

Skyline Home Care Services Limited

Skyline Home Care Services

Inspection report

Link House
140 Tolworth Broadway
Surbiton
Surrey
KT6 7HT

Tel: 01372869777

Website: www.skylinehomecare.co.uk

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02 December 2022

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20 December 2022

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Requires Improvement ●
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Summary of findings

Overall summary

About the service

Skyline Home Care Services is a domiciliary care agency providing personal care to 37 people at the time of the inspection.

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

Improvements had been made and the provider was no longer in breach of the regulations. The provider did need more time to embed their governance systems, and we were satisfied the provider was making progress with this.

People were kept safe and staff understood how to mitigate any potential risks. Medicines were safely administered and people received them when they needed them. Staff had plentiful supplies of personal protective equipment [PPE]. Staff arrived on time for care calls, and were recruited safely.

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.

Care plans were personalised, reflecting people's histories as well as their likes and dislikes. The complaints procedure was clear and people knew how to raise any concerns.

Management was a visible presence and was accessible to people, their relatives and staff. The provider worked in partnership with others to ensure continuity of care for people using the service.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 26 January 2022).

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

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 19 November 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve person centred care, safe care and treatment, good governance and fit and proper persons employed.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Skyline Home Care Services on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation in relation to staffing.

Follow up

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?

Good ●

The service was safe.

Details are in our 'safe' findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our 'responsive' findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our 'well-led' findings below.

Skyline Home Care Services

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.

Service and service type

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

Registered Manager

This 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.

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 02 December 2022 and ended on 08 December 2022. We visited the location's office on 02 December 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed intelligence we held on our system. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed 4 people's care records, including and medicines administration records (MAR). We looked at 4 staff files. We reviewed a range of documents including incident and accident records and audits. We received feedback from 1 person, 2 relatives and 11 care staff.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At the last inspection we identified the provider had failed to ensure robust recruitment checks were in place, this meant people were placed at risk of harm. These issues were a breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we identified the provider had taken sufficient action and was no longer in breach.

- Prior to commencing their role, newly employed staff underwent pre-employment checks to ensure their suitability for the role. However, of the four staff recruitment files reviewed, we found none of these contained references that were signed for or had the company stamp of the previous employer and referee. This meant we could not be assured the references were authentic. We raised our concerns with the registered manager who told us she would seek to obtain references on a company letter head.

We recommend the service review their recruitment procedures and update their practices accordingly.

- Notwithstanding the above, staff recruitment files contain photographic identification, proof of address, full employment history and a current Disclosure and Barring Services (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We did identify that scheduled rosters did not always allow enough travel time for staff to get between calls; and accommodate traffic. Feedback from people and their relatives was that staff mostly arrived on time and informed them if they were running late. We raised this with the registered manager who arranged to upgrade their electronic call monitoring system and reschedule call times. We review their progress at our next inspection.

Assessing risk, safety monitoring and management

At the last inspection we identified people were placed at the risk of harm as the provider failed to ensure risk assessments were either in place or contain sufficient detail to ensure people were supported safely. These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Safe Care and Treatment.

At this inspection we identified the provider had made sufficient improvements and the service were no longer in breach.

- People and their relatives told us they were safe when receiving care from staff, Comments included, "Oh yes, definitely [I'm safe]" and "They're very caring, understand his movements and needs, exactly how to

handle and move him around to keep him comfortable."

- Risk assessments had been fully transferred onto the providers electronic case management system. Where people were identified as being likely to be at risk in particular areas, clear risk management plans were in place. This included areas such as falls, catheter care, reoccurring urinary tract infections and personal care neglect.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the potential risk of abuse. Staff were clear on their responsibilities. They told us, "If I notice anything, I report it straight away, to the office or social services. Sometimes you might have to go to social services straight away."
- Records showed that the provider complied with any social services investigations where necessary, to ensure that people were safeguarded.

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 Mental Capacity Act (MCA).

- We found the service was working within the principles of the MCA.
- Staff understood the principles of the MCA and how it applied to their role. One staff member said, "It's allowing the client to make their own decisions, to check they have the capacity to do so. You assume they can [make decisions], unless there is evidence otherwise."

