

In House Care Limited

In House Care

Inspection report

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11 October 2022

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

In House Care is a domiciliary care service providing personal care to people living in their own homes. The service provides support to older and younger adults, people with dementia, people with a learning disabilities and autistic people, people with eating disorders, mental health conditions or sensory impairment. At the time of our inspection there were 29 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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support: People were not always supported to have maximum control of their care, care staff were sometimes late and people were not always informed, this impacted on people and their families. People's choice in care delivery and independence through the care provided in their own homes was respected. Information was accessible, such as 'Easy read' guidance and information for people if required.

Right Care: Care was not always person-centred, however people's dignity, privacy and human rights were considered and planned into care. Staff had not received training in supporting people with a learning disability but had completed an autism awareness course.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff did not always ensure people using services lead confident, inclusive and empowered lives. People and their relatives were not always informed in changes to when their care would be delivered.

Risk assessments and associated care plans did not always contain consistent information to support staff to mitigate risk. There was not always enough staff to meet people's needs, and medicines were not always managed safely. People were protected from the risk of abuse by staff who had been recruited safely. People were protected from the risk of infection as staff had access to personal protective equipment [PPE] and understood the latest guidance. Incidents and accidents were recorded and monitored for trends and patterns.

Staff did not always have the training skills and experience to meet people's needs. Records for transition into other health care services needed some improvement but staff had worked in partnership with other

health care professionals to meet people's health care needs. People were well supported with fluid, hydration and specialist feeding regimes.

Systems and processes had not consistently identified errors and concerns, where they had, corrections had not been made prior to the inspection. People were not always informed about changes in their planned care and did not always feel listened to. The provider was planning improvements to care records to provide clearer guidance for staff and had recruited new staff to the office to support recruitment and training. People spoke positively of the branch manager who was due to register with the Care Quality Commission and felt improvements had started to be made.

People did not always feel well supported due to staff skills and experience, but they had developed friendly relationships with staff who were kind and caring. Religion and culture were recorded in care records but there was a lack of guidance for staff on how to support people. People were involved in writing and reviewing their care plans and their privacy dignity and independence was respected and supported.

Care planning needed some improvement to ensure people received person centred-care that fully met their needs. People had a mixed experience of how the provider and management team managed their concerns but there was evidence that formal complaints were responded to in line with the providers policy and procedure. Staff were trained in end of life care and end of life wishes were recorded.

People's needs were assessed before they joined the service and people who lacked capacity were supported by staff with a good understanding in this area. 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.

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

Rating at last inspection

This service was registered with us on 11 March 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements. Please see the full report.

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safety of the service, staff training, skills and knowledge and the managerial oversight of the service at this inspection.

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

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

In House Care

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by two inspectors and an 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. However, they were in the process of deregistering and not available on the day of inspection. A new manager was in place who planned to register.

Notice of inspection

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

Inspection activity started on 13 September 2022 and ended on 11 October 2022. We visited the location's office on 13 September 2022.

What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with 3 people who used the service and 6 relatives of people using the service, about their experience of the care provided. We spoke with 10 members of staff including the branch manager, a director, a team leader, the compliance manager, 5 care workers and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely

- Risk assessments and associated care plans were in place and reviewed regularly. However, we found that measures in place to mitigate risks were not always consistently documented across all records to provide clear information for staff. For example, where a person was identified as at risk of seizures the associated care plan did not give staff clear person-centred guidance on what type of seizure the person experiences, or what emergency medication to give and when.
- Moving and handling risks were not always clearly documented across records to ensure staff had clear guidance on how to support people. One person had details of two separate slings in one document but only one sling across other records. Another person at risk of falls did not have information in their care plan guiding staff on where to leave equipment for the person to access easily. People and staff told us they were not always confident that new staff had all the information or skills needed for safe moving and handling.
- Where a person needed support with an aggressive emotional reaction, a risk assessment was completed but contained limited detail on strategies for staff guidance to mitigate risk to themselves and the person. The care plan or electronic task list did not include any information for staff on how to provide support for the person whilst experiencing an emotional reaction.
- Medicines were not always managed safely. We found that some medicine charts lacked detail for staff guidance. For example, which eye to administer eye drops into.
- We found that staff were not always following the medicine charts. For example, where one person's chart stated they required a tablet every other day staff had signed as given daily. For another person staff had completed care notes to state medication was given when medication was unavailable. One relative told us that staff time keeping impacted on their relative's time specific medication. This meant people were at risk of not receiving their medicines as prescribed.

