

Home Sweet Home Care Limited

# Home Sweet Home Care Limited

## Inspection report

2 Great Cullings  
Rush Green  
Romford  
Essex  
RM7 0YL

Tel: 02085938333

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Home Sweet Home Care Limited is a domiciliary care agency providing the regulated activity of personal care. The service provides support to adults, many of whom are older people and some who require support with palliative care. At the time of our inspection there were 176 people using the service who received support with personal care.

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.

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

Staff were often late for appointments with people. Medicines were not always managed in a safe way.

Systems were in place to help safeguard people from abuse. Risk assessments were in place which set out the risks people faced and included information about how to mitigate those risks. Steps had been taken to help prevent the spread of infections. Systems were in place for investigating accidents and incidents.

There was an open and positive culture at the service, which meant people, relatives and staff could express their views. The provider worked with other agencies to develop best practice and share knowledge. The provider was aware of their legal responsibilities.

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

### Rating at last inspection and update

The last rating for this service was Good (published 17 November 2017).

### Why we inspected

We received concerns in relation to staff punctuality and staff not staying for the full amount of time they were supposed to. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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 Good to Requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

The provider has taken steps to mitigate risks we identified, but at the time of writing this report, it is too early to tell if they will be effective or not.

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

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

#### Enforcement

We have identified breaches in relation to staff punctuality and the safe management of medicines 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Home Sweet Home Care Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector and two Experts 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 houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority who work with the service. 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. well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 11 people who used the service and nine relatives. We spoke with 10 members of staff, including the registered manager, field care supervisor, safeguarding lead and governance manager, lead care coordinator, office manager, four care assistants and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed 14 sets of care records relating to people and multiple medicines records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

# 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 Good. At this inspection the rating has changed to 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.

### Staffing and recruitment

- There were enough staff working at the service to meet people's needs. However, people and relatives told us there were sometimes issues with staff punctuality and staff staying for the full amount of time they were supposed to. Records confirmed this was the case.
- The provider used an electronic monitoring system to monitor what time staff logged in and out of each visit. The nominated individual told us there had been some problems with the system not working, in that staff were not always able to log in and out. However, the system had not logged staff in at the incorrect time in error.
- Data from the electronic monitoring system showed that there were a significant number of occasions when staff were late and/or not staying at the person's home for the required length of the call. This was confirmed when we looked at more data after the inspection, as requested by the provider.
- We spoke with 20 relatives and service users, more than half of those, 11 in total, expressed concern about staff punctuality. One person said, "Monday to Friday it's mostly brilliant, but weekends are ridiculous, I never know when they're coming." Another person said, "I've had to phone a couple of times to cancel as they were coming far too late for me." A relative said, "During the week I am fine, but weekends are a bit hit and miss, we never know who is coming." Another relative said, "I did have to phone the office because the carers are ridiculously late."
- This meant a significant proportion of all calls were later than what had been agreed acceptable with the local authority and what the provider's expectation was. Further, many calls were for less than half the time they were supposed to last. This meant people were at risk, because they were not getting support at the time they needed it, for example with using the toilet, eating and drinking, or taking medicines.

Effective systems were not established or operated to ensure that staff arrived on time for visits or for monitoring staff punctuality. This potentially placed people at risk of harm. This was a breach of regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Checks were carried out on prospective staff before they commenced working at the service. These checks included obtaining employment references from candidates along with proof of identification and a record of their past employment history.
- Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. DBS checks were carried out for staff. Records showed for one member of staff they had a criminal conviction. However, the provider had not followed up with the person what the conviction was for. On their application form they had not answered a question asking if they had any criminal convictions. The

registered manager told us they should have followed up on this, but added that the staff member in question no longer worked at the service. They added they would ensure that systems were implemented to help ensure this did not happen again.

#### Using medicines safely

- Medicines were not always managed safely. Medicines administration charts were in place. However, we identified some shortfalls in terms of recording the exact medicines given in five out of seven charts we reviewed. Medicine charts, instead of stating the time the medication was prescribed, just listed all the medications without specifying the time. In some cases, the dose to be administered was not stated on the Medication administration records. For one person who was prescribed a pain patch every seven days, there was no signature on the medicine chart to indicate that the patch had been administered although the end of month stock count indicated that this medicine had been used up that month.
- Staff had received medicine awareness training and advanced medications training. Audits of medicines were carried out monthly, but not robustly enough to consistently identify errors.
- Some medications were given "as required". However, the medication administration record did not always indicate that the medicine was "as required". On the day of the inspection, the team leader started to correct the Medicine administration records to ensure they included times of when the medicine was given.
- People and relatives gave mixed feedback about the support they received with medicines. One relative said, "They do administer from the Dosset box twice a day, and they note it." However, another relative told us, "I think it's very mixed, some staff are good, some are not. I did find a tablet on the floor. And there was a time when (person's) meds were missed. I've called the office to let them know." Another relative said, "The Dosset box has been messed up."

The provider did not have effective systems in place to ensure that medicines were always managed in a safe way. This potentially placed people at risk of harm. This was a breach of regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to help safeguard people from the risk of abuse. Policies were in place to provide guidance to staff, including a whistleblowing policy and a safeguarding adults policy. The latter made clear the providers responsibility to report any allegations of abuse to the local authority and CQC. Records confirmed safeguarding allegations had been dealt with in line with the policy.
- Staff had undertaken training about safeguarding adults and understood their role in reporting allegations of abuse. One member of staff told us, "I would report it to my senior or the manager."

