advised, "They don't always stay the full time but [person] is never rushed and before the carers leave they always ask if we need anything else before they go."

Feedback was variable about whether care planning was responsive to people's needs. We have made a recommendation regarding person centred-care planning and meeting people's communication needs. However, we also found staff were knowledgeable about people they regularly supported. Staff provided detailed feedback about how they supported people to manage risks, how they followed people's preferred routines, and staff were aware of what was important to people, including people's cultural needs. We also received positive feedback in relation to the service's support for people receiving end of life care.

People were supported by a service that was not well managed or monitored. Audits were either not conducted, or not effective to assess, monitor and drive improvement in the quality and safety of people's support. We found concerns in relation to the service's management of complaints. We found records maintained were not always complete, accurate and kept up to date.

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 27 April 2019).

Why we inspected
We received concerns in relation to staff training and management of the service. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only.

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 see what action we have asked the provider to take at the end of this full report.

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

Enforcement and Recommendations
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 at this inspection, in relation to safe care, safeguarding people from abuse or neglect, recruitment, complaints management, governance and in informing the Commission of incidents and information they are required to.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate

The service was not always well-led.

Details are in our well-Led findings below.

My Homecare Slough South Bucks

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 three Experts 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 8 March 2022 and ended on 31 March 2022. We visited the location's office on 8 March 2022 and 9 March 2022.

What we did before the inspection
We reviewed information we had received about the service since it was last inspected on 20 March 2019. We also sought feedback from the local authority, including local safeguarding teams, in the counties the service operated within.

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
During the inspection we spoke with nine people using the service and 22 family members. We spoke with 14 members of staff, including the registered manager, the field care manager, the field care supervisor, the care coordinator, two regular agency care workers, three route leaders (senior carers), two senior care assistants and two care assistants. We also spoke with the nominated individual, who is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included eight people's care and support plans, as well as people's medicines records where they received support with this task. We looked at seven staff files in relation to recruitment, training and supervision. We reviewed a variety of records relating to management of the service including policies and procedures, accident and incident records, safeguarding records, minutes of senior management meetings, compliments and complaints and audits of the service.

After the inspection
We continued to review records shared electronically and continued to seek clarification from the provider to validate evidence found. We sought feedback from professionals and received a response from four professionals, which included three commissioning agencies. We also received email feedback from four additional members of staff.

Requires Improvement

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.

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

- The provider's safeguarding policy stated, "Managers…responsible for safeguarding are required to receive Specialist Safeguarding Training (Level 4)." The registered manager evidenced they had attained a level 3 health and social care qualification in 2012, meaning their training pre-dated the Care Act 2014, which updated safeguarding best practice. This meant we could not be assured the registered manager had undertaken safeguarding training appropriate for their management role.
- All staff were required to undertake safeguarding training in relation to adults and children. We looked at seven staff files and found six staff members' safeguarding training were up to date. We noted two out of the six staff members had completed safeguarding adults training only. The registered manager failed to show us how staff members' knowledge about safeguarding had been checked and assessed.
- Records showed local authorities had required the service to undertake internal safeguarding investigations in response to concerns. We reviewed examples and found the service had failed to keep robust records of their process of investigation, instead summarising their findings into a report. This meant we could not evidence appropriate actions had been taken to fully investigate concerns.
- Safeguarding records were disorganised, with some records kept in a paper folder, and other reports were stored within emails. This meant the provider would have been unable to carry out effective audits to identify any trends or themes. During and after our inspection we requested information in relation to several safeguarding concerns but did not receive all the information we required.
- At the time of our inspection the service provided care and support in three local authority areas. The service's safeguarding and whistleblowing policies did not include contact information for all safeguarding teams for areas in which the service operated. This meant staff referring to the policies lacked relevant information to help them direct their concerns to the correct local authority.
- Records did not demonstrate how the registered manager had analysed information to form a judgement. A safeguarding report dated September 2021 indicated the service had accepted the account given by staff, reporting, "The same carers have been hoisting [person], and they have been carers for years with a lot of experience. So, the carers would have reported the incidence as it happened." The local authority later substantiated the concerns in relation to incorrect staff manual handling. A spot check at the person's home in October 2021 observed staff required prompting to use a moving and handling aid appropriately. This meant we could not be assured a full and robust internal investigation had been carried out.
- We were not assured the provider would always take appropriate action to protect people from harm, when they were alerted of allegations of abuse. A safeguarding log in January 2020 documented a visiting professional had observed two staff members using equipment to assist a person to move and did not consider staff had carried out this task safely. The provider's response was to advise staff on the correct use of the equipment and to update the person's care plan. We requested certificates of manual handling

training attended and supervision records, which were completed shortly after the incident. The registered manager instead provided us with training and supervision records not related to the relevant period of time.

● Another safeguarding log showed in May 2020, it was reported a staff member was reported to have been, "manipulative, constituting psychological and emotional abuse" towards a person. Whilst another person had a missed visit in June 2020 and as a result two staff members were "officially warned" not to miss the call again. A more recent report from August 2021 described a staff member had "absentmindedly" given an additional dose of antibiotics in error and had been "spoken to seriously to be more careful."

