

Homedotcare Limited

# Homedotcare Limited

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Homedotcare Limited is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of all ages and different abilities. At the time of inspection, the service provided care to 129 people, 100 of whom received personal care. The Care Quality Commission (CQC) only inspect the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

### People's experience of using this service:

Feedback indicated that people and relatives were satisfied with the care and services provided. People told us they were treated with respect and felt safe in the presence of care workers. Relatives we spoke with confirmed this.

People were protected from abuse. Staff had received training on how to safeguard people and were aware of the procedure to follow if they suspected that people were subject to abuse.

Medicines were not always being managed safely by the provider and we found a breach of regulation in respect of this.

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.

The provider had taken measures to prevent and control the spread of COVID -19 and other infections.

The provider focused on providing people with person-centred care. People's care needs had been carefully assessed. Care plans were comprehensive and had been reviewed with people and their representatives.

The service had a policy on ensuring equality and valuing diversity. Staff provided care and support that met people's diverse and individual preferences.

There was a complaints procedure and people knew how to complain. Complaints recorded had been promptly responded to.

Management monitored the quality of the services provided via regular audits and checks.

The results of surveys indicated that people and relatives were satisfied with the care and services provided.

Staff spoke positively about working at the service and said they were well supported by management.

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 service was registered with us on 7 February 2019 and this is the first inspection.

Why we inspected:

This was a planned comprehensive inspection to review the key questions, Safe, Effective, Caring, Responsive and Well-led and rate this service.

Enforcement

We have identified a breach in relation to safe care and treatment at this inspection.

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.

## 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 effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Homedotcare 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

The inspection team consisted of two inspectors and a pharmacist inspector. Following the site visit, one expert by experience spoke with people and relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The service had a manager registered with the CQC. 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.

#### Notice of inspection

We gave the service two working days' notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that management were available on the day of the inspection site visit.

Inspection activity started on 12 October 2021 and ended on 25 October 2021. We visited the office location on 12 October 2021.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. 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

During the site visit we spoke with five members of staff which included the registered manager, care manager, care co-ordinator and care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, policies and procedures and further two care records. We also reviewed revised risk assessments. We spoke with 10 people who received care from the service and eight relatives. We obtained feedback from five care professionals. We also spoke with eight care staff.



# 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 for this newly registered service. This key question has been rated as 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.

### Using medicines safely

- Some people were prescribed medicines to be taken on an as required basis. However, guidance in the form of protocols or information in care plans was not in place to help staff give these medicines consistently.
- Care plans were not always in place or updated to help guide staff to support the medical and health needs of people using the service. We found for three people who were prescribed anticoagulants, guidance was not in place for staff in care plans to help staff monitor and manage their side effects. Anticoagulants are considered high risk medicines that help prevent blood clots. Also, there was no information in care plans for people who were prescribed medicines to be given at specific times.
- One person's medicines were previously given via Percutaneous Endoscopic Gastrostomy (PEG). This is a feeding tube that allows a person to receive nutrition directly through their stomach. This person was now given their medicines orally, however their MAR and care plan was not updated. The records still outlined medicines to be given via PEG.
- Four people who experienced seizures were prescribed medicines to prevent them. However, there was no information in the care plans for staff members on how to monitor or manage if they experienced a seizure. This meant the staff may not be always be able to support people with their health needs appropriately. This also does not meet guidance issued by National Institute for Health and Care Excellence.

The above demonstrates a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider carried out assessments for people who were supported by the service. These had the required information related to the level of assistance needed for medicines by people using the service.
- Information was available for people using the service in assessments to ascertain if staff, people who used the service or their family were responsible for ordering, transporting or returning medicines to the community pharmacy.
- There were minimal gaps in Medicine Administration Records (MAR) we reviewed. The gaps were identified during the monthly audit of the MARs and appropriate action was taken to make sure medicines were given as prescribed.
- People told us that they received the medicines on time and no issues were raised in respect of this.
- There was a process in place to report medicine incidents and errors.
- The provider held face to face medicines clinics for staff to discuss any medicines questions and to have further training if staff required this. The registered manager explained that the purpose of these was to

share information between staff and learn from one another.

- Staff members were competency assessed and received training to handle medicines safely.

