

Lloyds Concepts & Solutions Limited

HomeAid Community Care Services, a division of Lloyds Concepts & Solutions Limited

Inspection report

2nd Floor; Block A. Vista Business Centre
50 Salisbury Road
Hounslow
Middlesex
TW4 6JQ
Tel: 0208 893 1497
Website: www.homeaidcare.com

Date of inspection visit: 18 December 2014
Date of publication: 31/03/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Inadequate



Is the service well-led?

Requires Improvement



Overall summary

We undertook an announced inspection of HomeAid Community Care Services Domiciliary Care Agency (DCA)

on 18 December 2014. We told the provider two days before our visit that we would be coming because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people.

Summary of findings

At the time of our inspection 57 people were receiving a personal care service. People receiving care had purchased their care directly or their care was purchased by the local authority.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

This was the first inspection since the service registered on 27 February 2014.

There was a process in place for the recording and investigation of incidents and accidents. Actions were identified following the investigation but it was not recorded if these had been completed. We have made a recommendation about the recording of actions following an incident or accident.

People we spoke with told us they felt safe when they received care from staff in their home. The provider had policies and procedures in place to respond to any concerns raised relating to the care provided.

Staff received training, supervision and support to ensure they were providing appropriate and effective care for people using the service.

We saw people's care plans identified the person's support needs and these plans were up to date. The care plans also identified the person's specific wishes in relation to how they want their care provided.

Staff felt the service was well-led and they received the appropriate support to enable them to carry out their role.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This related to the staff induction, record keeping, Mental Capacity Act 2005 training, complaints procedures and the monitoring the quality of the service. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. The recruitment process was not effective as information on application forms was not checked.

Monitoring checks carried out on medicine administration record charts was not recorded. The completion of actions identified following an incident or accident were not recorded.

People felt safe when they received care in their home from staff. Risks assessments were carried out and up to date. Any additional equipment was identified and requested during risk assessment.

Requires Improvement



Is the service effective?

Some aspects of the service were not effective. Staff did not complete work shadowing sessions in line with the provider's expectation and records of competency assessment were not kept.

Staff did not receive specific training on the Mental Capacity Act 2005 but they were able to explain the importance of gaining consent from a person before providing care.

Staff received regular supervision and annual appraisals to ensure they were providing appropriate and effective support to people using the service.

Requires Improvement



Is the service caring?

The service was caring. Staff understood how to ensure a person's privacy and dignity was respected while they were providing care.

People were able to state their preference for the gender of the staff member who would provide their care. Religious, cultural and end of life wishes were identified.

Staff understood the importance of helping the person using the service to maintain their independence.

Good



Is the service responsive?

Some aspects of the service were not responsive. When issues were recognised through complaints actions were identified to resolve them. Records were not maintained to ensure these actions had been completed and any issues resolved.

Action plans were developed if issues were identified following the analysis of feedback obtained through questionnaires. These action plans were not dated, did not indicate when individual actions should be completed by and which staff member was responsible.

Inadequate



Summary of findings

Care plans were in place identifying each person's care needs. These plans were clearly written and up to date. The care plans were not signed by the person using the service and assessments had not been carried out to review if they had capacity to make decisions about their care and wellbeing.

Assessments had been carried out to identify the person's support needs and level of dependency. Staff completed records of the care provided during each visit and these records were appropriately detailed.

Is the service well-led?

Some aspects of the service were not well-led The provider did not have a suitable system in place to use the information obtained through audits to identify and resolve issues with the quality of the service.

Staff felt the service was well led and they had good communication with the office staff.

Requires Improvement



HomeAid Community Care Services, a division of Lloyds Concepts & Solutions Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place in the 18 December 2014. The provider was given 48 hours' notice because the location provides a domiciliary care service for people in their own homes and staff might be out visiting people so we needed to be sure that they would be in. One inspector undertook the inspection. A second inspector carried out telephone

interviews with staff. An expert by experience carried out interviews with people using the service and relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had expertise in relation to the care of older people.

During our inspection we went to the office of the service and spoke to the registered manager and administration staff.

