

Here to Care Limited

# Here2Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Here2Care Limited is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection the service was supporting 61 people receiving personal care from the service, some of whom were living with dementia.

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

At the last inspection we identified issues with staff deployment and a lack of quality assurance processes that could have identified issues and helped to drive improvement. We also made a recommendation about making information accessible for people.

At this inspection improvements had been made in the management and oversight of staff deployment and people were happy with their care calls. We also found changes had been made which made information more accessible to people.

At this inspection risks to people had not always been recorded and person-centred guidance about managing risks to people and meeting their care needs were not always detailed within people's care records. The registered manager began to address this following our inspection.

Staff recruitment records contained pre-employment checks however references did not always contain the dates of staff's previous employment. Therefore the registered manager could not be assured they had staffs full-employment history to ensure safe recruitment practice.

The registered manager had systems in place to monitor the quality of the service however audits had not identified the areas for improvement regarding recruitment and person centred records. Quality monitoring and governance did not include trends analysis to aid learning and improving. The registered manager began to address the governance issues following our inspection.

People told us they were happy with their care. Staff knew how to meet their needs and staff had good knowledge of the people they supported. Therefore, there was no impact from the lack of person-centred information in the records.

People and their relatives told us they felt the service was safe and well managed. People were safeguarded from the risk of abuse by staff who knew the signs and symptoms of abuse to look out for. The registered manager followed their system when dealing with any potential safeguarding concerns.

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.

Medicines were being managed safely by competent staff with oversight from the registered manager. Infection control and prevention procedures were in place and followed by staff.

Staff and the registered manager understood their roles and duties. There was a positive culture within the service encouraged by the registered manager who had made improvements to the service and had further plans to do so.

The registered manager had sought feedback regularly from people and staff about the service. The registered manager worked in partnership with other healthcare professionals and external agencies where required to meet people's needs.

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 requires improvement (published 18 February 2020). There were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection some improvements had been made and the provider was no longer in breach of regulation 18. Issues relating to the breach of regulation 17 from the last inspection had been rectified however the provider was still in breach of regulation 17 due to new issues found at this inspection.

The last rating for this service was requires improvement. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an announced comprehensive inspection of this service on 12 December 2019. 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 staffing and good governance.

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 and Well-led which contain those requirements. We also targeted information related to the recommendation we made under Responsive at the last inspection.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same. 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 Here2Care Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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.

We have identified breaches in relation to good governance in the form of record keeping 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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 always safe.

Details are in our safe findings below.

### Is the service responsive?

**Inspected but not rated**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-Led findings below.

# Here2Care 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 Care Act 2014.

#### Inspection team

This inspection was carried out by an inspector 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.

#### Notice of inspection

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

Inspection activity started on 12 July 2021 and ended on 15 July 2021. We visited the office location on 12 July 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and a staff member. We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment

and sampled staff supervision. A variety of records relating to the management of the service, including meeting minutes and audits were also reviewed.

#### After the inspection

We spoke with 10 people who use the service and five relatives. We also spoke with four carers. We looked at another two people's care records, training data, further quality assurance records and policies. We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. 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

At our last inspection the provider had failed to ensure that staff deployment was managed safely. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At the last inspection, there was insufficient deployment of staffing. Feedback from people was staff did not always arrive on time or with an explanation for their lateness and staff did not always stay for the duration.
- At this inspection, we found there were enough staff deployed to meet people's needs. Overall feedback from people and relatives was that staff usually arrived on time, if there was lateness this was communicated to people ahead of time. Staff stayed for the full duration of their scheduled times and there were no missed calls. A relative was positive about the flexibility they received with their loved ones calls around other commitments or engagements. They said, "Staff accommodate [my loved one's] wishes."
- The provider had implemented new quality checks to monitor staff deployment and had carried out quality assurance questionnaires to ensure people were happy with staff deployment. Where issues had been identified this had been addressed through staff supervisions and team meetings.
- There were pre-employment checks for staff including Disclosure and Barring Service (DBS) checks, full employment history and references. However, references for staff did not have start and end dates and therefore the registered manager could not be assured that staff employment history could be fully corroborated.

### Assessing risk, safety monitoring and management

- Risks to people had not always been fully documented. Where risks had been identified there was not always guidance for staff to follow in how to monitor or manage those risks. For example, where people had emotional or psychological risks identified in their risk assessments or care plans there was not always information on how to support people should they become anxious or distressed.
- Where physical health risks had been identified such as people living with epilepsy or diabetes, person-centred information about what it might look like if someone was to become unwell was not available. There was not information about what staff should do if they found themselves in this situation.
- There had been no harm as a result of a lack of information in risk assessments and care plans. However, without guidance for staff to follow there was a risk that staff might not know how to support people where a situation might arise due to psychological or physical health and that care being delivered may not be



consistent across all staff.

- People and their relatives told us staff knew people well and could meet their needs. One person said, "I have had some accidents and I have had to call the carers out; I have [condition] and [staff] know how I cope with it, that's another reason I feel well supported by them." Another person said, "I am confident in the care they provide for me and confident they know how to support me as they spend time talking to me about all sorts of things and this is very important to me."
- Staff were aware of people's risks and needs and were able to tell us how they would support people if they were to become unwell.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe. One person said, "I am very safe being looked after by my carers. They look after me very well." Another person said, "I am very comfortable with my carers and they make me feel safe because they are polite and one of the carers I have at the moment, has said to me they treat me like they would like to be treated themselves."
- Staff knew the signs and symptoms that might suggest people were experiencing abuse. Any concerns were appropriately reported to the registered manager.
- The registered manager understood their responsibilities and made referrals to the local safeguarding team and they tracked the progress of investigations.

