

London Borough of Hounslow

London Borough of Hounslow Home Care

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

London Borough of Hounslow Home Care is known by people who use, work with and work for the service as the Community Recovery Service Plus (CRS plus). The service is registered to provide personal care and reablement support for a six week period to people living in their own homes within London Borough of Hounslow. The service is designed to provide people with support to regain independence and skills. The service is part of an integrated team working directly with the local health authority, although the registered provider is the London Borough of Hounslow.

At the time of the inspection 41 people were receiving reablement support. 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

Risk management plans had not always been developed to provide care workers with adequate information to enable them to reduce the risks when a specific issue had been identified during an assessment of a person's care needs.

The provider had a range of audits in place, but the audit in relation to risk management did not always provide appropriate information to identify where actions for improvement were required.

People told us they felt safe when receiving care. Rehabilitation assistants administered people's medicines in a safe way and as prescribed. The provider had a robust recruitment process and there were enough staff deployed to provide support based upon the care needs of people.

There was a process to investigate any concerns regarding the care provided. The provider had processes in place for the recording and investigation of incidents and accidents.

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.

People were supported by the reablement service to recover their ability to complete tasks of daily life, retain their independence and enable them to access the community to reduce the risk of social isolation.

Staff received the training and supervision they required to provide them with the knowledge and skills to provide care in a safe and effective way.

People had a detailed assessment of their reablement completed before the six week period of care visits started. The care plans described the care and support a person required and how they wanted it to be

provided.

The provider had a complaints process in place and people told us they knew what to do if they wished to raise any concerns.

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

Rating at last inspection

The last rating for this service was good (published 2 September 2017).

Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to safe care and treatment and good governance 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?

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 ●

London Borough of Hounslow Home Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector. An Expert by Experience carried out telephone interviews with people receiving care. 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 providing a reablement service. It provides personal care to people living in their own houses and flats. People using the service usually receive a time-limited package of care of around six weeks duration. The service predominantly provides support to older adults who have recently been discharged from hospital.

The service had a manager registered with the Care Quality Commission. 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 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 3 February 2020 and 4 February 2020 with telephone interviews and ended on 10 February 2020. We visited the office location on 10 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We obtained feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 15 people who used the service and one relative about their experience of the care provided. During the inspection we spoke with the registered manager and a physiotherapist. We received feedback from 28 staff made up of reablement assistants and Community Recovery Service (CRS) assessors. We reviewed a range of records which included the care plans for four people and a medication record. We looked at the records for three reablement assistants in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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.

Assessing risk, safety monitoring and management

- Risk management plans were not always in place for people receiving support. Where a person had been identified as having a specific risk there was not always guidance for staff on how to reduce that risk, for example, for diabetes, Parkinson's Disease and chronic obstructive pulmonary disease (COPD) which can affect a person's breathing.
- Care plans indicated the person was living with the medical condition but did not provide reablement assistants with information on the relevant medical condition, how it might affect the support being provided and what actions the reablement assistant could take to reduce possible risks.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A range of risk assessments were completed when the reablement visits commenced. There were risk assessments including information about personal care and food.
- A fire risk assessment was completed and if any issues were identified, for example a non-functioning smoke alarm, the London Fire Brigade were contacted to carry out a safety visit.
- Risks were also identified relating to the reablement activity, for example, getting in and out of bed, using the shower or bath and any history of falls.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when they received support from reablement assistants. Their comments included, "I feel very safe. Carers are always there watching what I was doing and to remind me to use the walking frame," "The reablement assistants help me to shower, they are very careful with me" and "They always introduce themselves, show identification, I feel comfortable with them."
- The registered manager confirmed they reported any safeguarding concerns to the local authority safeguarding team in line with the policy. We saw records showed these referrals had been made and the outcome was recorded.

Staffing and recruitment

- People confirmed reablement assistants usually arrived at the agreed visit time and if they were running late the office would contact them. People told us, "The reablement assistants are on time, within half an hour. Couple of times I had a phone call to say carer was running late" and "Usually on time, traffic is very

bad in this area, but all the carers arrive happy and helpful."

