

Home from Home Care Services Limited

Home from Home Care Services Limited - 168 Burton Road Derby

Inspection report

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30 January 2019
31 January 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 28 January 2019 and was announced. We gave the provider 72 hours' notice of our visit because the location provides a domiciliary care service and we needed to make sure that there would be someone at the office at the time of our visit. On 28, 29 and 30 January 2019 we made telephone calls to people using the service, relatives and staff for their views on the service.

The overall rating for the service awarded at the previous inspection which took place on 27 July 2017 was 'Requires Improvement'. The provider was not meeting two of the regulations that we checked and was in breach of Regulation 17 and 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014. Following the last inspection, we asked the provider to take action to make improvements to promote people's safety and to improve systems and processes to monitor the quality of the service. The provider submitted an action plan outlining their plan for improvements.

At this inspection we found further improvements were still required. This is the third consecutive time the service has been rated 'Requires Improvement'. Providers should be aiming to achieve and sustain a rating of 'Good' or 'Outstanding'. Good care is the minimum that people receiving services should expect and deserve to receive.

Home from Home Care Services Limited Services – 168 Burton Road Derby is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service caters for older people with needs relating to dementia, learning disabilities, mental health, physical disabilities, and sensory impairment. The registered location is situated in Derby city, providing care to people around Derby. There were 19 people using this service at the time of our inspection.

At our last inspection during July 2017 the provider was not meeting all the regulations we checked. Recruitment procedures did not ensure all the required pre-employment checks were completed prior to staff commencing employment. We also found the leadership and management of the services and its governance systems were not robust. The provider was also required to make improvements under effective and responsive. At this inspection we found that the provider was still not meeting all the regulations we looked at and improvements were still required under safe, responsive and well-led.

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 2008 and associated Regulations about how the service is run.'

We have made recommendations the provider implements procedures for late calls to ensure the risk of missed visits or late calls are minimised, keep medication training updated in line with relevant guidance and having procedures for renewing DBS checks in place.

The provider continued to have ineffective quality assurance systems which failed to identify areas which required improvements.

There were processes in place for people to raise any complaints or concerns about the service provided. However, people did not feel listened to and complaints had not always been resolved to the complainant's satisfaction.

People told us they felt safe with the care provided by staff. Staff we spoke with understood their responsibility in protecting people from the risk of harm. Staff told us they had received training and an induction that had helped them to understand and support people.

Staffing levels were adequate to meet people's needs who were currently receiving support from the agency. However, people raised concerns that they did not always receive their calls at the agreed times and when staff had been delayed they were not notified.

Staff had received training in infection control and were provided with the necessary personal protective equipment such as gloves to use when carrying out care and support tasks.

Staff supported people to make decisions about their day to day care and support.

When needed, people were supported to maintain their dietary requirements. Staff we spoke with were aware of who to contact in an event of an emergency.

People told us that staff treated them in a caring way and respected their privacy and supported them to maintain their dignity. The delivery of care was tailored to meet people's individual needs and preferences. However, some people felt some staff were friendlier than others.

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 consistently safe.

People were not happy they were not contacted if their call was late. Recruitment procedures had improved to ensure staff's suitability to work with people was checked. However, the provider had no systems to keep DBS checks updated. Risks to people's health and welfare were assessed. People were supported to take their medicines and there were sufficient staff to support them. People were protected against the risk of infection.

Is the service effective?

Good ●

The service was effective.

People were supported to make decisions about their care and support. Staff received training and ongoing support to enable them to work effectively. People were supported to maintain their nutrition, health and well-being where required.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People and their relatives felt the provider did not listen to their concern's or complaint's and when they had raised complaints these had not been resolved satisfactorily. People's care plan and associated documents reflected their individual personal care and support needs.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

There was a registered manager in post, however they were not responsible for the day to day management of the service and were not based at the service. This did not ensure they had management oversight. The provider did not have robust or

effective governance systems to monitor the service and identify where improvements were needed.

