

Home Care & Support Limited

# Home Care & Support Limited

## Inspection report

Chatterton Works  
Chantry Lane  
Bromley  
Kent  
BR2 9QL

Tel: 02084648811

Date of inspection visit:

12 May 2021

13 May 2021

17 May 2021

20 May 2021

Date of publication:

01 July 2021

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

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 97 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.

Since the last inspection in June 2019 there has been a change in the director for this service and a change of registered manager.

People's experience of using this service and what we found

We found concerns in relation to the management of medicines, aspects of risk management, staff recruitment and the oversight and management of the service. Issues were not always identified or where they were, they were not always acted on.

We had some mixed feedback from people and their relatives about the management of the service, most people were pleased with the way the service operated. However, six people or their relatives were not happy with the way the service was run in relation to call planning or tasks being completed and thought there was poor oversight from the management team.

We had mixed feedback from people about the timing of the care and support provided and staff not staying the full length of the planned call. Call scheduling did not always allow for travel time between visits.

The provider had identified some of the issues we found. We saw evidence there were improvements being put in place to address many of the areas of concern we found including a new electronic care planning system, new policies and procedures and sourcing additional staff training.

People told us they felt safe using the service and that regular staff knew them and understood their needs. Staff were familiar with safeguarding procedures and knew where to raise any concerns.

Staff had received training on infection control and people told us they wore PPE and observed infection control practice.

Staff sought consent from people before they provided care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs were assessed before they started using the service and they had a personalised plan for

their care. Staff were supported in their roles through an induction and training. People were supported to maintain a balanced diet and to access a range of healthcare services when required.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 5 August 2019) and there were two breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had not been made and the provider was still in breach of regulations.

The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

#### Why we inspected

We carried out an announced comprehensive inspection of this service in August 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Home Care & Support on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 request an action plan from the provider to understand what they will do to improve the standards of quality and safety.

We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Good** ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Home Care & Support Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection site visit was carried out by a single inspector. Two inspectors made calls to staff and two Experts by Experience made calls to people using the service or their families. 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did 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.

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

We used all of this information to plan our inspection.

#### During the inspection

We carried out the site visit on 12 May 2021. We spoke with the registered manager, the nominated individual, the operations manager, the provider and two members of the office staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

Following the site visit the Experts by Experience spoke by phone with nine service users and 13 family members. We spoke with other staff by phone including the care coordinator, the risk assessor, and nine care workers or senior care workers or supervising care workers.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested records such as meeting minutes training records and spot check records to be sent to us for review.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection 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. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Medicines were not always safely managed. Medicines risk assessments did not always fully detail or assess the possible risks to people. For example, where people self-administered their medicines or administration was shared with family members the risks associated with this had not been assessed.
- Medicines administration records (MAR) were not always legible and did not include the specific dose to be administered. This meant it was not possible to verify if medicines were administered as prescribed. Staff received training on medicines administration. However, most staff had not completed medicines competency record to assure the provider of their competence to administer medicines.
- There were gaps in MAR which had not been identified by audits or, if they had were not always investigated. We could not be assured people received their medicines as prescribed. There was no guidance for as required medicines to assist staff with signs that indicated these might be required.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their families told us that staff administered medicines when they needed them. One person commented, "I take my tablets myself, but the carer will check that I have taken them; it is lovely to have that extra check."

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvements had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to the assessment of risk.

- Risks were not always consistently managed and this required improvement. Guidance in relation to some health risks was not always provided. Where people had a diagnosis of epilepsy there were no risk assessments to guide staff on possible signs and triggers to reduce risk. There was no risk assessment or guidance for a person whose care plan identified they used oxygen. There was no choking risk assessment for another person who required a modified diet. The provider agreed to address the gaps in risk assessments following the inspection.
- Other risks to people were assessed and identified. The provider had introduced a new risk assessment format to assess risks and identify ways to reduce risk and guide staff. This included environmental risks, moving and positioning risks, and risks in relation to diabetes.
- Staff knew how to respond in an emergency and were trained in first aid. A relative commented, "The carers are well trained. On one occasion mum became dizzy and carers reported it to the office immediately whilst they were with her. They also alerted the family and then contacted the GP."

#### Staffing and recruitment

- Recruitment records did not always show the provider had completed the required recruitment checks on staff. The provider did not record full employment histories or checks on previous conduct in employment in health and social care settings.