#### Assessing risk, safety monitoring and management

- Some risks to people were identified and managed so that people were safe and their freedom supported and protected. Individual risk assessments were completed for people which included moving and handling, dehydration, pressure sores and environment. These included details of who was at risk, details of considerations and action to mitigate against the risk or reduce the risk. However, the risks associated with some medical conditions such as diabetes and Parkinson's disease had not been assessed. We raised this with the registered manager who took immediate action and implemented the necessary risk assessments and provided us with evidence of this.
- Staff we spoke with knew people's needs well and could describe the actions they would take to keep people safe and to mitigate risk.
- Feedback we received indicated that care workers were generally punctual. One person said, "They come on time. I have never had missed calls." Another person told us, "They come on time."
- The provider monitored care worker's timekeeping and attendance using an electronic system which operated on a real time basis. The system would flag up if care workers had not logged a call to indicate they had arrived at the person's home or that they were running late.
- Management reviewed call logs to help identify areas in which they can make improvements.

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

- People we spoke with told us they felt safe when receiving care and support from care workers. When asked if they felt safe in the presence of care workers, one person told us, "Yes absolutely." People's relatives told us they were confident people were well looked after. One relative told us, "Yes, the carers are really lovely. I think [my relative] feels safe."
- Appropriate policies and procedures were in place to safeguard people from abuse.
- Staff demonstrated a good understanding of what to do to make sure people were protected from harm. Staff received appropriate training in safeguarding people.

#### Staffing and recruitment

- Staff records showed comprehensive recruitment and selection processes had been carried out to ensure suitable staff were employed to care for people. A range of checks were completed. These included obtaining references and undertaking a criminal record check to find out whether a prospective employee had been barred from providing a regulated activity such as personal care to adults.
- There were enough staff to meet people's needs and cover their agreed hours of support. The registered manager told us they were safely able to meet people's needs with the current number of care workers they had, and this was confirmed by care workers we spoke with.

#### Preventing and controlling infection

- Staff we spoke with told us that information was always shared with them so that they were kept informed of COVID-19 changes and that they had not experienced any PPE shortages. One care worker told us, "I have felt supported working here during the pandemic. The manager was available to answer questions and kept in contact. We also always had enough PPE." Another care worker told us, "Well supported during pandemic. PPE is always available."
- The provider was following safe and current guidance to make sure infection outbreaks could be effectively prevented or managed. The provider ensured an adequate supply of personal protective equipment (PPE) was available to staff. We saw a large supply of PPE stored in the office location.
- People told us that care workers wore PPE. One person said, "They do, they wear all the stuff." Another



person told us, "I am sure they do. They always wear the right things." Relatives we spoke with confirmed this.

- The provider had a comprehensive infection prevention and control and COVID-19 policy in place.

Learning lessons when things go wrong.

- A system was in place to report, record and monitor incidents and accidents to ensure people were supported safely.
- Incidents and accidents were analysed to identify trends and patterns to reduce the likelihood of their reoccurrence.
- The registered manager ensured accidents and incidents were investigated and actions put in place to minimise future occurrences. The registered manager told us lessons learned would be shared with staff to improve the service and reduce the risk of similar incidents. Staff we spoke with confirmed this. One care worker said, "The manager focuses on lessons learnt. It is important to learn from issues. There is a real emphasis on this."

# 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 as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care plans showed that their needs had been individually assessed. Details of people's needs, including their cultural, religious, dietary, relationship needs, and preferences were documented. Staff were able to use care plans to ensure they provided care and services in line with what people wanted. Care plans were reviewed regularly and reflected people's changing needs.
- People could access their computer-based care plans if they wanted to. The registered manager also explained that people's relatives and representatives could also request to see documentation with the consent of the person where required.
- People's care was based on current guidance and standards. The provider had a comprehensive set of policies, processes and procedures. These were based on relevant legislation, and standards and guidance from the government, and other national bodies. The provider also carried out their own research into areas such as dementia, pressure sore management, various diets and devised their informative leaflets for people and staff.

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained. The service had a comprehensive programme of training in place to ensure staff had the necessary skills to support people. There was a variety of training methods in use, including face-to-face and online learning. Training records showed staff had completed necessary training. The provider monitored when updates were due.
- When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. The staff induction was based on the Care Certificate which sets out an agreed set of standards for workers in the social care sector. There was regular follow up training to make sure staff kept their knowledge and skills current.
- Staff were supported by management and there were arrangements for regular supervision and an appraisal of their performance. They told us that management were supportive, and teamwork was good. One member of staff told us, "I feel supported here. The manager is very supportive. If we have issues, we can ask for one to one training through the care skill academy." Another member of staff said, "We do regular one to one supervisions. We have online training."

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

- People were supported and encouraged to participate in preparing and cooking meals in order to develop and maintain independence. People were supported by staff according to their individual needs.
- People were supported to maintain a healthy balanced diet. Staff knew people's preferred food choices and dietary requirements. This information was clearly recorded in their care plans.