● The registered manager failed to report any of these allegations to the local authority. The provider's safeguarding policy stated, "The manager will discuss with the known or suspected abused/harmed person what actions they consider to be appropriate." This was not in line with Buckinghamshire Council's Multi-Agency Policy, which requires all concerns of suspected abuse or neglect to be reported. This meant people were placed at risk of harm because the registered manager failed to recognise what was a safeguarding incident and report to the local authority.

● We reviewed the accidents and incidents recorded by the service. Records showed actions taken in response to incidents and noted where people such as relatives had been informed. There was no evidence the service had undertaken an audit or wider analysis of accidents and incidents to identify themes, trends, or where further action may be required to prevent reoccurrence.

The service had failed to implement effective systems to identify, investigate and appropriately respond to allegations of abuse. This is a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager acknowledged improvements could be made to their recording of safeguarding investigations. They explained the service had experienced staff shortages, and advised records had not always been kept of conversations which took place remotely whilst staff were working from home during the pandemic. The registered managed explained the service was recruiting an additional registered manager and other staff to support the running of the service.

● Care staff understood signs of abuse and their responsibility to raise safeguarding concerns to the management of the service. For example, one person was believed to be at risk of domestic abuse and neglect in their own home. The service had escalated concerns to the local authority, and staff supporting the person were fully aware, and described how they monitored the person's welfare and documented evidence of concerns.

● Most people told us they felt safe. A relative commented, "The carers are doing a great job. I am on top of everything and the carers are good at noticing any problems and let me know straight away so I can contact the doctor if necessary."

Assessing risk, safety monitoring and management

● Some care plans contained incomplete or unclear information, meaning staff did not have full information to inform them about relevant risks. For example, one person's care plan did not include their diagnosis of diabetes. Another person's care plan contained multiple medical acronyms and staff we spoke with were unsure what the acronyms referred to. Another care plan advised a person was "suffering from cancer", without noting the type of cancer and how it impacted the person. We also found some risk assessments had not been fully completed, such as one manual handling assessment, which included several blank sections in relation to whether the person had a history of falls, weakness, or paralysis.

● Some people were supported to use bed rails. We found risk assessments for bed rails included standard risk prevention measures. This meant risk assessments were not fully personalised. One person experienced

weakness to one side of their body and staff used cushions to prop them up, avoiding them slipping onto the bed rails or out of bed. This information was not included within the person's care plan or risk assessment to advise staff of the potential risks. Staff described using bed rails for another person who experienced spasms in their limbs. Their care plan did not refer to, or include a risk assessment for, the use of bed rails.

● Some people using the service were prescribed emollient creams. Emollient creams can be easily transferred from skin on to clothing and bedding, and testing has shown increased fire risks when fabrics are contaminated. We reviewed the medicines risk assessments for four people supported to apply emollient creams. We found each person's medicines risk assessment did not highlight risks, including flammable risks, associated with emollient creams and did not identify a safe location for the storage of medicines including creams.

● Some people using the service were prescribed anti-coagulant medicines. An anticoagulant medicine is a blood thinning medicine, and risks can include bleeding and bruising more easily than normal. Risk assessments in relation to use of anticoagulant medicines had not been documented, and some care staff we spoke with were not aware of the risks associated with these medicines.

● Some people used equipment which required regular servicing by an approved person. Care plans and risk assessments did not include information about when servicing had been carried out or when the next service was due. Therefore we could not be assured the management of the service had adequately monitored the servicing of people's equipment.

● One person expressed concerns about their safety, advising, "I am not impressed with safety. I have had the hoist control dropped on my lap countless times and when it hits my hands it is painful…when sling is put on me…they haven't pulled it far enough down my back and it cuts into my back at times and hoist bar has narrowly missed my head a few times." The concerns were shared with the service after our inspection and the registered manager agreed to carry out an investigation.

● One person experienced distressed behaviours, and it was explained the person had shouted, hit and scratched staff. The person's care plan had not been updated to reflect their current needs. The care plan stated, "Is the person co-operative. Yes" and "Does the person display behaviours which may seem challenging? No." Staff described reassuring the person and giving them time to calm down, however staff referring to the care plan did not have written guidance. We also noted only four staff had received training in relation to supporting "challenging" behaviour. A relative expressed concern about whether all staff were competent, advising some staff, "Don't seem to have the training or aptitude to deal with people with dementia…particularly where they display challenging behaviours."

● One person had been assessed by a specialist dietician as requiring level one thickened fluids. The person's care plan did not refer to the use of thickener, but we were advised staff had access to the dietician's report. The registered manager told us the "first option" was for the person to try to swallow themselves, and "where she can't or if she request for it", thickener was added. The person was described as having mental capacity to communicate their needs, however records did not evidence whether this approach, and the potential risks of drinking non-thickened fluids, had been explored with the dietician.

Risk assessments were either not present or lacked sufficient detail to help staff understand and respond to risks. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff understood their responsibility to report incidents of concern and described how they would respond in the event of an accident such as a fall. A staff member explained, "Report to office, do body map, checking everything…call quick the ambulance…inform the family as well…report everything…check body for bruise."

● Staff spoke in detail regarding how they supported people to manage potential risks. Staff described the

importance of regularly checking people's skin to monitor for the development of pressure areas, and could describe actions taken to prevent the development of sores, including regular repositioning and the use of creams to promote skin integrity. Staff were also aware of aids people required to reduce the risk of pressure sores. For example, staff supporting one person were aware they needed to wear specialist boots to relieve pressure on their heels.