We found no evidence that people had been harmed however, recruitment systems were not operated effectively or in line with requirements. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff to meet people's needs but we received some mixed feedback about late calls and care workers staying for the full length of their calls. This required improvement.
- Most people and their relatives told us staff were reliable and usually punctual. One person said, "I am happy with my carer who is on time and stays the full time." However, two people and two relatives told us that staff did not always stay the full length of their calls. One person commented, "Most of the time the carers do not stay for the full half an hour." Another person told us, "They have been 90 minutes late four or five times in the last few months."
- We checked the rotas and found enough time was not always planned between calls. One person commented, "As far as I can understand when compiling the rota, they don't take into account travelling time when booking visits. This means that weekend service can be 30 minutes late."
- We discussed these concerns with the provider and found they were in the process of introducing an electronic records and call monitoring system which staff could access on separate devices. They assured us this would help improve oversight of punctuality and the duration of calls.

#### Preventing and controlling infection

- Staff understood how to reduce infection risk and had received training on infection prevention, donning and doffing PPE.
- People and their families said staff followed safe infection control practice. A relative remarked, "My husband's carers are brilliant, always on time and wearing mask, apron and gloves. They understand about infection control and we have received COVID 19 information and updates from the company."
- Covid-19 risk assessments had been completed to minimise risk to people and staff. Visitors to the office were temperature checked and screened and staff wore appropriate PPE at work and within the office and



were able to work in a socially distanced way. There was a plan to manage any outbreaks to minimise infection risks through staff working with the same small group of people.

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

- People were protected from the risk of abuse or neglect. People and their relatives told us they felt safe using the service "My mum feels so safe with the carers, they are so precious" "I feel very safe. The carers are gentle and kind, honest too."
- Staff received safeguarding training. They were aware of the different types of abuse and the signs to look for that may indicate abuse may have occurred. Staff confirmed they would report any concerns they had to the registered manager. They were aware of the provider's whistleblowing policy and where to go if they thought they needed to raise concerns outside the service.
- The registered manager understood the procedures to report any allegations of abuse to the local authority and knew to notify CQC of any abuse allegations, in line with regulatory requirements.
- Learning from a recent safeguarding concern which identified some training gaps for office staff had been acted on by the provider. The operations manager had set up a learning forum to look openly at learning from safeguarding accidents incidents and complaints. This had met once; however, no care workers had attended. The operations manager told us they were working to decide how best to encourage attendance and share and embed any learning.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently effective, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started to use the service. The assessment considered people's physical and mental health needs, taking into account any outcomes they were looking to achieve from using the service. People's equality characteristics were also considered as part of the assessment, for example and cultural needs in respect of their personal care. It was used to help form the care plan.
- The assessment was carried out with people and their families and health professionals where appropriate. Due to Covid-19 some assessments had been completed by phone to reduce infection risk. A relative confirmed, "We discussed and agreed the care plan over the telephone and then they sent the care plan out to us. It is all filed in a folder which is in the house."

Staff support: induction, training, skills and experience

- Staff received training and support to meet people's needs. Staff told us they received support and training in their roles through an induction and training programme. The provider confirmed staff new to working in social care were also required to complete the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for staff new to working in health and social care.
- Records showed staff received training on a range of areas relevant to people's needs which was refreshed regularly.
- People told us they thought staff supporting them were competent in what they were doing. A relative said, "The staff are well trained to give great care to my wife. Her medical condition is complicated but the staff who come are well able to help her."
- Staff said they received regular supervision to support them in their roles. However, this was not always evidenced from records. The provider said this had been difficult during the pandemic, but they were addressing this now.

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

- People's nutritional and hydration needs and preferences were met and supported by staff where this was part of their plan of care. One person remarked, "My carer helps me with food and drinks, giving me choice and she knows what I like."
- Care plans documented people's nutritional needs, support required with meal preparation, eating and drinking and their preferences.
- Staff received training on food hygiene and were aware of people's dietary needs, risks and preferences.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live

healthier lives, access healthcare services and support

- People were able to access a range of healthcare services when they needed them. People's care plans included details of the involvement of any community healthcare services, such as district nurses, or GP had in their care.
- People and their relatives said they were supported to access health professionals when needed. One person commented, "I am very happy with my care, my regular carer who is very well trained and knows me well, so she notices things like a recent problem with my foot. She alerted the GP and a district nurse came."
- Staff were aware of the importance of monitoring people's health conditions and followed up if they identified any concerns. For example, they had contacted the GP, 111 or emergency services if they had concerns about people's health. They liaised with the local authority where they had concerns about people's deteriorating conditions.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff received training on MCA. They told us they sought consent from people before they provided care and support. One staff member said, "When giving personal care to client I ask first and give them a choice, if they need a wash I support them. If they want to be independent, I still support them with that by giving them enough time to do things."
- The registered manager and operations manager understood the need to assess people's capacity for each decision and arrange best interest meetings with relatives or professionals in relation to some specific decisions.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

