

Home from Home Care Services Limited

Home from Home Care Services Limited - 168 Burton Road Derby

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 27 July 2017 and 3 August 2017 and was announced. The provider was given 48 hours' notice. This meant the provider and staff knew we would be visiting the service's office before we arrived. At our previous inspection during June 2016 the provider was not meeting all the regulations we checked. We found that the leadership and management of the service and its governance systems were not robust. The provider was also required to make improvements under safe, effective, caring and responsive. At this inspection we found that improvements were still required under safe, effective, responsive and well-led. We also found that the provider was not meeting all the regulations we looked at.

Home from Home Care Services Limited - 168 Burton Road Derby is a domiciliary care agency providing personal care. This included people living with dementia, older people, people with mental health and physical disability. At the time of this inspection there were 23 people who received personal care. The agency office is located close to Derby city centre.

There was a registered manager in post; they were also the service provider. The registered manager was not based at the Derby office which they visited a couple of times each month. A registered manager is a person who has registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that the provider's quality assurance systems had not picked up the issues we identified at this inspection visit. This demonstrated that the management systems were not always effective in recognising areas which required improvements.

The provider's arrangements for staff recruitment were not always safe and did not ensure suitable people were employed. We found that all the required pre-employment checks were not in place before staff commenced employment.

People and relatives knew how to raise concerns. However some relatives felt that complaints were not always well managed and they did not feel listened to. This demonstrated that complaints were not resolved satisfactorily.

People were not happy that they were not always contacted by the office staff, advising them if staff were going to be late attending their call.

The Mental Capacity Act (MCA) 2005 (MCA) helps to ensure that people are supported to make their own decisions wherever possible. Where people were identified as not having capacity there were no records of best interest decision making to show the care and support provided was in the person's best interests.

Staff told us the training received was adequate to support people. Staff told us they felt supported and that they received regular supervision.

People received appropriate support to manage their meals when required. This was done in a way that met with their nutritional needs and choices. People's health needs were met, staff confirmed if they were concerned about people's health they would notify the office or contact the relevant service as required.

People told us staff treated them in a caring way and respected their privacy. Staff supported people to maintain their dignity. People's independence was promoted.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Recruitment procedures did not ensure suitable staff were employed. Staff knew what action to take if they suspected abuse was occurring. However safeguarding allegations were not always reported to the local safeguarding team to investigate. Staff told us they followed the guidance in people's risk assessments and care plans when supporting them. People were supported to take their medicines. There were sufficient staff, however improvements were needed to ensure people received their calls as agreed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Mental capacity assessments had not been completed to identify the support people needed to make decisions. Staff told us they had received training providing them with the knowledge to meet people's needs. However staff were not able to recall if they had received training on the mental capacity act. People were supported to maintain their nutrition, health and well-being where required.

Is the service caring?

Good ●

The service was caring.

People told us they were supported by kind and caring staff. Staff understood how to maintain people's privacy and dignity, whilst supporting them.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

People felt able to raise complaints with the provider. However some people told us that their complaints had not been resolved satisfactorily. People were not consistently involved in reviewing what support they needed. People were not always informed if their call had been delayed.

Is the service well-led?

The service was not well-led

The service had a registered manager in post; however they were not responsible for the day to day management of the service. Systems designed to check on the quality and safety of the service people received were not effective. For example people did not always experience improvements when they had shared their views. Staff told us they felt supported by the management team.

Requires Improvement 

Home from Home Care Services Limited - 168 Burton Road Derby

Detailed findings

Background to this 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 was planned to check whether the provider was 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.

This inspection took place on 27 July and 3 August 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience did not attend the agency's office, but spoke by telephone with people who used the service and relatives. The telephone interviews took place on 11 and 12 July 2017.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public, the local authority and other relevant professionals.

We did not send the provider a Provider Information Return (PIR) prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we gave the management team the opportunity to provide us with information they wished to be considered during our inspection.

We spoke with eight people who used the service and seven people's relatives. We spoke with the office co-ordinator, office manager, programmer and three staff who supported people in their homes.