● Some people were supported with specialist needs. One staff member provided detailed feedback regarding their care for someone's colostomy, which is an operation that creates an opening for the colon, or large intestine, through the abdomen. The staff member described how a used colostomy bag was gently removed and outlined steps taken to maintain good skin integrity. The staff member was also aware concerns regarding the person's skin should be reported to a nurse to assess.

Using medicines safely

● We identified people's allergies had not been included on paper medicines administration records (MARs), which were used by staff when administering medicines. This was not in line with best practice guidance. Where applicable, allergies were documented within each person's care plan.

● MAR audits identified multiple actions for management completion, including missing signatures which the auditor noted would require investigation. The service supplied no evidence to confirm audit actions had been undertaken. The registered manager explained a care manager who had recently left the service was responsible for following up the actions identified, but no evidence of their work was available during our inspection.

● We reviewed the records for a staff medicines error which occurred in August 2021. This stated the staff member, "was spoken to seriously to be more careful." The provider's medicines policy stated, "If…[staff] contributed to the drug error they will be immediately enrolled on the next available medication training course and on completion will require medication competencies to be met before they are allowed to provide care to service users with medication." We asked the registered manager to provide additional evidence to demonstrate if the policy had been followed, however no further information was received during or after our inspection.

● One person's MAR chart contained some instructions which could be misinterpreted about the dosage required, instructing staff to provide "Rivaroxaban 20mg tabs take once daily" and "Sitagliptin 50mg tablets once daily". The person's electronic care plan included the same instructions. We were concerned the word "tabs" or "tablets" could be misinterpreted, as only one tablet of each medicine was required once daily. Other records we reviewed more clearly specified the number of tablets that should be administered.

● One person's care records showed their GP had contacted the service in January 2022 to advise six medicines were no longer required. The person's electronic care plan had not been updated, meaning staff received daily prompts to administer medicines which had been stopped. Staff electronic records showed staff had continued to electronically confirm administration of some of the medicines on some occasions. The registered manager stated they believed this was a recording issue. We have asked the registered manager to investigate our concerns.

● One person was supported to apply a transdermal patch. Patches are thin pads with an adhesive back that are applied to the skin, and medicine from the patch is absorbed into the body over a period of time. MAR records did not identify which side of the person's body each patch had been administered, or document the removal of the old patch. This was not in line with best practice guidance. Staff should record the application of each patch and include the specific location, and also document when the old patch has been removed in a similar way to documenting when the patch is applied.

● One relative expressed concern regarding staff management of medicines. They advised staff had contacted them on a Friday night to advise a medicine had run out, which caused considerable difficulty in obtaining a repeat prescription over the weekend. The nominated individual advised us weekly checks were in place, with the service's electronic care planning system prompting staff each week to check stocks of

essential household items, including medicines.

Records did not evidence safe medicines administration had consistently taken place. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was responsive to our feedback, they agreed to review medicines recording and confirmed a staff member had been assigned to take responsibility for following up the outcomes of MAR audits.

● Staff described providing safe medicines support. Staff were familiar with prescribed creams and could explain why creams were in use, and where each cream was safely applied. Some people were supported to receive medicines via a percutaneous endoscopic gastrostomy (PEG), where a flexible feeding tube is placed through the abdominal wall and into the stomach. Staff described how medicines were safely administered via a PEG, including how water was used to safely flush the PEG, which helps to prevent blockages of the tube.
● People and families who received support with their medicines, told us staff ensured they received the right medicines at the right time. A family member explained on one occasion their mother asked staff to apply a shop bought cream, and staff declined to do so, because they could not be sure the cream was safe to use. The relative commented they had been impressed staff considered the potential safety concern. Another person told us, "I take my tablets myself but they remind me so I don't forget."

Preventing and controlling infection
● Records we reviewed for people and staff did not contain risk assessments to identify individuals who may be at greater risk from COVID-19 infection. Some people were living with complex health conditions, using equipment including inhalers and cough assist to support their respiratory health, and therefore could be at greater risk from COVID-19. Some staff may have been at greater risk as a result of factors including their ethnic background or decision not to receive a COVID-19 vaccine.
● The service had sought evidence of staff COVID-19 vaccination but were not implementing best practice guidance which stated NHS appointment cards were not considered sufficient evidence of vaccination. The service had failed to collate records to show which staff members had received vaccination. Whilst it is not a legal requirement for staff to be vaccinated, it is best practice for services to maintain a record of vaccinated staff.
● The service used an electronic messaging system to share reminders and important information with staff. A message sent to staff in October 2021, after a person tested positive for COVID-19, did not ask staff to wear eye protection, advising staff the lateral flow test "is not an accurate test" and asked staff to "double your PPE", which was not in line with best practice guidance. The registered manager advised staff had been verbally given appropriate advice and we observed two messages sent to staff earlier during the pandemic with reminders to use appropriate personal protective equipment (PPE).
● Before care staff were recommended to take a regular COVID-19 lateral flow test, a national system of weekly testing was in place. Care staff should have had access to a routine weekly PCR test, which was sent by post for analysis. The registered manager told us they helped arrange a PCR if staff had symptoms but staff had not undertaken regular weekly testing. The registered manager provided open feedback, confirming the service had not used PCR tests "effectively" and did not keep a central record of PCR staff testing.
● At the time of our inspection, government guidance recommended care staff take a COVID-19 lateral flow home test prior to the start of each shift. The service had failed to register for a government bulk supply of lateral flow test kits. The registered manager's expectation was that staff should take one lateral flow test