- The number of reablement assistants required to support a person was identified during the initial assessment of a person's care needs.
- The provider had a robust recruitment process in place to ensure reablement assistants had the appropriate skills and knowledge to provide care in a safe manner.
- During the inspection we saw the employment records for three reablement assistants and we saw the provider's recruitment processes were being followed. This included a full employment history, two references from previous employers and a criminal record check.

Using medicines safely

- The provider had processes to ensure medicines were managed and administered in a safe way and as prescribed. A risk assessment was carried out for the administration of medicines and creams. If a cream had been prescribed which could be flammable the risk assessment indicated the person's family had been informed of the risks.
- The medicines administration record (MAR) charts included a list of each medicine prescribed, the dosage, how often they should be taken and guidance on any requirements when the medicine was administered, for example, tablets not to be crushed.

Preventing and controlling infection

- The provider had processes to reduce the risk of infection. A risk assessment for infection control was completed including the handling of soiled laundry with guidance on how to reduce possible risks for reablement assistants.
- Reablement assistants were provided with personal protective equipment (PPE) to use which included aprons and gloves.

Learning lessons when things go wrong

- The provider had a process for recording and investigating any incidents and accidents that may occur.
- The registered manager explained that the majority of accidents were falls which occurred outside of a visit by a reablement assistant, so they were not witnessed. When an accident occurred, the person was asked for details which were recorded on the computer system. Accidents had been investigated to identify if there had been any changes to the person's support needs and if a new assessment by a therapist was required. Records we saw demonstrated this occurred.
- If the person was assessed as being at an increased risk of falls a temporary emergency pendant alarm could be set up to provide the person with extra support in case of an emergency.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 support needs were assessed at the start of the six week reablement period. The registered manager explained when a referral was received from the hospital an assessment was completed by an occupational therapist or physiotherapist to see if the person would benefit from the service. This included identifying the person's medical history, previous support from social care services and the goals to be achieved through reablement visits.
- When a person was discharged back home a further assessment was carried out to identify how the support could be provided in the home and develop the care plan. The therapists would also carry out another assessment to develop a reablement plan including exercises and which skills of daily living should be worked on.

Staff support: induction, training, skills and experience

- People we spoke with told us they felt the reablement assistant had appropriate training to meet their care and support needs. Their comments included "Well trained? Very much so" and "They were well trained for what I needed."
- Care workers completed a range of training identified as mandatory by the provider. These included safeguarding, medicines administration, first aid, health and safety and infection control.
- Regular observations were carried out in relation to moving and handling as well as administration of medicines to check the reablement assistant's knowledge and skills. Staff completed three supervision meetings a year with their line manager and an annual appraisal. Staff we spoke with confirmed they completed training courses and had regular supervision meetings.
- The majority of reablement assistants had completed a level two health and social care qualification to develop their knowledge.
- One staff member was completing a level five qualification in management and another staff member was undertaking a level five course in health and social care.

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

- People confirmed reablement assistants supported them with meals if it was part of their care plan. They told us "Reablement assistants make breakfast and heat up a microwave meal [for me] in the afternoon" and "Reablement assessments give me breakfast and make tea, sometimes dinner. I tell the reablement assistant what I want."
- People's care plans included information on how reablement assistants could support them with making food and drinks as part of their reablement to regain their independence.
- Reablement assistants completed food and nutrition training and recorded when they had provided

support with meals in the records of each visit.