Using medicines safely

- Medicines were managed safely. People received their medicines as prescribed and staff supported in line with the guidance within people's assessments and care plans. Medication administration records were completed in full.
- Staff had received training to administer medicines safely and regularly had this competency assessed.
- The registered manager had a monitoring system to identify medicine errors and any incidents or accidents relating to medicines were recorded and appropriate action taken.

Preventing and controlling infection

- The registered manager had policies, systems and procedures in place to help prevent the spread of infection.
- Staff had access to personal protective equipment (PPE) and people told us staff wore this when they supported them.
- There were risk assessments for people and staff in relation to COVID-19 and well-being checks were carried out frequently for them by the office staff.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so that action could be taken to reduce the risk of them reoccurring.
- All relatives said they were kept informed, where appropriate, whenever there were any situations that involved their loved one. For example, if a person had a fall staff would stay with them until their relative or ambulance arrived.
- Accidents and incidents were not formally analysed for trends to further aid learning. The registered manager took action immediately following the inspection to introduce this into their auditing processes.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at a part of the key question.

The purpose of this inspection was to check if the provider had addressed the recommendation we made at the last inspection. We will assess all of the key question at the next comprehensive inspection of the service.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff and the registered manager had a good understanding of people's communication needs.
- Feedback from people was that information was shared in a way that was suitable for them and the way this was delivered varied depending on their preferences. For example, one person said, "I am always getting phone calls so that I am up to date with things as I am not good with technology." Another person said, "The letters I receive are all easy to understand and printed in a way that I can read, the lettering is not too small."
- The service had worked in partnership with other healthcare professionals where a need had been identified for example a referral was made for a person who was hard of hearing.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. 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;

At our last inspection the provider had failed to effectively implement their quality assurance systems in relation to staff deployment. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvement had been made in relation to the issues identified at the last inspection. However, the provider was in continued breach of regulation 17 due to new issues that were identified.

- At the last inspection quality checks and audits were not always effective in identifying shortfalls for example issues with staff deployment that affected people's experience of the service.
- At this inspection, the provider had several audits in place to monitor staff deployment and the impact this had on people. Where shortfalls were identified, actions were implemented to try and address these through quality assurance questionnaires for people as well as staff supervision and meetings.
- However, we also found the providers quality checks had not identified quality issues with care plans. For example, where risks to people's emotional or psychological wellbeing had been recorded there was not always guidance in place for staff to follow to support people with this. In addition, we found similar examples of physical health risks to people, such as epilepsy, that had not been thoroughly recorded with person-centred information about how an individual might present if they were to become unwell. Therefore records could not assure people would receive the right support from staff if they became unwell.
- Quality checks had also failed to identify that references for new staff members did not contain start and end dates of employment to ensure the provider had full employment history.
- The provider did not have a formal system to carry out trends analysis to support learning and improvement such as if there were times of day where incidents were more likely.
- The registered manager began to take action following our inspection to address the shortfalls in records through reviews. The registered manager began to address the governance issues by adapting their procedures and systems for auditing and trends analysis.

Quality assurance systems had failed to identify where information in people's care records was not in place or robust enough to provide guidance for staff to follow. This was a continued 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; 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

- Feedback about the management was positive from everyone we spoke to. There was an open and supportive culture within the service. A person said, "The service is well managed; it runs very efficiently, and the carers are good." Another person said, "I feel the service is well managed as I think it is exceptional what they do and how friendly they are...I am over the moon with the support I get." A relative said, "I would recommend the service to anyone; we are very pleased with the care provided."
- Staff we spoke to gave positive feedback about Here2Care Limited. One staff member said, "I really love this company they are amazing. It is like a family we all work together; us carers work together. Paperwork is always up to date and assessments are up to date. Everyone had their part to do and it goes smoothly."
- The provider understood the duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager had strived to ensure people and staff felt engaged and involved in the service. Daily calls to people and staff had been carried out during the COVID-19 pandemic to check on people's well-being. People gave positive feedback about this.
- People felt involved and engaged in the service and in their care through developing their care plans and reviews. Quality assurance surveys had been sent out to people to ensure they were happy with the service provided and the majority of people responded positively. Where any issues were raised the registered manager had taken action to rectify this for people. For example, adjusting calls to better reflect people's preferred times or assign preferred carers.
- Everyone we spoke to said they had never had to make a complaint. Feedback was positive about the service, the registered manager and the staff. One person said, "I get an excellent service...I am impressed with how they keep me informed about things."
- Staff had regular supervision and communication from management. All staff were positive about the registered manager and their management. One staff member said, "The management is very polite and professional. The feedback is amazing if I raise an issue, I get told what is going to happen." Another staff member said, "[The manager] genuinely cares about [staff] and service users."

Working in partnership with others

- The registered manager worked in partnership with a range of healthcare professionals to meet the needs of people using the service. For example, where there were changes in a person's mobility this was referred to Occupational Therapists. People had been referred for Dementia assessments where there were concerns about their memory.
- Feedback from people and relative was staff and the registered manager supported them while working with others. For example, one person said, "Sometimes carers take me to the doctors if [my loved one] can't go. They sit in the consultation with me as they know I can't remember what has been said, they are so supportive."
- The registered manager accessed forums and networks to draw on resources and to aid their learning.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Risks to people had not always been recorded with effective management plans in place to manage those risks to people. The provider's quality assurance system was not effective in identifying shortfalls in the records.</p>