

Here to Care Limited

Here2Care (Dartford)

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Here2care (Dartford) is a domiciliary care agency providing personal care and support to people in their own homes in Dartford, Gravesend and surrounding areas. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. Where they do we also consider any wider social care provided. At the time of the inspection the service was providing care for 201 people. This included older people, people living with dementia and people with a learning or physical disability.

People's experience of using this service

Medicines were not safely managed. Medicine administration record (MAR) charts were not completed in full, they included gaps without any explanations. Risks were not always identified and assessed. Risk management plans did not always guide staff on how risks should be minimised. Staff did not always attend calls at scheduled times to provide timely care. Care plans were not always updated to show a change in people needs. The provider did not have effective processes in place to monitor the quality of the service as they had not identified the issues we found at this inspection.

People said they felt safe and that their needs were met. There were appropriate safeguarding systems in place to protect people from the risk of abuse. People were protected against the risk of infection. There were systems in place to manage accidents and incidents. The provider carried out robust recruitment checks prior to employing staff.

Staff were supported through regular training and supervisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to eat a healthy and well-balanced diet if required. People had access to healthcare services when required to maintain good health and their independence was promoted.

People and their relatives where appropriate, had been consulted about their care and support needs. There was an effective complaints system to manage people concerns in a timely manner. The provider worked in partnership with the local authority to ensure people's individual needs were planned.

Rating at last inspection and update

The last rating for this service was Good (published 28 June 2017).

Why we inspected

This was a planned inspection based on the previous rating

Enforcement

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in

relation to risk management, staffing and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 caring 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 not always responsive.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Here2Care (Dartford)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection with 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 houses or flats.

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

This inspection site visit took place on 20 December 2019 and was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from professionals who work with the service. We used all of this information to plan our inspection. The provider was 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.

During the inspection

We spoke with 12 people and one relative about the service. We also spoke with seven members of care staff and the assistant manager and registered manager. We reviewed records, including the care records of thirteen people using the service, and the recruitment files and training records for three staff members. We also looked at records related to the management of the service such as quality audits, accident and incident records, and policies and procedures.

After the inspection – We continued to seek clarification from the provider to validate evidence found. The provider sent us copies of weekly medicine audits and medicine competency checks that were due to be implemented, copies of care plans, risk assessments and minutes of meeting with co-ordination team.

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 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.

Using medicines safely

- Medicines were not always managed safely. Medicine Administration Records (MAR) were not always signed, they included gaps and there were no notes recorded as to why this was the case. For example, one person did not have their MAR charts completed on between 2nd and 5th September 2019 without any explanation. Another person did not have their MAR chart for topical creams completed on eight occasions for the month of October 2019 without any explanations. This meant there was a risk that this person may not be receiving their medicines as prescribed.
- It was clear from people's care records that staff were responsible for administering medicines to people who required this. However, MAR charts for some people showed that their medicines were being administered by relatives as well as staff. There is not an issue in families administering medicines and guidance from the National Institute for Health and Care Excellence (NICE) says, that when a family member or carer gives a medicine (for example, during a day out), it should be agreed with the person and/or their family member or carer how this will be recorded. This information should be recorded in the person's care plan. However, the registered manager told us that there had been no agreement which was recorded in the person's care plan that relatives would administer medicines to people before staff arrived. They said they would speak to relatives and ensure going forward only staff administered medicines.
- Medicine audits carried out were carried out monthly and found no issues. The shortfalls we found for September and October 2019 were not identified.
- Staff did not undergo medicine competency checks to ensure they had the knowledge and skills to administer medicines and support people safely.

Failure to provide the safe care and treatment in relation to medicines is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager sent us documentation to show that weekly medicine audits had been introduced and staff would be going through medicine competency checks. The registered manager had also held meetings with staff to reinforce that MAR charts should be completed in full. We will check this at our next inspection.