We reviewed records which included four people's care records to see how their care and treatment was planned and delivered. We reviewed five staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

Is the service safe?

Our findings

At our previous inspection visit during June 2016 we found the provider was not undertaking thorough recruitment checks to ensure staff were safe to work with the people who used the service. At the previous inspection we saw that the provider had not checked a reference for authenticity. The employment history for another member of staff was not clear.

At this inspection visit we found that the provider's recruitment procedures were still not robust. This meant that the provider could not be assured that all the required pre-employment checks had been carried out to ensure that the person was suitable to work with people they supported. We found that a staff member had commenced employment without a valid Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Records showed that the staff member worked unsupervised with a DBS from a previous employer. The care coordinator told us that the provider's policy was that new staff could work without a current DBS so long as they were supported by another staff member. However records showed that this had not been followed and the staff member worked on their own in the community. We saw no evidence to confirm that the provider had assessed their decision for the staff member to work unsupervised. We discussed this with the office manager, who confirmed that they would ensure all the legally required pre-employment checks were in place before any new staff commenced employment. The recruitment file did contain other checks such as references, proof of identification and an application form.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the previous inspection visit the provider was not clear about their responsibilities in reporting safeguarding issues. They were unsure of which relevant agencies they needed to notify and as a consequence they had not notified us about some safeguarding concerns. At this inspection visit we found that safeguarding referrals were not always being reported to the relevant agencies. For example we looked at the complaints record and found that there was an incident recorded which had been investigated by the provider. However the incident had not been reported to the local authority safeguarding team or to CQC. We discussed this with the office staff who told us that they were not aware that this incident needed reporting in line with local safeguarding procedures. This did not provide assurance that people who used the service were protected from harm.

At the previous inspection visit we found that moving and handling risk assessments we looked at had not been fully completed. At this inspection visit we saw risk assessments contained details of equipment needed to support people to move safely. Staff we spoke with told us the risk assessments provided them with sufficient information on how to support people safely. They knew about people's individual risks and explained the actions they took to keep people safe. One staff member said, "[Person's name] requires a hoist. We always make sure the straps are fastened properly and the breaks are on." Staff told us that they would report any concerns or changes in people's care to the office. We did find that some risk assessments did not include detailed guidance for staff to ensure consistency in supporting the person. The office

coordinator informed us that they were currently updating all care plans and risk assessments.

All the people we spoke told us they felt safe when being supported by staff from the service. Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. Staff told us what actions they would take if they had concerns for the safety of people who used the service. Records showed staff had undertaken training to support their knowledge and understanding of how to keep people safe.

Most people we spoke with told us that they either managed their own medicines or were supported by their family to take their medicines. However a couple of relatives were not always happy with the support their family members received from staff. This meant that people did not always get their medicines as prescribed. One relative said, 'They [staff] give [person's name] tablets, which I'm satisfied with. My only worry is that sometimes there isn't enough time between calls to safely give [person's name] medication. For example if staff leave at 12:30pm for the lunch call and then arrive at 3:30pm for the teatime that's only 3 hours between.' Another relative raised concerns that the staff did not observe their family member to take a particular tablet. The relative told us that the staff had recorded on the medication administration record that this had been taken. We discussed this with the office co-ordinator and office manager. They told us that they were not aware of these issues and that they would take action to address this.

Staff told us they had undertaken medicine training. Records we looked at confirmed staff had received training in this area. Staff we spoke with told us medicine administration records (MAR) were kept in the person's home. They checked the medicines against the MAR to ensure people were given the correct medicine and amount. We looked at a sample of medication administration records and found these had been completed correctly without any signature gaps or omissions. This ensured that an audit trail was in place to monitor when people had taken their prescribed medicines. We saw that the provider was updating care plans specifying the level of support people required to take their medicines. This would ensure staff had clear guidance to administer medicines safely. We looked at an updated care plan which recorded the level of support a person required with their medicines.