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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 on 28 January 2019 and was announced. The provider was given 72 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. Telephone calls were made to people using the service their relatives on 28 January 2019. We spoke with some staff when visiting the office and contacted other staff by telephone following the office visit on 30 and 31 January 2019.

The inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience did not attend the office of the service or visit people at home but spoke by telephone with people and relatives of people who used the service.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We also received feedback from the local authority who commission services from the provider. We used all of this information to formulate our inspection plan.

Due to a technical issue a Provider Information Return (PIR) was not sent out. This is a form that tasks the provider to give some key information about the service, what the service does well and improvements they

plan to make. During the inspection visit we gave the provider the opportunity to tell us about their business development plans for the next 12 months.

We spoke with four people who used the service and six people's relatives. We spoke with the office manager, office coordinator, five care workers. We did this to gain people's views about the care and to check that standards of care were being met. The registered manager was not present when we carried out the inspection as they are based in Lincolnshire. The office manager and office coordinator facilitated the inspection. Following the inspection visit we contacted the registered manager for further information which was considered as part of this inspection process.

We looked at the care records for three people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

At the previous inspection visit during July 2017 we found the provider was not undertaking thorough recruitment checks to ensure staff were safe to work with people who used the service. We found a staff member had commenced employment without having the required pre-employment checks in place.

At this inspection we found some improvements had been made, but further improvements were required to ensure recruitment procedures were thorough. The office manager told us since the last inspection only one staff member had commenced employment with the provider. The staff recruitment file we looked at showed the staff member employed had been subject to the required pre-employment checks and all the required documentation was in place. This included a Disclosure and Barring Service check (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Majority of the staff had been working for the provider for many years and there was no system for updating DBS checks.

We recommend the provider follows current guidance to ensure systems are in place to renew DBS checks, providing assurance staff remained suitable to work with people in their homes.

People were at risk of not always receiving their allocated care in accordance to their agreed times and did not always know who was covering their call. This did not always ensure people's safety. People we spoke with told us the communication with the service was not good and when staff did not arrive on time; they rang the office to establish what was happening. People told us they received rota's but they were not always accurate. Comments included "I do get a rota with who is coming and when but it's not always accurate," "I don't tend to know who is coming. I do get a rota but often I get it too late, often the day after the carer has been," "Punctuality is a problem they are usually late" and "They [staff] are often late and never let me know." A relative said, "When carers are late, my family member will phone the office if the carer has not arrived, but they have never missed a visit." We discussed this with the office manager who confirmed that where staff are delayed for the next call it is their responsibility to notify the office.

We recommend the provider reviews procedures for late calls and rotas to ensure the risk of missed visits or late calls are minimised.

Staff we spoke with confirmed there were adequate staffing levels to meet people's needs. One staff member said, "There are enough staff to cover the calls, however it would be better to have a couple of extra staff to cover sickness. At the moment calls are covered by existing staff or the office manager." Another staff member stated, "At the moment there are the right amount of staff. But if staff ring in sick it can mean working on your day off or fitting in extra calls." Staff felt they had sufficient travel time between calls. The office manager confirmed there were enough staff to cover the current calls.

The majority of people and relatives we spoke with told us the service was safe. Comments included, "I have a key safe and there has never been a problem with that. They [staff] always make sure they lock up properly which helps me feel safe" and "I have never felt unsafe with the carers." A relative stated, "I do feel

my family member is safe. They [staff] use the ceiling hoist and all seem fairly competent and all pretty familiar with the things they have to use."

People were supported to be safe from abuse or harm. Staff had received training in safeguarding and understood the possible signs of abuse and how to raise a concern. Staff confirmed they received training in recognising abuse and what their responsibilities were.

Risks associated with people had been assessed and recorded. Risk assessments covered areas including moving and handling, mobility and the home environment. Assessments included guidance for staff on how to reduce identified risks. For example, one person's risk assessment identified the equipment used to support the person and the level of support the person needed to keep them safe. Staff told us care records provided sufficient details and guidance on how to support people.