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

- People were supported to live healthier lives and access consistent and timely care. One person told us the reablement assistants had contacted their GP to check how many tablets they had been prescribed. People confirmed following their assessment by the therapists team the reablement assistants helped them complete their exercises to improve their mobility.
- Due to the service working across the NHS and local authority staff had access to people's records relating to GP and other medical visits. This enabled them to support the person attend these appointments if required and identify any changes to a person's medical support or prescription, so their care plan could be updated.
- The service could access district nurses and specialist nurses for neurological conditions such as stroke, Parkinson's Disease and Multiple Sclerosis to support people's specific needs. They could also make referrals to the Integrated Community Response Service (ICRS) if a person had a specific issue with mobility or had an unsuitable living environment, for example, they required a bed moving downstairs or needed hand rails fitted.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The provider ensured people's care and support was provided in line with the principles of the MCA. Where the needs assessment had identified that the person might not be able to consent to an aspect of their care, a mental capacity assessment was completed. For example, if it was identified that a person could not consent to their medicines being administered, the GP carried out a mental capacity assessment confirming the reablement assistants should administer the medicines as prescribed.
- People signed their care plans to agree to the reablement package which had been developed. The care plans identified if a person had a Lasting Power of Attorney in place. A lasting power of attorney (LPA) is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.
- Reablement assistants demonstrated a good understanding of the principles of the MCA and how they could support people with making decisions about their care.
- The records of care completed for each visit indicated that the reablement assistant obtained consent from the person before they started providing care during each visit.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 happy with the care they received. Their comments included "The reablement assistants are very nice, lots of patience," "They feel like they are family members", "They are kind and caring, they understand what I feel" and "They are kind and respectful. They show concern about me as a person."
- Care plans identified the person's preferred name as well as their religious and cultural preferences. When support was provided these preferences were taken into account. A staff member told us, "By completing observation of work on all reablement assistants to ensure they are following good standards, also ensuring service user decides how much support is required with personal care. Making sure the chosen area is prepared prior to personal care, taking into account different cultures and beliefs."
- Staff told us "I think it's great as we get to learn about other cultures. So we can understand, respect and enjoy their diversity" and "I think the culture of the organisation is fair and open. All are aware of different ethnicities and cultural practices which we can apply in our roles."

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

- People were supported to make decisions about their care. People confirmed they had been involved in the development of their care plans and if any changes had been made. Their comments included "A very efficient lady discussed care package" and "Someone visited me in hospital to discuss care needs. At first, I was not sure if needed help, but I did need it."
- Care plans identified where reablement assistants could support people to make decisions about their day to day care.

Respecting and promoting people's privacy, dignity and independence

- People told us reablement assistants respected their privacy and treated them with dignity. Their comments included "Absolutely, remarkably so" and "They helped me wash and dress for first week. The reablement assistants went out of bathroom but would pop head around door to check if I was alright."
- Staff demonstrated a good understanding of the importance of maintaining people's dignity and supporting people to be independent. They said, "When I visit a client for personal care, I ensure that the environment is appropriate to start care, for example closing the curtains, making sure doors are closed and the client and I are not interrupted. Care is given according to the people's wishes, some of our clients are fine with doors opened, but we always have to gain consent. Before personal care is given, I make sure I have all equipment ready" and "Individuality and treating each individual as unique human being."
- People felt the staff were supporting them to be as independent as possible. Their comments included,

"The reablement assistants are trying to help me get my independence back, they let me try to do things on my own", "[The reablement assistants] are very helpful, sometimes they encourage me to do things myself" and "They helped me build up strength and independence. Helped me along."

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 good. At this inspection this key question has remained the same. 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

- Care plans identified how people wanted their care provided and the reablement support they required. The information provided for reablement assistants included the activities of daily living that people required support with to regain their independence, for example, personal care and making meals.
- People's progress was reviewed throughout the six week reablement period to identify if appropriate support was provided to meet their reablement objectives.
- The therapists developed a plan identifying any exercises the person required support with and carried out regular reviews to ensure the plan reflected the person's support needs at that time.
- The records of the care provided were completed by the reablement assistant after each visit. These records included information about what care was provided, confirmed if the person consented to their care and the person's experience of the care.

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.

- The needs assessment and care plans identified if the person had any visual and hearing issues which may affect their ability to communicate and how reablement assistants could support the person.
- Information could be provided for people in different languages, large print, braille and as an audio version to meet their needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to regain as much independence as possible through the reablement service to enable them to get back to access the community and activities they enjoyed.

Improving care quality in response to complaints or concerns

- People were supported to raise complaints or concerns relating to the care provided. People confirmed they knew how to raise a concern or complaint and their comments included, "I know how to complain but I have not needed to" and "My relative would ring the office if needed." Some people told us that when they had made a complaint it had been resolved to their satisfaction, but one person commented they were not satisfied with the response to their complaint.
- People were provided with information on the complaints process in the service user guide as well as the

contact details of the Patient Advice and Liaison Service and the local authority complaints team, as the service worked jointly between the NHS and local authority.