We reviewed the care records for eight people using the service, the employment folders for eight staff and records relating to the management of the service. After the inspection visit we undertook phone calls to three people using the service, two relatives and eight members of staff.

Is the service safe?

Our findings

The manager explained care staff either prompted people to take their medicines or administered them as identified in the care plan. Staff completed initial training and a competency test as part of their induction. They had a refresher assessment every two years or if issues were identified in relation to them administering medicines. Staff we spoke with confirmed they had received training in the administration of medicines. The medicines were provided in blister packs and the medicine administration record (MAR) charts were completed and kept in the person's home. During the inspection we were unable to look at any completed MAR charts as completed forms were kept in the person's home. The manager told us that the MAR charts were checked every month by a senior member of staff but they could not provide any records to show these checks were carried out.

During our inspection we looked at the accident and incidents records. Staff completed a record form with included information about the incident or accident, any injuries, actions taken after immediately after the event and why it happened. The manager recorded the outcome of the investigation into the incident and any recommendations identified. The form was signed by the manager when the process was completed. We saw the records for three similar incidents over the space of five months which related to the same person using the service. Each record had similar actions identified to reduce the risk of reoccurrence but it had not been recorded if these actions had been completed.

The above paragraphs demonstrate a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The service did not have an effective recruitment process in place. The manager told us when a person visited the office about a job they completed the application form providing two references. The application form included questions assessing the person's understanding of the role of care staff. An interview was carried out by a member of staff during the person's initial visit to the office where they discussed the role and a criminal records check was requested. We looked at the recruitment folders for care staff and saw completed application forms and two references had been received but we did see the information for one person had not been provided as part

of the recruitment process. The application form showed there was a gap in their employment history of eight years; however the references which had been received indicated they had been employed for approximately five years during this period. This had not been identified during the recruitment process and checked with the applicant. We saw checks in relation to the person's right to work in the UK and any gaps in employment history had been carried out for other applicants.

People we spoke with said they felt safe when they received care from staff. We saw the service had effective policies and procedures in place to deal with any concerns that were raised about the care provided. Staff completed safeguarding training and records we saw showed that the staff were up to date with their training. Information on the procedure was included in the staff handbook. Staff we spoke with were aware of the principles of safeguarding and how they would protect people using the service from abuse. Staff were also aware of the whistle blowing policy and procedure that was in place. They could describe how they would raise concerns with the service and with external organisations.

The manager explained that risk assessments were completed within two days of the referral being received by the service. A senior staff member and the allocated care worker would meet with the person or their relatives to complete the risk assessments. Risk assessments were reviewed annually or sooner if a change in risk was identified. The risk assessments we looked at were up to date. As part of the risk assessment process staff would identify if any additional equipment was required and they would make a referral to the local authority or occupational therapy if a new assessment was required. One person told us the service had arranged for additional equipment to be installed and they were pleased with the way their request for support had been handled by the service.

Four staff we spoke with felt there were enough staff to provide appropriate support but three staff members felt there were not enough people to cover especially when someone goes off sick. One person said "Having to cover extra can be difficult as you do not have enough time." The care coordinator explained they identified which member of staff had the appropriate training and previous experience to meet the person's care needs that had been identified through the initial assessments. The manager

Is the service safe?

explained that they would request if it was possible to delay the start of the care package if their staff did not the appropriate skills to provide the care required so they could arranged suitable training.

We recommend the service identify appropriate systems for monitoring applications in the recruitment process.

Is the service effective?

Our findings

New staff completed a one day training course as part of their induction provided by an external training company. The course included health and safety, infection control, food hygiene, safeguarding and first aid. We saw certificates of completion for the induction course on the recruitment folders we looked at. The manager told us staff shadowed an experienced staff member for five shifts. A monitoring form was then completed by the experienced staff member to assess the person's competency for the manager.

We looked at the recruitment files and saw one new staff member with no previous care experience had completed less than two hours of shadowing an experienced staff member before carrying out visits. Two other staff members completed less than four hours of shadowing whilst one person had started their shadowing placements before they had completed the induction training course. We also did not see any completed competency assessment forms in the staff recruitment folders.