Assessing risk, safety monitoring and management

- Risks relating to the management of pressure area care were not managed safely. Two people were at risk of developing a pressure sore but there was no risk assessment in place for either person or guidance in place for staff on how to minimise these risks.
- One person at risk of pressure sores, care notes recorded the action staff needed to take to prevent

pressure sores. This included regularly applying a particular medicine to prevent a pressure sore developing. However, the person's risk assessment and care plan had not been updated to reflect this change in their needs and there was no updated guidance for staff.

- There were no body maps available for this person to identify where the pressure sores were and whether or not they were being completed for this person.
- Another person at risk of pressure sores remained in bed, which increased the risk of developing pressure sores. However, there were no documents or notes recorded to establish when this happened. This person's electronic care plan had last been reviewed in September 2018. The registered manager told us that the person did have a paper care plan that had been put in place on 6 December 2019, but this was not available in the office on the day of the inspection. This paper care plan was also not available to all staff.
- This person's care notes showed that on the evening on 19 December 2019, the person had experienced a medical condition, but this was not updated on their current care plan or risk assessments and their updated paper care plan was not in the office to establish whether this had been updated. This meant that staff did not have up to date information or guidance on how to support this person safely.
- On two separate occasions in December 2019, care notes had logged that both a nurse and GP should be called. There were no records in care files to demonstrate that this action had been taken. We were unable to establish whether or not these health care professional professionals had actually been called.
- Pressure monitoring charts for these two people had left blank and crossed through.

Failure to provide the safe care and treatment is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager sent us up to date copies of care plans and risk assessments in relation to pressure area care. We will check whether these risks have been fully identified and mitigated and that staff are aware of what they need to do at our next inspection.

Staffing and recruitment

- Staff were not effectively deployed. We received mixed reviews from people and their relatives about staff attending care calls on time. Although there was some positive feedback and one person said, "Yes, staff come on time, and do stay for the right amount of time" Other people told us, "There are times when staff have problems, it happened this week. I tell them not to bother to come if it's too late. One relative said, "The regular carers are on time. But it falls apart a bit when the regular carer doesn't come. The other carers come too late – and if they don't come until 10am it messes up my [relative's] medication times." One person said,
- The provider operated an electronic call monitoring system (ECM) that alerted office staff if there was a late or early call. However, the provider was not using it to monitor visits to people homes to ensure staff attended at the correct times.
- We looked at the provider's ECM system and saw that staff did not always attend planned calls for care and support at the agreed times. For example, some calls could be up to one hour late and up to 50 minutes early which was not in line with people's care plans. This meant that people were not receiving the care calls at their preferred times and they were waiting for long periods of time between care calls to have their care needs met.
- The registered manager told us that the service had a co-ordination team that monitored the ECM system

which went live before our inspection. However, issues we found at this inspection showed that the ECM system was not being monitored by the team. There were also no records documented on the ECM system as to why staff were late or early.

Failure to adequately deploy staff is a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager sent us documentation to show that a meeting had been held with the co-ordination team to reinforce how the ECM system needs to be completed going forward. We will check this at our next inspection.
- Appropriate recruitment checks took place before staff started work. Staff files contained completed application forms which included details of their employment history and qualifications. Each file also contained evidence confirming references had been sought, proof of identity reviewed, and criminal record checks undertaken for each staff member.

Preventing and controlling infection

- People were protected from the spread of infection. There were systems in place to manage and prevent infection including policies and procedures which provided staff with guidance on how to minimise or prevent the spread of infections.
- Staff completed infection control training and followed safe infection control practices by wearing aprons and gloves when supporting people. One person said, "Yes staff always wears gloves, aprons and wash their hands." One staff member said, "I wear gloves and aprons and also make sure my hair is tied back."

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

- There were appropriate systems in place to safeguard people from the risk of abuse. Staff had received safeguarding training. They knew of the types of abuse that could occur, what to look out for and the process to follow for reporting any allegations.
- People told us they felt safe. One person said, "Yes, I feel very safe. I'm not just saying that, I do. Staff look after me so well."
- There had not been any reportable safeguarding concerns since the last inspection, but the registered manager understood safeguarding protocols and said they would submit safeguarding notifications when required to the local authority and CQC.