per week. Most staff confirmed they were not testing in line with guidance, with the exception of one office based staff who advised they tested daily when working. Some staff confirmed they did not always register the results of their lateral flow tests online.
● The provider's infection control policies had been updated in response to COVID-19, however some information was contradictory or had not been fully updated to meet current COVID-19 best practice guidelines. The infection prevention and control policy included a flow chart entitled "When to wear PPE" which instructed staff "No PPE required" in situations where there was "No exposure to blood or bodily fluids anticipated and no physical contact with service user." The correct guidance regarding mask use was included elsewhere within the policy.

Systems were not operated effectively to ensure appropriate infection control measures in response to the COVID-19 pandemic. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was responsive to our feedback and the registered manager placed an order for a supply of lateral flow test kits after our site visit. The registered manager advised a meeting would be held with staff to confirm testing requirements and told us staff uptake of testing would be monitored.

● People and their families were satisfied staff wore PPE appropriately. One person told us, "They wear masks and gloves and they still wear them."
● The service's business continuity plan had been updated in response to COVID-19, outlining how the service would respond should an outbreak of COVID-19 result in staffing shortages. Office based staff had care experience, meaning these staff could be utilised should care staff need to self-isolate.
● Staff told us they had access to sufficient supplies of PPE, and the training matrix indicated all staff had received infection control training. One staff member advised, "We were instructed and trained related to COVID-19…there is enough PPE." A second staff member commented, "The management makes sure every staff member has a full complement of PPE…the COVID-19 pandemic took everyone by surprise, My Homecare reacted well…gathering the vital information and sharing it with us."

Staffing and recruitment
● People were not supported by staff who had been recruited safely. The provider's recruitment policy dated March 2022 stated, "That before an appointment is confirmed, and the person starts work a minimum of two written references, one of which will be from the applicant's most recent employer, and the other a character reference…and….obtaining a full employment history and examining gaps in the appointee's employment record with the applicant, and seeking additional information or references if needed."
● We found the provider did not carry out all required checks stated in line with their recruitment policy and the relevant regulation. For example, job applications were not always fully completed and there were no explanations for gaps in employment history. In some of the staff files, it was not easy to establish gaps in employment history as candidates only recorded years they had worked for previous employers and not included the months. We noted the provider had accepted this.
● The provider accepted references without company details provided and had not verified the references obtained, as found in one staff member's file. Whilst references were not always also sought from candidates two previous employers, as found in two other staff files.
● The service had not followed the provider's policy in relation to DBS checks. The recruitment policy noted, "My Homecare will also record the checks made when using the DBS updating service, otherwise it will request a staff DBS check every three years." Records showed three staff members had DBS checks dated July 2018, August 2018 and January 2019, meaning checks had not been renewed in line with the provider's policy.

Systems were not consistently operated for the safe recruitment of staff. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered managed explained staff recruitment was ongoing, which would include additional staffing support in the office to assist with safe staff recruitment processes. At the time of our inspection, a new member of staff was working in the office, and explained they would also be developing staff rotas.

● Staff were given a one hour "window" for arrival, meaning people could expect a visit up to 30 minutes before or after the scheduled visit time. Visit records we reviewed showed staff arrival time was sometimes variable, with some visits taking place outside the agreed "window". Some people confirmed staff generally arrived within this window, although people did not receive a visit rota to confirm each day's scheduled visit times and allocated staff. One person commented, "Some days it's 9am and then the next it is 10am, I never know." Another person advised, "I am happy with 70 percent of my care, the problems are with the timings of my calls, I have asked for a rota."
● At the time of our inspection, the service was transitioning to electronic staff rotas. In the absence of electronic rotas, we requested additional visit records, to enable us to review staff working hours including travel time. This information was not supplied by the registered manager. Staff felt they had sufficient travel time, however we could not evidence that staff were given protected travel time within their rotas, due to the absence of records.
● Some people indicated staff stayed the required visit length, but some people told us staff did not always stay the full visit. People's comments included, "The carers seem to be always under pressure to get to their next call", "I wish they didn't have to go as soon as they had finished, it would be nice to have a chat till my time was up" and "In the main the carers do a good job but it's very rare they stay the full call time".
● Systems were in place for staff handovers. Staff explained after finishing their shift, they would leave a telephone message or hold a telephone call with staff scheduled to work the following day, to provide an update regarding each person's care. Staff documented visits using an electronic system, and systems generated an alert if a task had not been marked as completed. The registered manager showed us how alerts were monitored to ensure tasks had not been missed, or respond to concerns if someone had refused support.

We recommend the service review their approach, so arrangements for rotas ensure the effective deployment of staff to meet people's needs.

● At the time of our inspection the service had rolling recruitment systems in place and had identified the need to recruit additional care staff. The service had successfully applied to the Home Office to recruit additional care workers and senior care workers via a sponsorship management scheme, which would include recruitment from overseas.