Using medicines safely

- People received their medicines when they needed them. Protocols were in place for 'as needed' [PRN] medicines, to ensure that staff were clear when they needed to administer them to people.
- Where errors in medication administration were identified medicines incident reports were completed to allow the provider to review any wrongdoing and learn from errors. Staff were clear on how to record the administration of medicines and to report any changes in people's needs.

Preventing and controlling infection

- The provider had enough supplies of personal protective equipment (PPE). Staff told us they wore mask, gloves and aprons and were able to access supplies from the office.
- The provider had an up to date infection control policy, which addressed the management of infection outbreaks should they present.

Learning lessons when things go wrong

- People benefitted from a service that was keen to ensure lessons were learned when things went wrong.
- The registered manager placed great importance on improving the service, this was evident by the progress made since the last inspection.
- Records showed incidents and accidents were thoroughly investigated and action taken to minimise repeat occurrences.
- Accident and incident logs detailed how the incident happened, the location, details of any injuries, medical guidance sought, and any lessons learnt. The registered manager monitored all incidents for trends and patterns, and where appropriate guidance and support was sought from healthcare professionals.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's needs were met through good organisation and delivery.

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

At the last inspection care plans were not person-centred, this meant people were at risk of not having their individual needs met. This issue was a breach of Regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection the provider had made sufficient improvements and the service were no longer in breach.

- Person centred care and the ways in which people wished to be cared for was clearly defined. A relative said, "I'm [loved one's] full time carer and have a say in what the carers do." Care plans reflected people or their relative's views.
- Care records reflected people's preferences in areas such as their dietary requirements or day to day activities. One person told us how care staff supported and respected her routine in maintaining her health condition.

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.

- People's communication needs were met.
- Care plans detailed people's preferred communication styles. One relative told us how staff were accommodating and patient with their loved one's sensory impairment.
- The registered manager told us, "The [AIS] means asking the service user when you assess them and find out what communication needs, they have and we record it. So, then we share that information with the multidisciplinary team and staff if we need it, so it's in the care plans."

Improving care quality in response to complaints or concerns

- People continued to receive a service whereby complaints were robustly investigated and a positive outcome sought for all those involved.
- We reviewed the complaints file and found there had been 3 received in the last 12 months. Each complaint had been investigated, containing where appropriate witness statements, the finding of the complaint and a response to the complainant.
- One person told us, "I don't very often have a complaint, but I do know who to complain to." Relative were

satisfied they could contact management with any issues and that they would be promptly addressed.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection we identified systems were either not in place or robust enough to demonstrate safety was effectively managed or that there was consistent oversight of the service. This meant people were placed at risk of harm. These issues were a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection we identified sufficient improvements had been made and the service was no longer in breach.

- Quality assurance systems were now clearer in identifying actions plans where areas of improvement were found. However, additional clarification was still needed to ensure that audits were more specific. For example, medicines audits did not always clarify whose medicines records had been reviewed.
- More time was needed to ensure that audit systems were embedded, following the providers commitment to update their care system audit processes.
- The registered manager had a clear understanding of their responsibilities in relation to notifying CQC of reportable incidents.
- People and relatives were positive about the management. They told us, "She's [registered manager] lovely, very, very good. I like her very much" and "They always answer the phone straight away and reply to emails. They seem a well-managed company as far as I can see."
- Staff felt well supported by management. Comments included, "[Registered manager's] not difficult to approach and she deals with things. I feel valued", "She is an excellent communicator and listens to her staff. She is firm but fair" and "[Registered manager] responds immediately when called upon and has made sure I get all the necessary trainings for my work, she is interested in staff growth."

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 registered manager had an adequate understanding of their role and responsibility under the duty of candour.
- The registered manager told us, "[The duty of candour] is apologising when we have done something wrong in the care delivery; and telling people what we are going to do to rectify it and make sure we learn

from the incident."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and other professionals were consulted on how the service was run. A relative told us they received regular telephone check ins from management.
- Staff were consulted on their views of working for the company, and whether they felt involved in the development of the service.

Working in partnership with others; Continuous learning and improving care

- People continued to benefit from a service that worked in partnership with external agencies to drive improvements.
- Records showed where required, the registered manager sought guidance and support from healthcare services and guidance provided, was implemented into the delivery of care.
- The registered manager told us, "We can learn from [partnership working], and they can learn from us, to ensure we are providing quality care. I have met with other registered managers and we share learning to benefit [people using the service]."