#### Assessing risk, safety monitoring and management

- Risk assessments were in place for people. These set out the risks people faced, and included information about how to mitigate those risks. Assessments covered risks including those associated with moving and handling, personal care, eating and drinking and continence care.
- Staff were aware of the risks individuals faced and how to support them safely. We saw that risk assessments were subject to regular review. This meant they were able to provide up to date information as people's risks changed over time.
- People and relatives told us they felt safe using the service. A relative replied, when we asked if the person felt safe, "Yes, and they're building up quite a bond with (person)." A person told us, "(Staff member) comes in, gets me a cup of tea, checks I have my necklace (buzzer) on." Another person said, "I like my carers, we get on well and I feel safe with them, yes I'm happy with my carers they are helpful."

#### Preventing and controlling infection

- The provider had taken steps to prevent and control the spread of infection. Staff were provided with a supply of personal protective equipment (PPE) and spot checks were used to check staff wore this as expected.
- Staff undertook regular COVID-19 testing, and if they tested positive they were not expected to work until they were no longer positive.
- People and relatives told us staff wore PPE. A relative said, "Yes, they wear their gloves and masks."

#### Learning lessons when things go wrong

- The provider had systems in place for recording and responding to incident or accidents.
- Staff documented and reported to the office and they kept records of any actions taken following an incident. For example, we reviewed an incident where a night call had been missed. We saw actions taken, such as three supervisions with the staff to monitor punctuality.

# 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 Good. At this inspection the rating has changed to 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.

### Continuous learning and improving care

- The provider had mechanisms in place for monitoring and quality assurance purposes. However, these were not always effective.
- Various audits were carried out, for example, in relation to infection control practices, risk assessments and care plans. Medicines audits were carried out, but they had failed to identify the shortfalls in medicines records that we found during this inspection.
- Regular phone surveys were done with people and their relatives to gain feedback. We looked at some completed survey forms, which highlighted concerns with staff timekeeping. For example, one person had said, "I am generally happy with my care, carers can be late on occasions." Another person said, "Sometimes my call times are not met, if I don't have my regular carer."
- Although the provider had a system in place for monitoring time keeping, they had failed to identify and address significant concerns with staff punctuality that we found during this inspection.

We found no evidence that people had been harmed. However, the provider did not have effective quality assurance and monitoring systems in place. This placed people at risk of harm. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider promoted a positive and open culture that was person centred, as shown by the person centred nature of care plans and risk assessments we saw.
- Staff spoke positively about the leadership team and the working environment. One member of staff told us, "I like working for them. I feel comfortable with all the carers, all the staff." Another member of staff said, "It's like a family. The managers are approachable. They make sure we are all ok. They are always there for guidance." A relative told us, "The office are easy to get hold of and there's someone available 24/7."

### 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 understood their obligations to be open and honest with relevant persons when things went wrong. There were systems in place to identify and address shortfalls. For example, the accidents and incidents policy made clear that accidents should be reviewed to identify any shortfalls in care provided and there was a complaints procedure in place to respond to concerns raised by people.

- People and relatives told us the service was responsive when they raised concerns. A relative told us, "I did phone and complain about a young carer, and the office was very good. I haven't seen them back here, I think they got rid of them."

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

- Managers and staff were clear about their roles. There was a clear management structure in place and staff understood who they reported to. Staff were provided with copies of their job description to help provide some clarity about their roles.
- The manager was aware of their regulatory requirements. For example, the provider had employer's liability insurance cover in place, and the registered manager was aware of their legal responsibility to notify the Care Quality Commission of significant events, and records showed they had done this as appropriate.

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

- The provider engaged with people using the service and others. Surveys were carried out with people and their relatives to seek their feedback about the service. We saw feedback from the most recent survey was mostly positive. One person had said they were, "Very happy with my care." Another person said, "I have no complaints, very happy." However, a number of people said they were not always happy with staff timekeeping.
- People and relatives told us they had regular contact with senior staff. One relative said, "I do speak a lot with (registered manager and nominated individual)." A person told us, "Yes, they do phone up sometimes, not for anything, they just call me up."
- The provider considered people's equality characteristics. For example, people were able to make a choice about the gender of their care staff. Staff recruitment practices were carried out in line with good practice in regard to equality and diversity.

Working in partnership with others

- The provider had good working relationships with other agencies to help develop best practice and share knowledge. For example, they were part of Havering Care Association. This is an organisation that was set up by care providers within the local authority to discuss issues of mutual importance, such as staff recruitment.
- The provider also worked closely with other agencies, such as the local authority, the district nursing team and agencies involved in supporting people with palliative care. A relative told us, "I only have the nicest things to say about them. I was so pleased how they worked with the district and palliative care nurses."

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had failed to ensure that care was always provided in a way that was safe for people. People's needs were assessed, including when they required care and the amount of time needed to provide that care. However, care frequently provided later than agreed times and for less than half the amount of time as assessed as needed. The registered person had failed to ensure that medicines were always managed in a safe way. Regulation 12 (1) (2) (a) (b) (g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had failed to establish and operate effectively systems to monitor, assess and improve the quality and safety of the services provided in the carrying on of the regulated activity. Regulation 17 (1) (2) (a)</p>