- Where staff had concerns that a person was not eating enough, they monitored the person's intake and used their knowledge of the person to find creative ways to encourage them to eat more.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked effectively with other agencies and health professionals to ensure people received effective care. We obtained positive feedback from all health professionals and no concerns were raised.
- Records showed the provider had corresponded with social and health care professionals when people's needs changed. People's care records showed relevant health care professionals contact details.
- Staff were able to recognise when people's health had deteriorated and ensured appropriate medical advice was sought.
- The registered manager informed us that they had joined in local authority care forums and updates on topics such as COVID-19 infection control and advanced care planning.

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 Act 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. 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.

- Staff had received training in understanding the MCA legislation and its implications for people living in their own homes. Training records confirmed this.
- Care plans included information about people's capacity to make decisions and provide consent to their care. There were details of people's next of kin or others who advocated for them.
- Staff understood they should seek consent before giving care and encouraged people to make choices for themselves.

# 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 good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were treated with kindness and respect. They received support from a consistent staff team, who knew them well. Relatives we spoke with confirmed this. One relative told us, "They are all brilliant and helpful. [My relative] really likes them all. They are very kind."
- Feedback from people using the service and their relatives indicated positive caring relationships had developed between people and care workers.
- Staff we spoke with told us the service was caring and made every effort to ensure people's needs were met. One care worker told us, "There is a positive atmosphere here. They really do care about clients and staff. The agency loves and cares for clients."
- There was information about people's individual equality and diversity needs in people's support plans. Information about people's needs in relation to any protected characteristics, such as disability and beliefs was included in people's support plans.
- The service made every effort to allocate care workers to people with similar backgrounds and interests so that they were able to form a bond. For example; one care worker supported a person to attend the mosque every Friday. Another service user liked to eat traditional foods from their country of origin and a care worker who was able to cook these foods was allocated to this service user. The registered manager explained that the care worker went to the local market and sourced traditional fresh food.
- People received consistency and continuity with the level of care they received. People told us they received care from the same group of care workers who understood their needs.
- The registered manager explained that the service was committed to providing exceptionally high standards of care. This included ensuring people who used the service felt valued and special. We saw examples of good practice which included arranging a barber to go to a person's home to cut their hair after it had grown very long during the pandemic. Another example was celebrating special occasions such as Christmas and birthdays by providing thoughtful gifts to people. The provider also gave people with dementia crayons and colouring books to support them during the pandemic whilst they were home.

Supporting people to express their views and be involved in making decisions about their care.

- People's preferences were documented in care records. Care records included a section titled 'What is important to me'. This included comprehensive information of how service users wished their lifestyle choices to be respected. These were person centred.
- Staff were skilled at supporting people to express their views and respected their wishes. This included assisting people to use a range of communication tools and accessing the support of independent advocates.
- People and those acting on their behalf were provided with a range of opportunities to express their views

about the care and support from the initial assessment through to regular care reviews and surveys.

#### Respecting and promoting people's privacy, dignity and independence

- People we spoke with and relatives said staff respected their dignity and privacy. All staff members we spoke with were aware of the importance of dignity and privacy and knew ways to support people with dignity and respect.
- Staff took account of the need to preserve people's independence as much as possible. People and their families appreciated that people had as much control over their care and support as possible.
- People's support plans included guidance to promote and support their independence.
- Staff knew about the importance of respecting people's confidentiality and not speaking about people to anyone other than those involved in their care.
- People's care records were stored securely in the office so only staff could access them.

# 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 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.

- People were supported with their personal needs and as per their wishes. People's care plans informed staff about the support people needed to meet their needs. There was clear information about how to support people with daily routines in line with their preferences.
- People and relatives told us they were happy with the care they received and the care workers met their needs. Social care professionals told us they had been happy with how people's needs had been met by the staff.
- Daily records showed the support provided and capture any changes in people's needs.
- Staff supported people according to their care plans in ways that met people's needs and reflected their preferences. Care plans were detailed, individual to the person and contained information about people's preferences.
- The provider used an online system to keep records of the care delivered at each call, and these records were checked and audited by management.

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.

- Care support plans contained information which showed how they communicated and how staff should communicate with them.
- There was an AIS policy in place. The provider was able to tailor information in accordance with people's individual needs and in different formats if needed. She explained that documents could be offered in bigger print or braille and could be translated. We saw documented evidence of this.