The above paragraphs demonstrate a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

New staff had a six month probationary period and as part of the assessment process an unannounced spot check visit would be carried out when they were providing care. There would also be one supervision session with their line manager during the probationary period. We saw there were records of a spot check assessment during a visit and one supervision session for the staff whose recruitment folders we reviewed.

Staff completed the one day training course they did as part of their induction as their annual mandatory refresher training session. We saw records in the recruitment files that showed staff had completed this course.

Staff we spoke with confirmed they had regular supervision sessions and appraisals where they discussed training needs, changes in procedure and personal development. The manager told us staff had a supervision session with their line manager every six months and as part of the meeting the staff member's appraisal would be reviewed. This was supported by information we saw recorded in the staff recruitment files we looked at.

Three of the staff we spoke with had completed training in relation to the Mental Capacity Act 2005 (MCA). Four staff had not completed any training but all staff we spoke with had an understanding of the importance of gaining consent when providing care for people. The service did have a policy and procedure in relation to MCA. The manager explained that MCA training was a separate course and was not part of the mandatory one day training staff completed annually. We did not see any schedules showing when MCA training had occurred or any records indicating which staff had completed the training. The manager told us that if any concerns were raised relating to a person's capacity to make decisions relating to their care they would contact the local authority and a capacity assessment would be carried out with any required actions identified by a social services multidisciplinary team. If the person was identified as having behaviour that could be challenging staff would receive appropriate training.

The above paragraphs demonstrate a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The manager told us they had developed good relationships with health professionals that provided care for people using the service. Staff we spoke with explained how they worked with health professional to support the person using the service to maintain good health. A staff member said "I have regular contact with the district nurses who I see every morning at the person's house. We have discussions if there are concerns about the person's health and I ask the district nurse to check them if concerned." Another staff member said "I get to know the person well, so you know if they are not quite right, if the person was not well I would ring the GP and request a visit, liaise with the district nurse and the family."

Three staff members told us they supported people with eating and drinking. One staff member said they had not received any training in how to support someone but the staff member who visits with them was more experienced so helped the person eat. We were unable to confirm this happened with the manager as we were unaware of this at the time of the inspection. Another staff member told us they had received specific training in relation to helping someone to eat and what to do in case they started to choke. The manager told us staff did complete training on how to support people to eat and drink as part of induction

Is the service effective?

but when required to meet the person's support needs. If the person required help with eating their care plan included their preferences for food. The person's food and drink intake was not recorded in the daily records.

Is the service caring?

Our findings

We received mixed comments from people using the service about the staff who provided their care. A relative told us the staff provided good care for their relative and they were able to say how the tasks should be done. They also said there was a good relationship with the staff and they had a “laugh and a joke with them”. Other comments we received included “Staff were friendly and they do care about people” and “They encourage you and they keep you company.” A number of people said that the staff provided good care but were “rushed” and one person said they felt the staff “were under pressure and did not have time to chat.” The majority of visits carried out by staff were for 30 minutes. We were unable to raise these issues with the manager as we were unaware of them at the time of the inspection. One person we spoke with said the staff were able to “sit down and have a chat about how their day had gone. The carer is never in a rush and does what I ask him.”

The equality and diversity policy and procedure we saw related to employment of staff and not to the provision of care. The manager told us equality and diversity was not covered in the induction or mandatory training but is discussed informally with new staff. We asked staff what they understood by equality and diversity and how this related to providing care. Staff confirmed it had been discussed when they started at the service and they could explain how they took into account the differences between people and took these into account when caring for them. Staff said “I treat all service users as individuals as they all have their own different needs” and “I treat all service users fairly but individually.”

One person we spoke with felt the staff member who visited did not respect their privacy and dignity during personal care. When the staff member helped them during personal care the person was made to feel uncomfortable and vulnerable especially as the staff member would sometimes arrive late. A relative had raised this issue with the service and a different member of staff had been allocated. Other people we spoke with did not comment in relation to privacy and dignity.

We asked staff how they would maintain the privacy and dignity of the person they were providing care for. Staff provided a range of examples including ensuring the person was covered appropriately during personal care, knocking on doors and calling out before going into a room and asking the person how they want their care provided. A staff member said “You have to respect that you are in someone else’s home and treating it as such.”