Some people were supported with their medicines. One person said, "They [staff] give me my medication from a pack. I get a month's supply which the chemist sends automatically. There has not been a problem. I might occasionally miss a tablet and they [staff] will prompt me with it." A Relative told us, "They [staff] give my family member tablets from the blister pack and they always fill in medication sheets. Every time I go round those sheets are on the top and they are always signed." Staff had completed training in the safe handling of medicines before they were able to provide this support. Staff told us medicine administration records were used to record when people had received their medicine. Staff responsible for administering people's medicines told us they knew what action to take if they made an error. Training records showed staff received medication training when they first commenced employment. However, training in this area was not updated. Following the inspection visit the registered manager confirmed staff had their competency assessed, records seen verified this.

We recommend the provider follows current guidance to ensure staff are kept updated with medication training in line with relevant guidance.

Staff had access to gloves and aprons to use in people's homes and enable them to reduce the risks of cross infection. These were readily available to staff from the office. People stated staff wore disposable gloves when undertaking personal care tasks and disposed of them at the home. One person said, "They [staff] are clean and smart and always wear the gloves. However, I haven't seen them washing their hands"

The office co-ordinator told us accidents and incidents were recorded on the computerised system. However, the provider did not have systems in place to monitor and review incidents and accidents, to ensure lessons were learnt and to minimise the risk of reoccurrence.

Is the service effective?

Our findings

People's needs were assessed prior to them receiving a service. People and their relatives told us that they were involved in the assessment. The information included people's health and social care needs, background and preferences.

People felt staff were competent and had the skills to support them. A relative said, "My family member has had a medical condition and I know [staff name] who comes most of the time is very good with my family member and seems to understand the condition."

Staff told us they completed induction and training to ensure they could meet people's needs effectively. A staff member said, "I have received training which is relevant to the role and included infection control, moving and handling and first aid. The training is kept up to date." We looked at a sample of training records which verified staff had undertaken training which the provider had considered mandatory areas. Staff received an annual appraisal of their performance and supervision. However, one staff member felt the frequency of supervisions should be more regular. Supervision provides an opportunity for managers to, feedback on staff performance, identify any concerns, offer support and learning opportunities to help them develop.

Unannounced spot checks by management were carried out to monitor staff practices and ensured people's choices and rights were respected. Staff confirmed spot checks were carried out, a sample of records we looked verified this.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 people lack mental capacity to take decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible.

Since the last inspection the office manager told us that they had undertaken training on the MCA, which the training record confirmed. Also, a new electronic care planning system was being used which included a section relating to mental capacity assessments. At the time of our inspection visit the office manager told us everyone using the service had capacity to consent and make decisions about their own care and all aspects of their day to day well-being.

Staff understood the importance of seeking people's consent before providing them with personal care. A staff member said, "I talk to the person explaining what I am going to be doing and if it's okay." Another staff member said, "Oh yes you always get the person's permission before supporting them."

Some people were supported with their nutritional needs as required. Staff assisted people with meal preparation including reheating meals. One person said, "They always ask me in the mornings 'What would you like for your lunch?' and get one of the frozen meals. They come back later and heat it for me and make

a drink." Where people had specific dietary needs, staff told us they were aware of this and prepared appropriate food.

Care records contained information about people's health needs. Relatives said staff contacted them if they had concerns about their family members. A relative stated, "Recently the carer phoned us as [person's name] was struggling with breathing. We went round and phoned for an ambulance." The relative explained they were confident the staff member would have pressed the care link or rang for an ambulance or doctor if they were not around. Staff we spoke with told us that they would seek medical support if they were concerned about a person's health care needs or report the concerns to the office staff. In an event immediate medical support was required staff explained they would contact the ambulance service.

Is the service caring?