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question Outstanding. At this inspection the rating has changed to Requires Improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

● The service failed to provide information requested by CQC in relation to complaints. We requested to review compliments and complaints for the period January 2021 to present day. Instead the registered manager provided information about two recent complaints and seven recent compliments, advising they had "attached [to their email] current compliments and complaints as recorded by [nominated individual's name]." We queried this with the registered manager and received no further records of compliments or complaints during our inspection.

● Feedback from people and families, and minutes of a senior manager meeting held December 2021 confirmed other concerns and complaints had been received by the service. The meeting minutes recorded, "[Registered manager's name] said that there has been lots of negative feedback from clients and [nominated individual name] stated that all staff must follow best practice at all times, managers to supervise this. Staff are going on training but not following best practice, so for team leaders to keep an eye out."

● Some people and relatives told us their concerns and complaints had not been appropriately addressed. A family member stated, "[Nominated individual name] talks over the top of you, she came to the house once and she's not welcome here again…I want to change care agency." A person using the service also expressed concern, advising, "I find [nominated individual name] to be unprofessional. She doesn't reply to my emails…she also ignores my complaints and defends her staff no matter what they have done."

● Information enclosed with the service guide and complaints policy did not include full and accurate information about how to escalate concerns if a person was not satisfied with how the provider managed their complaint. The service user guide advised people they could raise concerns with the Local Government and Social Care Ombudsman (LGSCO) if they arranged and paid for their own care. This was incorrect as anyone using a social care service can complain to the LGSCO. The complaint policy also advised if a person was unhappy with how a complaint had been handled they could contact the company's Brighton office, however contact information was not included within the policy.

Systems were not effectively operated and accessible for identifying, handling and responding to complaints. This was a breach of Regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Some people and families were satisfied the service had appropriately responded to concerns or complaints. A family member advised, "If I have any concerns I tell [nominated individual] and she sorts it out though there hasn't been anything major." Another family member explained they raised concerns with the office that their relative's morning visit was too late and this was brought forward at their request.

● The service shared seven recent compliments logged by the service, which showed people's feedback was

acknowledged and some positive feedback had been passed onto the staff team. A compliment included, "[Person's name] said she did not know what she could have done without the team, that they have been very patient and full of compassion." It was noted feedback had been given to staff.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● Feedback was variable about whether care planning was responsive to people's needs. One person advised, "A fella came with a care plan, he was a bit rushed but he was great and just said 'this is the plan'." Another person said, "I needed a hoist, now I am able to walk on my own…but I still have two carers four times [a day]….I am paying for a lot of care I don't need now". A third person said, "They have really helped me get back on my feet, the only problem now is that my life seems to revolve around waiting for the carers and even though my care plan has recently been reviewed…nothing has changed."

● Some people experienced distress, frustration or poor mental health. One person's care plan explained their mental health required staff to provide proactive support. Their manual handling risk assessment included, "Does the person display behaviours which may seem challenging? Yes." No further comments were added to the risk assessment to describe the nature of the behaviours, or how staff should respond when the behaviours occurred. Minutes of a senior management meeting in February 2022 included, "[Person] gets very depressed and takes it out on everyone else, therefore carers find it difficult to care for [person]." The tone used did not evidence the service was responsive in seeking to understand and support emotional needs.

● Some people expressed concern the timings of care visits did not meet their needs. One person told us, "9pm is too early for me to go to bed…I was told I would be able to go to bed at about 10pm each night." We reviewed records for one person whose care referral from the local authority, care plan, staff rota and feedback at a recent review specified they would like a 9pm evening visit. Visit records showed evening visits were regularly carried out around one hour later, with some visits recorded after 10.30pm, and two recent visits commencing after 11pm.

● People's care was assigned to a care "route". The service aimed to assign regular staff to each "route". This helped promote continuity of care, but meant it was more difficult to flexibly accommodate people's preferences. One relative advised, "90% of the staff are spot on. There is one that my wife doesn't like. We have told the planner but she still gets sent out. She sits in the car and doesn't come in so at those times my wife only gets one carer. Another time they sent a [male] and she wants women carers."

● Another person had a cultural preference for female staff, and experienced episodes of distress, but received some care from male staff working alongside female staff. A male staff member had supported the male with personal care, advising the person, "resists male carers". The registered manager explained people were advised the service could not guarantee staff gender before commencing care, and tried to meet people's preferences where possible.

● Care plans contained sections of standard text, meaning some information was not personalised. Two people's care plans instructed, "Medicines should be swallowed with plenty of water. Ideally this should be a full glass of water", however both people received medicines via a PEG which was noted elsewhere within the care plans. We also found two people's care plans confirmed they were transferred with the aid of a hoist, however risk assessments stated, "Encouragement should be given to individual to mobilise independently, using support or assistance from care staff if required."

● We reviewed the records for one person who had a do not attempt cardiopulmonary resuscitation form in place. The person's care plan included a section entitled, "Reflecting on End of Life. Your preferences, wishes, beliefs and values regarding future care." This included limited information about the person's wishes, noting they were cared for in bed and had help from their partner with housekeeping. It was noted the person had no religious or spiritual beliefs they wished to be reflected in their care. Another area of the

person's care plan noted they enjoyed spending time with family and watching television.
● We reviewed the care plans for two people living with complex, progressive illness and found their care plans did not include a care plan in relation to end of life wishes, although people had been asked what was important to them. For example, one person advised, "I would like to continue living in the comfort of my home for as long as I can."