Staff were asked how they helped people to maintain their independence and supported choice while they provided care. “I give people time to try and do things for themselves even if it takes longer. It is important people are kept independent for as long as possible” and “I try to encourage people and give them a chance to do things for themselves. I stand back; keep a careful watch to ensure things are safe. I give people time, not rush them and not just take over and do things for them.”

People were asked their preference for the gender of the staff member that would provide their care and their choice was recorded in the care plan. The person’s wishes in relation to their religious, cultural and end of life care needs were also identified in the care plan.

Is the service responsive?

Our findings

Four people we spoke with understood how to make a complaint and there was a complaints policy and procedure in place but information on how to make a complaint was not included in the guide given to people when they started using the service. Two people who had made a complaint told us they were unhappy with how the service responded to them and dealt with the issues.

We looked at the records of four complaints and we saw receipt of each complaint had been acknowledged and investigations carried out. There were letters indicating the complainant would be contacted with the outcome of the investigation and any action taken by a specific date but there was no evidence of responses on file. We asked the manager what action had been taken and they explained they had spoken to each complainant by telephone explaining the outcome of their complaint but these telephone conversations were not recorded. They did not record if the complainant was satisfied with the result of the investigation. This meant that staff could not track progress of a complaint to ensure it was resolved in a timely manner.

The above paragraph demonstrates a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The manager told us people using the service were sent a questionnaire every six months to ask their views on the staff and the care they received. People were asked their views on a range of issues including behaviour of staff, control and choice over the care received and overall satisfaction with the service. The form included a section for people to write general comments about the care. During September 2014 61 questionnaires were sent out with 19 completed forms received. We looked at six forms completed during September 2014. The majority of results from people were positive but the written comments identified concerns relating to poor timekeeping, lack of training and missed or rushed appointments. We saw the analysis that had been carried out of the results of the September questionnaire. An action plan was developed in relation to any questions that had a positive response rate less than 80%. We saw the overall action plan was not dated and did not indicate completion dates for the individual actions and who was responsible for them. The manager explained that if a person who made comments

in response to the questionnaire could be identified, any issues relating to this were acted upon but this was not recorded, in order to protect the person's identity. One person we spoke with could confirm they were contacted by staff to ask for their feedback and had completed a questionnaire earlier in the year. Other people we spoke with were unable to tell us about any requests for feedback. People told us about a visit from senior staff shortly after their care started and one person said "This is the first time anyone had asked me about the care."

The above paragraph demonstrates a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Care plans were reviewed every six months or sooner if the person's care needs had changed. The manager told us a person's care plan review may be carried out annually if there had been no indication of the level of care needs increasing. They explained that the person using the service and their relatives were invited to be involved in the care plan review. The care plans we looked at in the office had been recently reviewed. Two care plans had been signed by the manager when they were reviewed with 'discussed with service user' recorded on one plan and 'discussed with family member' on the other. There were no assessments on file to indicate why the person was unable to sign the care plan or if they lacked the capacity to make decisions about their care and wellbeing and if the relative had authority to act on the person's behalf. Three of the forms had not been signed when reviewed by the person using the service or a member of staff. The manager told us that copies of the care plans in people's homes were signed.

The above paragraph demonstrates a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The manager explained they discussed with the person how they wanted their care provided during their initial visit. A draft care plan was developed and was given to the person to identify any changes and to sign to confirm their agreement to the plan. Copies of the signed care plan were kept in the person's home and the office. We saw the care plans included information on the person's needs in relation to personal care, nutrition, communication, mobility and continence. The plans also included information on how the person wanted their care provided and their feelings their likes and dislikes.

Is the service responsive?

We saw assessments were carried out by the service before the person started receiving care in their home. The local authority also provided detailed assessments when arranging the person's care. These were used to identify if appropriate care and support could be provided. The completed assessments identified which healthcare professionals had been involved in the person's care in the previous year and reviewed their individual support needs including mobility, social and health issues. This information was used to develop the care plans and risk assessments.