Our findings

Most people felt staff treated them with kindness and were caring. One person said, "The carers will help with some of my post. Most of the carers are very nice and are very respectful. They [staff] will walk in and say 'Hello [person's name] how are you today?' which I love. It's like a friend calling and so nice." A relative said, "The carers do seem to be quite good and caring and seem to be clicking with [person's name]." However, a couple of people stated some staff were more friendly and helpful than others. A relative told us, "The carers are pretty good, but at times chat amongst themselves and not to [person's name]." A person said, "A recent carer is not very good and not friendly." Following the inspection visit the registered manager confirmed staff conduct would be monitored closely. This would include holding a staff meeting to discuss staff behaviour, as well as carrying out quality monitoring visits to people who receive a service.

Staff communicated with people effectively and used different ways of enhancing communication. For example, staff communicated with a person with a sensory impairment by speaking clearly whilst facing them. A staff member said, "When supporting [person's name] I make sure I am facing them whilst talking to them and at the same level."

People told us that staff were respectful towards them and supported them to maintain their dignity. A person said, "They [staff] help me to wash in the shower. I do the bits I can, but they help me and are gentle and careful. They dry me well and put towels around me and respect my dignity and privacy. I make the choices such as what I am going to wear and I never feel rushed."

Some staff were 'dignity champions'. This was a commitment to treating people with respect and dignity. Staff spoke about people in a respectful and courteous manner. All the staff we spoke with explained how they enjoyed their role, as well as supporting people. Staff understood the importance of promoting people's dignity and privacy. They explained how they ensured people's privacy was maintained always when supporting them with personal care. A staff member told us, "I always cover the person up whilst supporting them, explaining what I will be doing next."

Staff considered ways to promote people's independence and spoke about how they supported people to maintain their independence. One staff member stated, "It's important people are encouraged to remain independent. I give people choices, such as asking them if they would like to wash their face or would they like me to do it."

People told us they felt listened to and supported to make day to day choices. Staff encouraged people to make decisions for themselves. A staff member said, "I always ask the person what they would like. For example, I will show them the meal choices and they can decide what they want."

Staff were mindful to protect people's confidentiality. People told us staff did not discuss other people who used the service with them. People's records were kept in a locked office.

Is the service responsive?

Our findings

Some people and relatives, we spoke with confirmed they were not aware of the complaints procedure and felt their complaints were not always dealt with. One person said, "I have had to ring them [office] as they seem to be putting my calls later and later. If you do phone about anything they can be a bit off hand. I don't know who the manager is but the person who answers the phone can be off hand." Another person said, "When I have contacted the office they have not been able to resolve issues and are unhelpful." A relative said, When I have raised an issue with the office manager nothing has improved."

At the previous inspection visit during July 2017 we found outcome of complaints were not always recorded. At this inspection visit we found improvements were still required. There was no information to show complaints had been resolved to the satisfaction of the complainant. For example, we saw a concern had been received regarding the behaviour of a staff member, however there was no details of the action taken. This did not provide assurance that complaints had been thoroughly investigated and meant there were missed opportunities to identify themes and trends and to learn from complaints.

This is a breach of Regulation 16 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Receiving and acting on complaints.

The office manager was not aware of the legal requirement, 'Accessible Information Standard' (AIS). The AIS aims to ensure that people with a disability, impairment or sensory loss are provided with information that is accessible and that they could understand. AIS requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss. The office manager told us they would familiarise themselves with AIS and look at ways of providing information in an accessible format as required such as large font.

Most people were aware of having a folder in their home which contained their care records. Some people recalled a review and others did not. A relative said, I think they have been out to go through my family members care plan." Another relative said, "The office manager has been out and reviewed the care plan." People's needs were assessed when they first started to use the service. Care plans reflected people's physical and social needs. These included personal history, individual preferences and interests. Staff told us care plans and risk assessments were kept up to date and provided them with information on how to support people.