The assessment, review and delivery of care was not always personalised to people's needs and preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff understood the importance of offering choice and learning people's preferred routines. The service aimed to assign staff to regular "routes", meaning staff could build up knowledge of people's needs. A person told us, "The staff have got to know me well and we have a good routine in the mornings but they always ask me what clothes I want to wear." Some care plans contained information about routines, likes and dislikes. One care plan listed items the person liked to have within reach. When asked to describe the person's routine, a staff member was aware the person liked certain items left with them.
● Care plans identified where people had sensitivity, pain or weakness to certain areas of their body. One person's care plan described they experienced pain in their back and their left side. The person's regular care worker described how they carefully approached moving and handling tasks, such as waiting until the person indicated they were sufficiently comfortable to be transferred by hoist.
● Staff showed awareness of what was important to people. The service allocated staff to meet some people's cultural needs. One staff member explained they spoke the same language as the person they supported and helped the person prepare foods in line with their culture. Another staff member described how a person's culture meant they wished to receive care in privacy, away from male members of the household. The person was supported with all personal care in their bathroom. Another person was supported on outings to various shops they liked to visit.
● The service had introduced a system of weekly checks. Staff were prompted to check each week that people had enough food, continence products, toiletries, medicines and other essential items. This helped promote some people's independence, for example, by helping people and families organise a shopping list for the week ahead.
● The service used an electronic system for care plans, medicines records and daily visit records. Daily tasks were logged for staff to complete, which could be updated when people's needs changed, although we found one person's record hadn't been updated when some medicines were stopped. Updates could be shared with staff working remotely via email, telephone or group electronic messaging systems. A system was also in place for staff to provide a handover telephone call or message to staff working the next day.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● Some people using the service had specialist communication needs and used technology such as eye gaze. During our inspection we received concerns, alleging staff had not supported a person with their eye gaze appropriately, and it was alleged staff forgot to turn on a device used to alert staff at night. This could have placed the person at risk. We have asked the service to investigate the concerns and we made a safeguarding referral to the local authority. The service confirmed staff had instructions about how to use

the person's communication devices and the Care Coordinator explained they were developing a visual aid for use when the eye gaze was not available.
● Some people highlighted that some staff spoke English as a second language, which they felt impacted on their ability to communicate effectively with staff. People's comments included, "They are a multinational bunch and sometimes communication can be a bit tricky" and "The biggest problem is understanding their language and sometimes they don't understand me." A family member added, "Sometimes there can be a communication problem as the carer's first language is not English but we muddle along."

The communication needs of people with disability or sensory loss were not always met. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Care plans included information about people's ability to communicate verbally, and any conditions affecting the person's hearing or eyesight. Where people had an identified communication need, care plans provided guidance for staff about how to offer support. One person's care plan instructed staff, "I am hard of hearing so please ensure that you speak clearly and loudly so I am able to understand what you are saying to me."
● Some people and families were satisfied their communication needs were met by staff delivering care. One person commented, "I usually have the same carers and they are all really nice. The girls are all so kind and nothing is a trouble for them…sometimes we even have time to have a chat before they go."
● Staff described supporting people with specialist communication needs. We spoke with a regular staff member for a person who could not communicate verbally. The staff member described the importance of knowing the person's routine, preferences, and explained how they had learnt to correctly interpret the person's body language, eye movements, and head movements. They advised they could ask the person questions relevant to their usual routine, and explained how they would observe for the person's responses.

End of life care and support
● The service had an end of life care policy in place which reflected national best practice guidance.
● The service regularly supported people with complex, progressive health conditions and those requiring palliative end of life care. Training records showed three members of staff had completed end of life care training.
● Family members provided positive feedback regarding end of life support. A family member advised, "My mother is getting palliative care which is excellent, they are doing a great job, really caring and professional." Another family member advised, "My father has a really good carer that is there for several weeks which works really well. The handover procedure is really good and the care is fantastic."
● Staff we spoke with, who had experience of providing end of life support, described how they would deliver sensitive and dignified care. A staff member explained how they communicated with people nearing end of life, advising, "While [completing] care for them, I still continue speaking to them, Mrs [name] 'I'm going to do this now'…keep on speaking, work as gentle as possible, don't know how much they are going through…give advice to family, try to get them involved, this time is special and precious [for families]."

Inadequate

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 Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

● Providers registered with the Care Quality Commission (CQC) are required to notify us of significant events and other incidents that happen in the service, without delay.
● During this inspection, we found the registered person did not ensure CQC was consistently notified of reportable events such as allegations of abuse, within a reasonable time frame. This included a number of notifications which were required to inform CQC about safeguarding enquiries undertaken by the local authority in relation to the service during 2020 and 2021.
● This meant we could not check that appropriate action had been taken to ensure people were safe at that time.