The provider had not consistently ensured that care and treatment was provided in a safe way. This was a breach of regulation 12(1) Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where specialist support with medication was required training was sourced from qualified professionals such as the NHS.

We raised our concerns with the branch manager and a director who agreed to investigate and improve records to ensure clarity for staff guidance. The provider had developed a new risk assessment and care plan prior to the inspection to provide staff with an easier to navigate document and ensure consistency of information. This would need to be completed and embedded in practice.

Staffing and recruitment

- There were not always enough staff to meet people's needs. Some people told us that staff were sometimes late or did not stay for the allocated amount of time they were booked for. One person said, "Some carers rush in and out and don't do what should be done." However, another person told us, "I have never been rushed I usually get my full 30 minutes".
- Some staff told us that staff sickness and holidays was difficult to cover and they would have to pick up extra work which meant they were rushing and not always able to stay once care tasks were completed. One staff member said, "I am constantly rushing or running late." Staff and people's electronic monitoring analysis reports evidenced that people were not always receiving the full allocated times of their visits.

The Provider had not consistently deployed enough staff to make sure that they could meet people's care and treatment needs. This placed people at risk of harm. This was a breach of regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Safe recruitment practices were in place and the provider used references and the Disclosure and Barring service (DBS) to ensure staff did not have any criminal convictions and were suitable to provide support for people using the service.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse. Staff were trained and understood the principles of safeguarding. Staff told us they knew the signs of abuse and how, where and when to report any concerns.
- The provider had a safeguarding and whistleblowing procedure in place for staff guidance.

Preventing and controlling infection

- People were protected from the risk of infection. Staff were trained in infection prevention and control and had received additional training around protecting against and preventing the spread of COVID-19.
- Staff had access to enough supplies of appropriate PPE and understood the requirements around wearing it. The management team conducted regular spot checks which included checking for appropriate use of PPE.

Learning lessons when things go wrong

- There was a system in place for reporting accidents and incidents. The manager monitored for trends and patterns and amended care appropriately to prevent reoccurrence. For example, an investigation into a repeat incident for a person highlighted that staff needed to ensure a piece of equipment was left within easier reach. The electronic system was updated to include a prompt to remind staff.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff received regular training and updates. However, we received some feedback from staff and people that new inexperienced staff did not always have the skills to support people confidently with their moving and handling needs. One relative told us, "We had two carers who did not have a clue about how to use a slide sheet [A slide sheet is a friction reducing device, which allows staff to reposition a person up and down the bed]. Another relative told us, "Carers don't always pay attention and don't position [person] properly."
- A staff member told us that staff new to care needed further training and they feared there may be an accident. One staff member told us they had intervened to prevent the risk of injury when staff had been unsure about using slide sheets. Another staff member said, "Moving and handling training was poor, it was about 10 mins. Slide sheets aren't being used correctly."
- Medication records did not consistently provide clear guidance for staff. People and their relatives were not always assured that staff had the skills and knowledge to deliver medicines safely. One relative told us, "Some of them [staff] get confused as to which cream to apply so will put on all of them, the carers don't follow instructions in the plan." Another relative said, they were not assured that staff were giving medicines safely as they had found several medicines down the side of furniture, on the floor or in clothes pockets. This meant staff were not following best practice guidance around administering medicines and people were at risk of missed medicines or from accidentally taking too much medicine if they became confused.
- The provider had not ensured that the staff member responsible for delivering moving and handling and medication training and completing competency checks of staff had the knowledge and skills to do this. This meant that coupled with the training provided and the lack of consistency and guidance across records, staff had not received the support they needed to care for people safely. The shortfalls in training had impacted on people, their relatives and staff.