Staff who supported a person with communication needs spoke to us about how the person was supported to express their views. The care plan stated, before staff supported the person they should tell the person what they are doing, which staff confirmed they did. A staff member working with a person who spoke Punjabi had the correct language skills to communicate effectively with them.

At the time of this inspection visit the provider was not supporting anyone with end of life care. The office manager told us they were going to be attending a meeting to explore whether this was an area the service could support people if the need arose. Some staff had undertaken training around end of life care. A staff

member said, "The training covered how to support a person who was coming towards the end of their life, which included mouth care and nutrition."

Is the service well-led?

Our findings

At the last inspection we found the provider did not have effective governance systems to monitor the service they provided. People felt the provider did not listen to their concerns and did not get back to them. At this inspection we found further improvements were still required in these areas.

At this inspection we found the provider continued to not have inadequate quality assurance systems in place. Following the inspection visit the registered manager via email told us that they had carried out telephone surveys. However, there was no actual record of the findings and the areas that had been covered. Recording audits is important so that any identified actions could be monitored and if any actions required had been implemented. In addition, audits were not carried out on call logs to ensure staff attended calls on time. There was no system in place to ensure audits were carried out at frequent intervals, covering a various areas to monitor and drive improvement.

There was not oversight of accidents and incidents in the past 12 months. The registered manager told us that incidents or accidents were not analysed. Analysing accidents and incidents ensures lessons are learnt and where required action taken to minimise the risk of reoccurrence.

Most people told us feedback had not been sought on the service they received. One person said, "Nobody ever comes out from the office to see me and I've never been asked for feedback before." In the action plan submitted to CQC following the last inspection it stated that surveys would be updated by July 2018. At this inspection visit the office co-ordinator confirmed surveys had not been sent to people or their representatives as these were currently being updated.

We found most of the staff had been employed by the provider for a number of years. For example, one staff member told us they had been employed for seven years and another staff member for 10 years. However, the provider did not have a process in place to update DBS checks. The office co-ordinator confirmed there was no policy in place to update DBS checks. This demonstrated the provider did not have effective systems in place to ensure staff continued to be safe to work with people who used the service.

People and relatives had mixed response about the management and the service. A relative said, "Its, always easy to get through to speak to somebody in the office if I need to." Comments from other people included, "I'm not sure who the manager is?," "I've never had any contact from the current manager" and "The agency was efficient and very good, however since the manager has moved its gone to pot." The local authority had received information from a person receiving a service stating they were unhappy with the provider as carers had not been tuning up and they had not been answering the out of hours phone.

These issues were a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Staff told us they enjoyed working for the provider. Most staff felt the on-call system provided by management supported them. A staff member said, "It is a good friendly agency, management treat the staff

well and listen to you." Another staff member stated, "The out of hours staff member is always available, at the end of the phone. However, it can be a bit up and down with the rota as they get changed." Another staff member told us, "Management are usually supportive. At the weekends it can be a problem getting hold of the on-call person."

The registered manager was based in Lincolnshire. The office manager was responsible for the day to day management of the service, who was supported by the office co-ordinator. A staff member said, "In the time I have worked here I have never seen the registered manager." Another staff member told us, "The registered manager does not come in that often, so if there are any issues we go to the office manager. I have been able to raise concerns with the office manager." Another staff member stated, "Management of the service is getting better now, last year the management of the service was not very good."

The office manager told us the last staff meeting took place before Christmas 2018. Staff told us staff meetings were not held frequently. The office manager stated moving forward they aimed to hold staff meetings quarterly. Staff meetings enable staff to discuss any ideas or areas of improvements as a team, to ensure people received high quality support and care.

The provider had reported significant events to us, such as any changes, incidents and events in accordance with the requirements of their registration.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the office.

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 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider did not have effective complaints procedures to ensure complaints were investigated thoroughly. Regulation 16(1)(2)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems and processes to assess, monitor and improve the quality and safety of the service. Regulation 17(2)(a)