Learning lessons when things go wrong

- There were no accidents and incidents recorded since the last inspection. However, there was a system in place to record and monitor accidents and incidents. The registered manager told us if there were, they would be logged, investigated in line with the provider's policy and learning would be disseminated in staff meetings.

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 Good. At this inspection this key question remains the same. This meant that 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 needs were assessed prior to them joining the service so they could ensure they would be able to meet people's care and support needs. These assessments were used to produce individual care plans so that staff had the appropriate information and guidance to meet people's needs effectively.

Staff support: induction, training, skills and experience

- Staff training was up date. Training considered mandatory by the provider for staff included induction training, safeguarding, manual handling, first aid and infection control.
- Staff were supported through regular supervisions and annual appraisals in line with the provider's policy. One person said, "Yes, I do think staff have the necessary knowledge and skills. One staff member told us, "I do have regular supervisions. I can discuss my work, my performance and any issues I have as well as get feedback from my manager."

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 registered manager told us people they currently supported had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to decide they would work with the person and their relatives. As well as any relevant health care professionals to ensure appropriate capacity assessments were undertaken appropriate decisions made in their best interests' in line with the Mental Capacity Act 2005.
 - Staff had received training on MCA. They told us they sought consent from people when supporting them and they respected people's decisions. One person said, "Yes, staff do ask for permission and explain things." One relative said, "Oh yes, staff do ask consent and explain what they are doing."
- Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to eat and drink enough. The support they required from staff with eating and drinking was recorded in their care files.
- Staff supported people by heating up oven or microwave meals and preparing drinks and sandwiches. One staff member said, "I put meals in either the oven or microwave for people. Sometimes they prefer just a sandwich which I make for them"

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

- People had access to a range of healthcare services and professionals which included GP and district nurses. One person said, "They will check with me if I am quiet. They know [when something is wrong]. They would tell someone." A relative said, "Staff would refer to the ambulance service in an emergency." One staff member said, "If need we liaise with the GP and district nurses if required."

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 Good. At this inspection this key question remains 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 staff were kind, caring and treated them with dignity and respect. One person said, "Yes, staff do really care." On relative said, "Staff are all very caring, absolutely."
- Care records included people's personal information relating to their medical history, religion and how they would like to be addressed. When we spoke with staff were they aware of people's needs in relation to these areas.
- At the time of the inspection there was one person whose first language was not English. The service had allocated a member of care staff to this person who spoke the same language which meant that they could fully converse with the person about their care needs. No-one else using the service required support with any diverse needs. However, staff showed an understanding of equality and diversity and how they would support people from different backgrounds should the need arise.

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

- People were involved in making decisions about their daily support. For example, they chose what they wanted to wear and what they wanted to eat. One person said, "I'm very independent, but I do talk to staff about what I want." A staff member said, "People choose what they want to wear and eat on a daily basis. It's their choice and I respect their choices."
- People were given information in the form of a 'service user guide' prior to joining the service. This guide detailed the standard of care people should expect and of the services provided. The service user guide also included the complaints policy, this meant people had a clear understanding of how to complain if they wished to.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they respected people's privacy and dignity by ensuring people were covered up during personal care and knocking on doors before entering. One staff member said, "I carry out personal care behind closed doors and always explain what I am going to do to support them."
- People were supported to be as independent as possible. For example, people were encouraged to wash their faces or put their shoes on. One staff member said, "I always encourage people to do things like make a cup of tea or brush their hair. But if they don't want to then I respect that."

- People's information was kept confidential by being stored in locked cabinets in the office and electronically stored on the provider's computer system. Only authorised staff had access to people's care files and electronic records.