Staff told us there were enough staff to meet people's needs. However, a couple of staff told us that they did not have travel time allocated in between calls, which caused some calls to be late. One staff member said, "There is no travel time. You finish one call at 4pm and the next call on your rota is scheduled for 4pm." Another staff member said, "You don't get driving time so if you are running late, there is a knock on effect." This demonstrated that the scheduling of calls did not ensure staff were deployed appropriately.

Is the service effective?

Our findings

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 people 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.

At our previous inspection visit during June 2016 we found that the provider had not carried out mental capacity assessments where it was identified that a person lacked capacity. At this inspection we checked whether the service was working within the principles of the MCA. However the provider still needed to make improvements in this area. The provider had not carried out mental capacity assessments, where it was found a person could not always consent to their care, due to their health needs.

People that were able to confirmed that staff sought their consent before providing their care and explained what they are doing. A person said, "Staff say things like shall we do this now, before they begin something. Another person stated, "They [staff] usually check what I want them to do first." Staff were able to tell us how they supported people to make their own decisions. A staff member said, "I always give people a choice. For example at meals times I show the person the choices available that why they can pick what they like." Training records we looked at showed that staff had completed MCA training. However staff told us that they were unable to recall whether they had received training on the MCA.

Most people were complimentary about their regular staff and told us they provided their care and support effectively. A person said, "The carers are skilled and they do everything they're meant to. They are very good." Another person stated, "The carers know what they are doing, they seem to have the skills to do it." However one person felt that some staff were more skilled than others. Most relatives we spoke with felt that staff had the necessary skills and knowledge to provide care and support. A relative said, "I think the staff are knowledgeable and know what they are doing."

Staff confirmed they had received an induction period, which included undertaking training prior to supporting people in the community. One staff member said, "When I first started I went out with experienced staff and carried out training." Staff told us they had undertaken training in a range of areas. Training records we looked at confirmed this. Comments from staff regarding training included, "Some of the training has been good such as moving and handling." And, "We receive regular training which helps you do the job. Training in dementia and medication has been very helpful. I have also found that you learn as you go along."

Staff were supported through individual supervisions and staff meetings. Supervision is a meeting with a manager to discuss any issues and receive feedback on a staff member's performance. A staff member said, "I do feel supported by the management team. It's not us and them we work together." Another staff member told, "During the supervision meeting, the office manager talks to you about practice issues such as

people's needs and how you are managing." This demonstrated that the provider supported staff to enable them to meet the needs of the people who used the service.

Some people required assistance with meal preparation; they told us they were happy with this. One person said, "I eat what I want at breakfast, I say what I want them [staff] to get me. They [staff] help me get things ready and leave me a drink before leaving." Staff told us they encouraged people to eat and drink sufficiently to maintain their health. Staff explained that if they had concerns about a person's dietary intake they would share this with the person's family and the office. A person's care plan recorded their preferences and instructed staff to notify the office if there was a change in the person's appetite.

Staff we spoke with told us that they would seek medical support if they were concerned about a person's health care needs. As well as sharing their concerns with the person's relatives and the office. A relative said, "[Person's name] was found by the carer as they had fallen. The carer contacted us and rang for an ambulance." This demonstrated that staff ensured appropriate medical intervention could be sought when required.

Is the service caring?

Our findings

People told us staff were caring and were appreciative of staff's friendly and helpful attitudes. People felt comfortable with the staff that supported them. One person told us, "I think the carers are very caring. When they come in they ask if I would like a drink and leave a drink for me when they leave." Another person said, "We have a laugh and a little natter. I get on with most of them." A relative said, "The carers are very kind, they chat to [person's name] a lot, that's nice."

People's privacy and dignity was respected. They told us that the staff addressed them in the way they preferred and made sure care was delivered in a dignified manner. They told us they were treated with respect and supported in a kind and caring way by staff. One person said, "They [staff] are wonderful. I have the same carer in the morning and we get on so well. I'm not embarrassed with the carer she helps to wash me and she closes the door when supporting me." Another person said, "They [staff] make sure the towel is nearby to cover me."