Improving care quality in response to complaints or concerns

- There were policies and procedures on raising complaints, concerns and compliments. The provider had a system to log and investigate complaints. Where complaints had been made, we noted that the provider had taken appropriate action in response.
- People and relatives told us the provider was extremely approachable. All people and relative were positive that any concerns would be addressed immediately. One relative said, "They are formidable. They are always at the end of the phone if you need them. I am very pleased with them. Hats off to them they are near perfect." Another relative said, "No complaints. They are very good."

- Staff we spoke with told us that management were responsive. One care worker told us, "The manager is very responsive. She is very proactive." Another care worker said, "[Management] really do listen. They do take feedback on board and take action." Another care worker told us, "They are always supportive. It is positive."

#### End of life care and support

- Staff supported people at the end of their life according to their wishes and preferences. People were supported to stay in their own home if they chose to do so.
- The registered manager told us they worked with people, family members and other healthcare professionals to ensure people's end of life wishes were identified and measures put in place to ensure they were met.
- Staff had undertaken training in end of life care and also knew they would be well supported by the district nursing team if people needed support at the end of their life.

# 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. The service had failed to identify some aspects of medicines management that required improvement.

### Continuous learning and improving care

- Systems were in place to monitor the quality of the service and to improve the service delivery of care and support. Quality assurance systems and processes included audits looking at key aspects of the service. The service carried out quality checks with people which included satisfaction calls and home visits and also spot checks of staff. The service also carried out various checks of records which covered staff recruitment, care records, MARs, staff punctuality, accidents/incidents, safeguarding and complaints. These showed actions were documented, followed up and actioned. However, we found that the provider had failed to effectively identify the medicine issues we identified during this inspection as detailed under Safe. We raised this with the registered manager who advised that they would review their medicines management systems and swiftly took action following the inspection. We also found that the provider had failed to identify some areas where risk assessments were required, for example for diabetes and Parkinson's disease.
- Lessons learnt were shared with staff through meetings, memos, emails and newsletters. Staff meetings were scheduled to discuss work practices, development needs and staff wellbeing. The registered manager was keen for staff to learn different tasks and was empowering them to learn skills applicable to their roles.

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

- The registered manager promoted a person-centred culture within the service. They led by example and supported staff to understand the services' visions and values. Person-centred care was discussed regularly with them.
- People and relatives spoke highly of the registered manager. When asked about management of the service, they spoke positively about how the service was operating. They told us they were confident with how the office operated and felt the agency was well-led.
- Staff we spoke with told us they felt well supported by office staff and management. They confirmed that management were approachable and provided guidance and direction whenever they needed it.

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

- The registered manager logged accidents and incidents; this data was analysed by management to highlight any recurring themes. The registered manager had submitted relevant statutory notifications to us promptly and were aware of their responsibility to report to other partner agencies.
- Staff performance was monitored through regular one to one supervision, spot checks and competency checks. Staff understood their roles and responsibilities, were motivated and had confidence in the



registered manager.

- Care workers we spoke with told us that staff morale was positive and they enjoyed working at the agency. They told us they felt supported and valued. They also spoke positively about the way the service was managed. One care worker told us, "Wonderful company to work for. The manager is very supportive." Another member of staff told us, "Management really do listen. They do take feedback on board and take action. Communication is good – communication is perfect."
- Valuing staff and their contribution to the agency was important to the registered manager. She explained that they did various practical things to show staff how much they were valued. This included giving care workers a superhero badge to show appreciation and boost morale. Bikes were also purchased by the provider to help staff travel to people's homes during the pandemic when staff were anxious to use public transport. They also had a 'carer of the month' award where a care worker was given chocolates and vouchers to celebrate their hard work.

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

- Management understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness.
- The registered manager was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The service obtained feedback from people and relatives about the service through review meetings, telephone calls and spot checks to improve the service where needed.
- Where required, the service communicated and worked in partnership with external parties which included local authorities and healthcare professionals and we saw documented evidence of this. This was confirmed by care professionals we spoke with.
- Staff felt confident to speak with management to contribute to decisions in how the overall service should be run.
- People were given the opportunity to feedback on the overall quality of the care and support provided through an annual survey. These surveys enabled people to express their thoughts as to whether any changes needed to be made to ensure good quality care. We saw documented evidence that the results of the survey were reviewed by management. For example, the registered manager had listened to feedback from people and had developed a drawing book for Afro/Caribbean people. This was in response to people telling them that other drawing books did not represent them.
- Staff were given an opportunity to complete an annual care workers satisfaction survey. Management then analysed this information and sent staff a memo detailing what the findings of the survey were and what action the provider would take in response to feedback. The last survey was carried out in 2021.

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>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Effective systems were not in place to demonstrate that medicines were managed safely.</p>