The registered person failed to notify the Commission of notifiable events, 'without delay'. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

● Quality assurance systems and processes used to assess and monitor the service were ineffective. This was because audits were either not undertaken regularly or in some instances were not completed at all. For example, we observed no audits undertaken to consider themes or trends in areas such as safeguarding concerns, accidents and incidents, and compliments and complaints. Where audits had been completed, they did not always enable the provider to identify where quality and safety was being compromised.
● Audits of medicines administration records (MARs) included multiple actions for required improvements. We were advised action had been taken by a care manager who recently left the service, however records were not accessible to confirm what actions had been taken in response to each audit. We also noted MAR audits had not been completed in a timely manner. For example, one person's MAR records from April 2021-November 2021 and another person's MAR records from May 2021-November 2021 had not been audited until December 2021, meaning timely action was not taken to address required improvements.
● Audits conducted on three staff members' files in August 2020 concluded two out of the three staff files were compliant. However, there were no documented names to show who the staff members were and the staff file that was non-compliant did not specify in detail what the concerns found were, what action was to be taken, by whom and when. This practice would have not have enabled the provider to analyse for any trends or emerging patterns in order to make further improvements to staff recruitment, supervision and training procedures.
● Audits completed were not carried out regularly. The registered manager provided us with audits for three

staff files in August 2020, one staff member's file on 12 July 2021 and three care plans on 6 April 2020 and 3 August 2020. The registered manager also supplied an audit dated July 2021 of care plans entitled "General (all clients)", which concluded that two risk assessments required updating but contained no further analysis.

● The registered manager failed to provide us with audits covering infection control, accident and incidents, and complaints despite our request to review these during and after our inspection. The two complaint records we received contained a signature next to the words "Audited by" at the bottom of each page, however there was no accompanying documentation to evidence how the records had been audited, or the findings of each audit.

● Records maintained were not always complete, accurate and kept up to date, as seen in staff recruitment files, quality assurance audits, safeguarding records and logs of compliments and complaints. For example, a staff member's file did not contain a completed job application. This was brought to the registered manager's attention but they were not able to locate and provide us with proof of it after our visit. Whilst reviewing another staff file, we found personal information relating to another staff member in it. We brought this to the registered manager's attention. Safeguarding records were poorly maintained and did not include full evidence of the service's internal investigations.

● Information had not been appropriately retained. The registered manager told us notifications had been submitted to CQC in line with requirements. We therefore asked the registered manager to check their own records for completed notifications. The registered manager could not be sure the information they supplied was complete, advising, "I am not sure if that is accurate, because our mails don't go back a year." This was not in line with the service's Record Keeping Policy which stated records relating to service users should be retained for a minimum of three years after the person stopped using the service.

● Senior management meetings did take place to review and discuss quality assurance but had not identified the concerns we had found during this inspection.

Quality assurance and monitoring systems were not effective and records were not suitably maintained. This is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The provider failed to have effective quality assurance monitoring systems in place to ensure staff were supported, skilled and assessed as competent to carry out their roles. Policies relating to induction, training and supervision were not followed in practice.

● The provider's induction and training policy dated May 2021 stated, "On appointment, staff will be issued a copy of the induction standards to be achieved and a workbook in which they can record progress together with schedules for completion, including the practice assessment components." We found no records to confirm this was happening, especially where staff had no prior experience of working in a health and social care setting. Training records showed training completed by staff was variable, with some staff undertaking more training than others.

● The provider's supervision policy stated staff should receive six formal supervisions a year but supervision records viewed showed this did not happen. One staff member who started their employment in April 2020 only had one documented supervision held July 2021, whilst another staff member who started their employment in June 2020, had no records of receiving a supervision. We asked the registered manager where these records would be held and were told these were kept in staff individual files. This meant people did not always receive support from staff who had received appropriate on-going supervision.

● Supervisions and spot checks were conducted but not consistently for all staff. The provider had no systems in place to determine when supervisions were due. The nominated individual told us during the COVID-19 pandemic it was not possible to meet with staff face to face but meetings were held on social media platforms however, these were verbal and no minutes were taken at the time.

The provider was unable to demonstrate they had robust systems in place to make sure staff were effectively supported. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● The registered manager told us the franchise head office was supportive, providing assistance to ensure policies were up to date, and sharing best practice information and updates. Following our inspection, the registered manager explained the franchise would work with the service to develop an action plan, and the service also planned to seek input from an external auditor.
● The registered manager and nominated individual informed us a lot of the challenges faced related to staff shortages and the impact of the COVID-19 pandemic. In response to this, they had sought and obtained approval from the Home Office to recruit staff and provided us with relevant Home Office letters which confirmed this. The service planned to recruit additional staff for care, administrative and management roles, including a second registered manager post.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● The provider's quality assurance policy stated, "The service seeks the views of its users, relatives and others involved in a person's care through regular meetings and through an annual service users' survey. The survey is confidential with the overall results published and distributed to all service users and others." We asked to view the results of the most recent survey. After our inspection we received three staff and three service user surveys from 2020. No evidence was supplied to confirm how the results had been analysed or shared with staff, people and families.
● We reviewed records for eight people. We found four people had received a quality assurance review in the last six months. Two people had started using the service since November 2021 and therefore their first review had not taken place. For one person we received a quality assurance review for a different person. The review asked people whether they were satisfied with the quality of their care and noted actions taken in response to feedback. One person's review in December 2021 noted they would like to know when staff were coming. At the time of our inspection people did not receive a staff rota of planned care visits.
● Staff told us they attended meetings online. Staff advised meetings had been helpful to receive important updates, access virtual training and receive feedback about what improvements were needed. The registered manager explained a staff meeting had been held in July 2021 to discuss professional boundaries and two staff meetings had been held in February 2022 to update staff about changes to electronic care systems. Records were not kept of these meetings, meaning there were no records to evidence how meetings were used to seek staff feedback and how the provider responded to them.
● We asked the provider to share any additional evidence they felt relevant to demonstrate how they worked effectively in partnership with other organisations. This was not received during or after our inspection.
● The service worked with commissioners to support people receiving care via their local authority or the NHS. Commissioners expressed concerns regarding the responsiveness of the service and shared concerns they had received regarding the quality of care and management of the service. One commissioner advised, "We have experienced some difficulties in obtaining care records to support reviews, repeated requests have had to be made before receiving any paperwork."