Staff understood the importance of caring for people in a dignified way and supported people to remain independent. They were able to describe to us how they respected people's privacy and dignity when providing personal care. As well as how they encouraged people to remain independent. Staff told us that they ensured people were covered whilst assisting them with personal care. A staff member said, "When carrying out personal care I cover the person up and I always explain what I am doing. It's important to talk through what you are doing making the person aware of what's happening. It's important to encourage a person to maintain their independence even by doing small tasks. For example I will encourage a person to butter their toast." This demonstrated that staff understood the importance of upholding and respecting people's dignity.

People told us they felt that they received individualized care from the staff and were listened to. They told us staff worked alongside them. Comments from people included, "The staff listen to me and don't look down on me," "I feel respected by the staff at all times and have had no problems" and "The carers stick to what I want and they will ask me what I would like them to do first such as making my bed."

Care plans had been developed with the involvement of people using the service or their representative. Discussions with people confirmed they had been involved in their care and their views obtained. A person said, "The office staff came out and we went through everything I needed. The care plan is in a folder and the carers do what is on the plan." Another person stated, "I do feel that I have had a say in the care I receive and I have been asked what I want. The carers take note of that."

Is the service responsive?

Our findings

The provider had a complaints policy and procedure in place. People told us if they had any concerns they would contact the office. However some people told us they had raised concerns and did not feel they were listened to. One person said, "A carer upset me. I rang the office, however no manager came out to see me." A relative said, "I raised concerns with the staff at the office and they have not got back to me. It would be nice to get a reply to a concern; they never get back to you." Another relative said that they had raised issues but felt that the provider did not listen to them.

We reviewed the complaints record and found that the outcome of complaints was not always recorded. This did not provide assurance that the provider had effective systems in place to thoroughly investigate concerns received to the satisfaction of the complainant. There were not adequate systems in place to ensure lessons were learnt to improve the service if required.

The complaints procedure did not contain details of the Local Government Ombudsman where complainants could escalate their concerns to. If in an event they were dissatisfied with the outcome of the provider's investigation.

Some people told us the agency did not always tell them when there was a change in staff. They also told us that they were not always told when staff would be late. A person said, "They [staff] don't always let me know if a carer will be late." Another person stated, "Sometimes the staff are delayed, but I am not always informed if they'll be late." A relative told us, "At weekends they [staff] can be an hour late." We fed this back to the office coordinator and office manager. They told us that there was a 15 minute window either side of a call, which meant that staff could turn up 15 minutes prior to the scheduled call or 15 minutes later than the scheduled call. The provider's policy was to contact people if staff were going to be later than this. A copy of this policy was sent to people following the inspection visit.

Some people told us that different staff turned up to those listed on the rotas which were sent to them. One person said, "The office change things about without telling me. I told them I wanted regular staff and not to keep changing them. I was told they would look into this but they don't commit to what I want." A relative said, "Every day is different, it feels the rota fits the service." Another relative told us that there had been two occasions where their family member did not receive a call. This demonstrated that people were left waiting and their needs were not being met at the right time for them and did not always have continuity of care. The office manager told us that they would be looking into an electronic call monitoring systems to ensure people received their calls at the agreed times.

Assessments were undertaken to identify people's support needs. Care plans were developed outlining how these needs were to be met. The records we looked at identified individual needs such as mobility, personal care needs and people's overall agreed care plan objectives. Staff told us care plan and risk assessment copies were available at people's home and that they were up to date. Staff were able to describe to us how they met people's care needs and how they supported people. A staff member said, "The care plans and risk

assessment contain enough information on people's needs. Whilst working with people you get to know more about them and how they like things doing."