- The registered manager told us there had been no formal complaints received but they responded to concerns using the same procedure. All concerns were recorded with details of the issue, who was involved and what action was taken.
- Staff demonstrated a good understanding of how to respond to complaints. One staff member commented "It is valuable to hear people's feedback, whether it is positive or negative, so that we can monitor and improve the service. If a person or relative has a complaint, then we aim to resolve any issues as quickly as possible and apologise for these, respond to them in an agreed way of working and inform a senior member of staff. Provide service user with office/management contact details and explain various ways of making a complaint."

End of life care and support

- The type of service, reablement, meant that reablement assistants were not involved in providing end of life care. If a person's needs changed and they required this type of support they would be referred to a more suitable social care provider to ensure the person received the care and support they required.

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 good. At this inspection this key question has now deteriorated 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's systems had not been effectively operated in order to identify, manage and mitigate risks to people. During the inspection we identified risk management plans were not in place for specific risks identified during the assessment of needs. These had not been identified by the provider using their existing processes.

The systems were either not in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a range of quality assurance checks to monitor the care and support provided.
- When a person had their medicine administered the Medicines Administration Record (MAR) was reviewed during the regular visits by the assessors and at the end of the reablement period. If any concerns were identified they discussed with the reablement assistant.
- Regular checks were carried out to ensure staff had completed supervision meetings and training, recruitment paper work was in place and care plans contained all the relevant information.

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

- During the inspection the registered manager told us there had been four safeguarding concerns reported to the local authority during 2019. Providers are required to send the CQC a notification when a safeguarding concern is raised with the local authority. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. The registered manager confirmed they had not sent notifications relating to the four safeguarding concerns to the CQC. This meant the registered manager had not complied with the regulatory requirements.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. We are considering our regulatory approach regarding this breach.

- There were clear roles within the organisation. The registered manager told us there was a quality monitoring manager and training manager. There were two coordinators who received the referrals for the care packages and nine assessors who carried out assessments of support needs. There were also two

physiotherapists and two occupational therapists.

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

- People told us they felt the service was well-led and that all the staff were supportive and provided appropriate care. Their comments included, "The rehabilitation assistants are second to none, they have become friends to me" and "My overall view is that the assessors and office keep a tight ship", "I feel it is well run. Lots of people to co-ordinate complicated rotas" and "The office staff are friendly and professional"
- Staff told us they felt the service was well-led and they felt supported by the senior manager. Their comments included, "The service is very well led by extremely qualified health care professionals team working together and providing the care to the community" and "We have a very supportive registered manager who is always on hand to advise and support us with any concerns this is always very reassuring as I have phoned her many times at the weekend."

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 had a range of policies and procedures in place which were regularly reviewed and updated when required.
- The records of complaints indicated that the registered manager responded to them in a timely manner and identified where improvements could be made.

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

- People were supported to provide feedback of the care they receive. The registered manager told us people could complete a quality monitoring form which included question relating to if they were treated with dignity, if their support needs were met and if ongoing support plans had been put in place at the end of the reablement period.
- There were also comment cards which were provided by staff that people could complete while they were receiving reablement support. If any issues were identified from the feedback these were recorded as a concern and responded to.
- The registered manager explained a weekly information update relating to the local authority was sent to staff. There were monthly meetings for each staff group for example rehabilitation assistants and assessors. The minutes of these meetings were circulated to all staff

Working in partnership with others

- The registered manager told us they worked closely with another service provider which provided support with additional reablement care packages. This meant people had consistent care and their needs could be assessed by the therapists.
- If homes were identified during the initial assessment as requiring a fire safety check staff would contact the London Fire Brigade to carry out a home fire safety check.
- People receiving care could be referred the British Red Cross, befriending services and specialist support to meet any additional support needs.

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 did not always ensure risks were assessed for services users receiving care and action was taken to reasonably mitigate any such risks.</p> <p>Regulation 12(1)(2)(a)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did effectively operate systems to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity</p> <p>Regulation 17 (1)(2) (a) (b)</p>