The Provider had not consistently deployed enough numbers of suitably qualified, competent, skilled and experienced staff to make sure that they could meet people's care and treatment needs. This placed people at risk of harm. This was a breach of regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our concerns with the nominated individual and director for the service. They reassured us that since the inspection they had recruited a deputy manager to assist with training and had arranged further training and a review of staff skills. This would need to be completed and embedded in practice.

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

healthier lives, access healthcare services and support

- Emergency care plans were in place with an overview of people's needs to support transition into emergency care if needed. These contained basic information such as people's health conditions, medication and next of kin details. However, we found for 1 person information around their continence, communication and specialist needs were missing. This meant that hospital staff may not have all the information to support person centred care.
- The provider had worked in partnership with other health care professionals to meet people's health care needs. For example, concerns around people's skin integrity were shared with the district nurse team to provide specialist support.

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 MCA 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, whether appropriate legal authorizations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorizations were being met.

- Where people were not able to make decisions for themselves and were being supported by their family, the provider had completed mental capacity assessments and ensured that the appropriate legal documentation was in place.
- Staff had received training in MCA and deprivation of liberty and had a good understanding of how to support people. A staff member competently explained the difference between a person not having capacity and the right to make unwise decisions. The providers electronic task list prompted staff to seek consent from people prior to delivering care, a relative told us, "They always ask [before delivering care]."

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

- Initial assessments were completed prior to people starting to use the service. The provider also worked in partnership with care commissioners to ensure they had the information needed to ensure they could meet people's needs.

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

- People were supported with food and drink where required. Where people required support with shopping for food this was provided. One person told us, "I tell the carers what I want to eat. They take me shopping so I can choose what I want, we buy it fresh and the carer cooks it all for me. I get to choose what I want to drink as well."
- Where people required specialist techniques for nutrition this was supported by staff who had completed training in this area by health care professionals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- We were not assured that people were always well treated and supported. For example, not all staff had the skills and knowledge to support people safely. However, people with a regular team of experienced staff had a better experience. One relative told us, "The regular team we have now do [person's] care very well and I am able to leave them to do their job with confidence which I can't do with others."
- People's religion and culture were recorded. However, for one person who was recorded as actively practising their faith; we found a lack of staff guidance in the care plan on what support they may need to practice their beliefs. For example, how to provide privacy for worship, or personal care/washing requirements.
- People had friendly relationships with the staff that had supported them and described being able to have a laugh, joke and chat with staff.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Care plans were written with people and their family involvement and input. People were asked about their preferences of male or female carers, their choice was respected and adhered to.
- People told us that staff were respectful of their homes and tidied up after themselves and ensured their privacy and dignity was maintained. One person told us, "When undertaking my personal care, they always ensure curtains are closed and shut doors, they are very careful about my privacy." Staff demonstrated a good understanding of being respectful in people's homes and maintaining privacy and dignity including ensuring records were secured safely and ensuring people's dignity when providing personal care.
- People were supported to be as independent as possible. One person told us how they were encouraged to be independent and how they were leading their care and making their own decisions.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care planning required some improvement to ensure people received care and support that was specific to their individual needs. For example, ensuring staff arrived at the preferred time of the person and could stay for the agreed duration.
- People told us they were making their own choices during care delivery such as what to eat, drink, wear and what tasks they would like staff to complete. Staff understood that people should be leading their choices and feel in control of their home and respected this.
- Care plan records contained good detail on people's life history, family life and what was important to them and gave staff guidance on what people might enjoy outside of personal care. One care plan detailed a specific activity that a person might enjoy once care is completed, although staff didn't feel there was always time for the more personalised activities.

Improving care quality in response to complaints or concerns

- People told us of a mixed experience of raising concerns. One person told us they had telephoned the office to complain, a manager had visited them at home and the complaint was promptly resolved. A relative told us they had raised concerns about staff training with a team leader, they said, "Whilst things improve for a while it usually reverts back again."
- The provider had a complaints policy and provided people with details of how to make a formal complaint both inside and outside of the organisation. There was evidence that formal complaints had been responded to in line with the providers policy.