The provider did not have fully effective systems to actively seek the views of people, staff and stakeholders. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● People were supported to access health and social care services. Records confirmed contact was made

with professionals including social workers, occupational therapy, district nurses, GPs, pharmacies and ambulance services. This helped support people to achieve good outcomes. A family member commented, "[Staff name] is very, very good…they identified a bedsore and let us know and treatment was arranged with District Nurse."

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

● Written language used by staff and management of the service was not always respectful or professional. The registered manager had recorded the outcome of a concern they concluded was unsubstantiated, stating, "The management of My Homecare have resolved to do away with any staff that is not a good team player". There was no evidence daily records had been audited and therefore no evidence of management oversight, where one staff member had stated, "Wife start shouting [at] me. They need servant not carer."

● Minutes of a December 2021 senior manager meeting included "[Five people's names] are all very difficult clients." The minutes described a person with complex needs, noting "[Nominated individual] said that [person's] behaviour was difficult to manage as [person] does not respect the carers if [person] is not in a good mood…[Care coordinator name] said, 'So she's playing up?'. [Nominated individual] confirmed that she believes that [person] is playing up." This language did not demonstrate empathy or respect. The registered manager told us inappropriate language would be challenged.

● Some people and families expressed concern regarding the service management, describing a lack of responsiveness to telephone calls and emails. Some people did not know who was managing the service. People did not receive a staff rota, and told us they would like to know in advance which staff members were coming. A family member explained, "I suppose the only thing I would change is if we were told who was coming each visit so I could tell my husband as he can be a little anxious if a new face appears."

● Some people provided positive feedback regarding the management and quality of the service. One family member advised, "I feel the service is well managed…they have never missed a call." A second family member commented, "The carers are very caring and attend mum with care and due diligence." A third family member explained the management was responsive when improvement was needed, informing us, "[Nominated individual name] has a go at them if they are not doing things right."

● We received positive feedback regarding the service's provision of end of life care, and some people highlighted support they had received to regain more independence. One person told us, "Since I left hospital I have been having physio and I have gone from needing two carers to hoist me to being able to walk on my own…I am very happy with my progress and the help I have had to achieve that by everyone." Another person commented, "I get on very well with the carers, they are kind and very caring, they have really helped me get back on my feet."

● Most staff provided positive feedback regarding the management of the service. A staff member advised, "If anything [comes up], [they] always say door is open for us to come to them and talk." Another staff member commented, "Very good manager…[they] help us and have good communication between us." A third staff member explained the nominated individual was supportive, advising if there was an "urgent problem" the nominated individual promptly calls them to discuss. Whilst most staff feedback was positive, a staff concern was received in relation to staff training and long working hours.

● Staff were generally assigned to particular care "routes", supported by a "route leader" and other senior care staff working in the community. Staff told us there was good team working and effective communication within teams. A staff member advised, "Communication is really good, they are helpful… they are always there to advise you." Staff advised a system of daily handovers helped staff to work collaboratively by providing daily updates about each person they supported."

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 duty of candour policy in place. At the time of our inspection, no serious accidents had occurred requiring a formal written duty of candour response. Complaint records indicated that people and families had received verbal feedback, but we did not see evidence of written responses to complaints.

● The registered manager told us they understood their responsibilities in relation to the duty of candour, advising, "To report things fairly, be very open and transparent, if incident or accident happened, ideal to report to family, advocate, investigate it and give outcome as well."

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 18 Registration Regulations 2009 Notifications of other incidents Effective systems were not operated to identify or report incidents to CQC in accordance with requirements.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The assessment, review and delivery of care was not always personalised to people's needs and preferences. The communication needs of people with disability or sensory loss were not always met.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments were either not present or lacked sufficient detail to help staff understand and respond to risks. Records did not evidence safe medicines administration had consistently taken place. Systems were not operated effectively to ensure appropriate infection control measures in response to the COVID-19 pandemic.

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Systems were not operated effectively for

identifying, receiving, recording, handling and responding to complaints.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Systems were not consistently operated for the safe recruitment of staff.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The service had failed to implement effective systems to identify, investigate and appropriately respond to allegations of abuse.

The enforcement action we took:

We served a warning notice.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance and monitoring systems were not effective and records were not suitably maintained. The provider was unable to demonstrate they had robust systems in place to make sure staff were effectively supported.

The enforcement action we took:

We served a warning notice.