We received mixed feedback about people's involvement in reviewing their care plan. Two people said, "They [office staff] came in a few months ago and updated everything in the folder and they went through everything with me" and "My care plan was reviewed a little while ago by two managers, who came out to make sure everything was okay." Some people were unable to recall if their care plan had been reviewed and some people told us no review had taken place. A relative said, "My family member has been receiving care for over 12 months and there has been no review. No one from the company has contacted me to see how the care package is going, or whether we had any concerns." Another relative said, "Yes we were all involved in the care plan; however the office staff have never come out to review the care package." This did not provide assurance that the provider reviewed people's care regularly.

Is the service well-led?

Our findings

At our previous inspection in June 2016 we found there was a breach in meeting the legal requirements relating to governance. The provider's management systems were not effective in recognising areas which required improvements. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found that the provider continued to have ineffective systems in place to monitor the quality of the service and identify where improvements were needed. We identified that the provider's recruitment processes was not robust as all the required pre-employment checks were not always in place. This did not ensure the safety of people who used the service. People felt that the provider did not listen to their concerns and did not always get back to them when they raised issues. This meant that systems did not ensure consistent and effective communication between people using the service and management and that the service had not been responding in a way people would have expected.

We saw complaints had not been audited to enable the management team to identify any trends and to take action as required. Adequate systems were not in place for monitoring call times to people. A relative said, "My concern is that the staff arrive at haphazard times." During discussions with people they also told us that when staff were late they were not always notified that their call had been delayed. Staff told us they found people were not always told that they had been delayed, despite them having contacted the office. A staff member said, "The communication is not 100% if you are running late, the office don't let people know."

Some people were unable to recall whether they have been asked about their views on the service they received. A couple of people told us that they had completed satisfaction surveys but saw no improvements. One person said, "Yes I have filled in a survey. However it doesn't make any difference." A relative told us, "I can't see the point of the surveys. I was robust on the last one about the manager never getting back to me and nothing changes."

We saw the customer survey analysis for March 2017. This showed some areas for improvement. For example, one person was not happy with the way an issue they raised was dealt with. Another person said, "When you send the rota many times it's different people that come and I find that at times confusing." This demonstrated that people's views were gathered. But not all people had seen improvements with regards to the issues they raised.

The service had a registered manager in post since October 2010. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. The registered manager was not based at the office and we were told that they visited the office at least a couple of times each month. The day to day management of the service was delegated to the office manager.

We received mixed feedback on whether the service was well-led. A relative said, "A couple of staff are very attentive. However as a company they are not efficient. Nothing gets sorted very quickly and you have to

chase up things as they don't call you back." Another relative told us, "On the whole it's been okay. There have been a few incidents when carers have not attended. If they [office staff] know someone cannot attend, they should have contingency plans in place. They could also have better procedures in place for time keeping."

This evidence constitutes a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they enjoyed working for the provider. A staff member said, "We have a good bunch of staff."

Staff told us that they had received spot checks and were not aware that the manager was coming to observe them. This is where a manager will for example check that staff are using the correct moving and handling techniques, wearing their uniform and adhering to the care plans. We saw a sample of recent spot check records, which raised no concerns. A staff member said, "Regular spot checks are carried out, the office staff just turn up when we are at a call." This demonstrated the provider was monitoring the care and support provided to people by staff.

Staff told us that they were aware of the whistleblowing policy. Whistleblowing is the procedure used by staff to report poor practice, whistle blowers are protected by law. Staff confirmed that they would be able to raise concerns without the fear of repercussions.

An on call system was provided by the management team to support staff. Staff we spoke with told us they were able to access the on call system, which provided out of hours support to deal with any emergencies or problems. A staff member stated, "The on call system does work. When I have called them, they do get back to you." Another staff member said, "I found a person on the floor and called the on call person to report this. They advised me to call the ambulance. On another occasion I forgot the key safe code. I rang the on call person they provided me with this and I was able to gain access."

The provider understood their legal requirements for notifying us of all incidents of concern and safeguarding alerts. People's confidential records and staff personnel records were kept securely in the office.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met: The provider did not have effective systems and processes to assess, monitor and improve the quality and safety of the services provided. Regulation 17</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met: The provider was not ensuring the staff they employed were suitable to work with people using the service. Regulation 19</p>