Meeting people's communication needs

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

- The provider had a good understanding of the Accessible Information Standard and could make information available to people in the format they required, such as, large print and other languages.

End of life care and support

- At the time of the inspection there was no one receiving an end of life service. However, Staff had received training in how to support people at end of life and understood the need to liaise with healthcare professionals to ensure people were well supported should they reach end of life whilst using the service.

- Care assessments included checking if people had made any advanced decisions about end of life care, their do not attempt cardiopulmonary resuscitation [DNACPR] status and who to contact regarding their end of life preferences. This information was included in care plan records for staff guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes had not consistently identified the issues we found during the inspection. For example, where we found issues with medication this had not been identified on the medication audit. The provider did not conduct a full service audit to maintain oversight of the safety and quality of the service, the nominated individual [NI] for the service advised they would put this into place.
- Notes from a staff meeting evidenced that the branch manager recognised the need for improvement. For example, staff were prompted to contact the office if they were not sure about how to give medicines or record accurately. Staff were reminded to stay with people for the full allocated time. These issues had not been resolved at the time of the inspection and concerns had continued.
- We found inconsistencies and errors within care plans. These errors meant staff did not have clear guidance on how to support people. The provider has advised they will change the way they will record information; however, we remain concerned that governance processes had not already addressed this poor quality care planning before we raised concerns.
- Following the inspection, we requested care records from the provider to support the inspection, not all of this information was provided within the set deadline or the agreed extension. This was partly due to an emergency absence of the team. However, we were not reassured that a contingency plan was in place to monitor correspondence during absence or the provider fully understood the regulatory requirement.

Systems and processes were not consistently effective in maintaining effective oversight of the safety and quality of the service. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- On the day of the inspection we were informed that the registered manager would be stepping down and the branch manager would be applying to register. One person told us, "[Branch manager] has had lots of teething problems but the service has started to feel better and I am more confident with the service, except for standards of training. In fairness [branch manager] is doing their best with available staff but attracting staff is difficult throughout the industry currently." Another person said, "I know the [branch] manager very well and they did visit me and resolved my issue. They are easy to talk to, brilliant. I think they would sort out any issues that arose effectively."

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

their equality characteristics

- The provider had not consistently ensured people received person centred care that met their needs and preferences. Some people's relatives had been impacted, as they did not feel it was safe to leave their loved one with new care staff. One relative told us, "I am not keen at all on conversing with the office as they have not understood that it should not be up to me to train their staff."
- People did not always feel involved in decisions being made. For example, changes in care call times were not always well communicated. One person told us, "They don't let me know, it never matches times on rota so I just sit and wait for them to turn up." A relative said, "We don't always feel listened to, communication needs to be improved between management, carers and service user."
- Staff received regular supervisions and spot checks. Staff meetings gave staff the opportunity to raise concerns and discuss improvements. Staff told us that there had been a recent meeting to improve communication and partnership working and a team event had been planned. One staff member told us they had discussed concerns with the branch manager who had listened and made changes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and branch manager had a good understanding of the duty of candour and a policy and procedure was in place for staff guidance.
- The management team understood their responsibilities to be honest with people, relatives and staff when things went wrong. However, people and their relatives did not always feel they were informed of changes to care times or who would be providing their care.
- The registered manager had informed CQC about significant events and incidents which they are required to formally notify us of. This helps us to monitor the service.

Continuous learning and improving care; Working in partnership with others

- The provider had recently employed a recruitment consultant to work solely on boosting staff numbers. The provider had a good understanding of the local job market and the need to constantly recruit and retain staff.
- The provider worked in partnership with other health care professionals such as GPs, district nurses, and specialist nurses to help meet people's needs. We saw that the provider had worked in partnership previously with the local authority to drive improvement and had complied with a local authority action plan.

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 The provider had not consistently ensured that care and treatment was provided in a safe way.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not consistently effective in maintaining effective oversight of the safety and quality of the service.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The Provider had not consistently deployed enough numbers of suitably qualified, competent, skilled and experienced staff to make sure that they could meet people's care and treatment needs.