We saw a support needs assessment tool was completed which reviewed a range of needs including mobility, nutrition and personal care. The assessment identified if the person had a low, medium or high level of dependency and the level of support they would need.

Staff completed a record for each visit to the person they provided care for. We saw copies of completed record forms were kept on the person's care folder. The records were appropriately detailed and reflected the needs outlined in the care plan.

Is the service well-led?

Our findings

The provider had various audits in place to monitor the quality of the care provided but the information from these audits was not used to identify and resolve issues with the quality of the service. Senior staff carried out unannounced spot checks to people's homes when care was being provided. The service had a policy and procedure in place for completing spot checks. The manager explained a spot check on the care provided to each person using the service should be carried out every six months. The check involved reviewing the daily records, medicine charts and speaking to the person about their experience of the care provided and the staff. We saw completed spot check record forms in two of the care folders we looked at.

The manager told us checks were regularly carried out on the daily records to ensure staff were accurately recording the care provided. The manager was unable to provide any records of these checks. They told us the checks were carried out informally and they did not record any actions identified to improve the way records were written.

An annual audit based on the regulations in the Health and Social Care Act 2008 was carried out by the manager. We saw a range of mock inspection toolkits which identified what documents and information should be reviewed. The manager told us the care records of five people using the service who had been randomly selected would be reviewed. Interviews would be carried with the person using the service, relatives and the member of staff who provided care to gain their views on the service provided. We saw the results of the audit carried out in 2014 and no actions had been identified to improve the care provided. Audits had not been effective in identifying issues described elsewhere in this report.

The manager told us a telephone logging system was used to record the arrival and departure time of staff in some of people's homes. If people did not consent to their telephone being used staff complete a paper based timesheet. The information obtained from the logging system was not monitored to ensure staff arrived on time and stayed for the length of time identified in their care plan. The manager explained they only used the information to review the hours worked if a complaint relating to timekeeping was made.

The above paragraphs demonstrate a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

A newsletter was sent to all staff every three months identifying good practice, changes to policies and procedures and new ways of working. We saw three different newsletters issued during 2014 which identified staff that had been recognised for good performance in their role using feedback from people using the service and care coordinators.

Staff had the opportunity to comment on the way the service was managed by completing an employee satisfaction questionnaire every six months. They were asked their views on a range of issues including involvement in how the service was run, if the management was pro-active in relation to health and safety and if they felt the service was a good employer. We saw that during September 2014 30 questionnaires were sent out with 13 completed forms received. All the staff that responded said they felt involved in the running of the service and that the company was a good employer. 92% of the staff who responded felt they could raise concerns with the management.

We asked the staff if they thought the service was well-led. Staff said "I think it is well run, they have helped me grow as a person" and "I am able to get through to the office and out of hours. The staff in the office are responsive whenever I ring." When asked about the culture of the service staff were very positive and commented "I am treated as part of a team. It is a good agency, I love it and it is easy to get hold of management", "Very friendly and welcoming when I go into the office. I feel I can discuss most things with them" and "The culture is very much one of supporting staff to achieve and develop."

The philosophy, principles and values of the service and people's rights were promoted. We saw the 'service users guide' booklet included information on the philosophy of the service, what people can expect from the staff and the rights of the people using the service. A copy of this guide was given to people when they started using the service. This information was also available on the website for the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision The registered person did not have effective systems in place to monitor the quality of the service delivery. Regulation 10 (1) (a)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The registered person did not take proper steps to ensure people were protected from being deprived of their liberty in an unsafe or inappropriate way in relation to the Mental Capacity Act 2005 (MCA). Regulation 18

Regulated activity	Regulation
Personal care	Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints The registered person did not have suitable systems in place to record and monitor complaint received from people using the service. Regulation 19 (2) (c) (d)

Regulated activity	Regulation
Personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records The registered person did not have suitable systems in place to ensure accurate records were maintained in relation to care provided to people using the service.

This section is primarily information for the provider

Action we have told the provider to take

Regulation 20 (1) (a)

Regulated activity

Personal care

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

The registered person did not have effective systems in place to ensure new staff received appropriate training and assessment during induction.

Regulation 23 (1) (a)