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 Good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

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

- People's care plans were regularly reviewed, however we found that people's care plans had not always been updated when there was a change in the person's needs. For example, when people experienced changes to their skin integrity their care plans had not been updated to include any guidance for staff on the changes to people's care and treatment and guidance for staff on how prevent a reoccurrence.
- Care plans did not always include all elements of people's needs and some areas were not completed or accurate. For example, a person who was at risk of choking did not have a choking risk assessment in place and the care plan did not provide guidance for staff on how to minimise the risk of choking associated with the condition the person was living with.
- Only a sample of care plans were audited on a monthly basis, therefore, the issues we found were not identified.
- Following the inspection, the registered manager sent us documentation to show that people's care plans had been updated. We will check this at our next inspection to ensure that staff are aware when care plans require updating.

End of life care and support

- People's care plans did not have people's end of life wishes and preferences documented. However, no one at the service currently received end of life care. The registered manager told us, that going forward they would ensure people's end of life wishes were documented and where required they would work with people, family members and other healthcare professionals to ensure people's end of life wishes were met. We will check this at our next inspection.

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.

- People's care plans contained information which showed how they communicated and how staff should communicate with them. The registered manager told us there was no-one using the service needed information in another format. However, if required information would be provided in a format that met people's needs, this included large font or pictorial.

Improving care quality in response to complaints or concerns

- The service had an effective system in place to manage complaints. The service had a complaints policy in place and a system to log and investigate complaints. People and their relatives knew how to raise a complaint if they needed to.
- Complaints were investigated in line with service's complaints policy and in a timely manner. One person said, "Yes, I know how to make a complaint." One relative said, "Yes, I know how to make a complaint and have been told. I haven't had to make one."

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 Good. At this inspection this key question has 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Continuous learning and improving care

- The governance of the service was not entirely effective or robust and this was evidenced by the nature of the breaches of the regulations we identified at this inspection.
- Medicines Administration Record (MAR) charts contained gaps without any explanation as to why they had not been completed. The registered manager lacked oversight when people's family members administered their medicines. Family members were allowed to administer medicines without agreement.
- Choking and pressure risk assessments had either not been carried out or updated, which meant risks to people were not always fully identified.
- Medicine and care plan audits were only carried out on a small sample of people which mean the shortfalls we had found with care plans risk assessments and medicines had not been identified.
- Medicine competency checks were not regularly carried out on staff to ensure that staff were competent to administer medicines safely
- The registered manager did not have oversight over the Electronic Call Monitoring system, to ensure that people were receiving their care calls as planned to meet their needs effectively and safely.
- Daily notes of care delivered to people were only returned to the office on a quarterly basis, this meant that regular audits of these did not take place to identify shortfalls in care provided.

Failure to assess, monitor and improve the quality and safety of the service people received is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People were positive about the provider. People and staff told us that the registered manager was supportive and approachable and had an open-door policy should they have any concerns they wanted to discuss. One person said, "Yeah, the management is good. I've met the manager." A relative said, "The service is very good." One staff member said, "The registered manager is fantastic, they are supportive and approachable." Another staff member said, "The registered manager is one of the nicest people I know, so approachable and ready to listen,"

- The registered manager understood their responsibility to be open, transparent and take responsibility when things went wrong at the home. Records showed that staff and the registered manager kept relatives up to date with any changes that had occurred with their relative.

Engaging and involving people using the service, the public and staff

- People's views were sought through an annual residents and relatives survey which was carried out for July to September 2019.
- Overall the feedback was positive. One person said that they had not seen their care worker read their care plan. We saw that the registered manager had put an action plan in place to ensure all staff read and kept updated with people's care plans.
- Staff attended regular team meetings. Minutes from the last meeting in October 2019 showed areas discussed included the annual surveys, people and communication. One staff member said, "I do attend staff meetings, it's a chance to get together and discuss any issues as a team."
- The provider carried out 'spot checks' checking staff practice and used these opportunities to obtain feedback from people and ask them about any issues they may have.

Working in partnership with others

- The provider worked closely with the local authority and health and social care professionals to provide joined-up care.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not safely managed. Risk assessments were not updated and there were not always risk management plans in place. Regulation 12(1)(2)(b)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service. Regulation 17(1)(2)(b)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff were not effectively deployed to ensure that care calls were answered at scheduled times. Regulation 18(1)