### Continuous learning and improving care

- The provider's systems to oversee quality and the safety of the service were not always effectively operated. Medicines audits had not identified the concerns we found in relation to medicines. Daily log audits did not evidence that concerns found such as illegible records were acted on. The issues we had found with call scheduling, risk assessments and recruitment records had not been identified or acted on by the provider. Where staff were not staying the full duration of the call there was not a robust system to identify these issues or take appropriate action to reduce the likelihood of this occurring.
- There was no system for oversight of staff Covid-19 test results to assure the provider that staff were carrying out regular testing.
- The operations manager told us they had not been able to establish an accurate picture of staff training from the previous director of the service when the ownership of the service changed in May 2020. However, they had not addressed this in a timely way as they were unable to supply a full record of staff training at the inspection. This was provided to us following the inspection.
- The provider did not carry out consistent spot checks on their staff, and the checks that had been carried out did not identify issues. For five staff there were no records of a spot check being completed this year. A relative commented about a spot check, "They did not speak to my family member or watch the way they (the carers) gave care. I thought they would have checked to see if they were doing their job properly."
- Staff were reporting accidents and incidents to the office by phone but not completing a full written record of their actions when they involved a person using the service. This meant there was not always full information about the actions they had taken and an accurate and complete record of care.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the quality and safety of the service was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were some systems to monitor the quality and safety of the service, there was a quality and governance board which met to discuss areas of risk. Areas of staff training had been identified as needing to be acted on following two safeguarding concerns and this had been addressed.
- The provider and operations manager had identified the need for a number of improvements to improve the quality and safety of the service which were to be introduced in the near future but were not yet in place; these included a new electronic care record system and improved call monitoring, as well as a learning

forum and new accident and incident reporting process.

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

- There was a new registered manager who had recently registered with CQC. She was aware of her responsibilities as a registered manager under the Health and Social Care Act 2008. She understood the types of incidents they were required to notify CQC about and knew of the requirement to display their current CQC rating. She also understood the duty of candour requirements.
- Staff told us they had access to support and advice from the management team when they needed it, including an on-call number for use out of office hours.
- Some staff were positive about the way the service was managed the service. They told us there had been improvements then the approachability of the management team. One staff member commented, "The new company is very good, we have more contact office coordinator/director and the manager. I am very happy with them." However, other staff were less enthusiastic. Another staff member said, "A lot of office staff have left and it's the worst it has been. The rotas are not well planned."
- Most people and their relatives were positive about the management of the service. One person said, "The service is well managed and I have no complaints." However, six people or their relatives thought the service was not managed well because of the issues with call scheduling and care workers not always completing tasks. One relative remarked, "The office communication needs improving, they need to be more proactive as there are never any updates."

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

- Most people and their relatives were aware of the change of director and registered manager. The provider told us they would be contacting people and their relatives about the changes being made with the electronic care planning to explain who they would be able to access the system.
- We saw that complaints received by the provider had been handled in accordance with their policy and in an open and transparent way.
- The operations manager told us they were working to change the culture of the service as they found staff had been worried about raising any issues or concerns under the previous director believing they would be in trouble. They were working to encourage and reassure staff to change this outlook.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- The provider sought feedback from people and their families through telephone monitoring calls, reviews spot checks and surveys.
- Staff told us they were encouraged to work as a team. Regular staff meetings had not been held during the pandemic, but updates were sent to staff through a regular bulletin.
- 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.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks to people were not always identified or assessed. Medicines were not always safely managed.  Regulation 12 (1)(2)(a)(b)(g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to oversee the quality and safety of the service were not always operated effectively. regulation 17(1)(2)(a)(b)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Safe recruitment systems were not always in place.  Regulation 19(3)