

Careinmyhome Ltd

# Careinmyhome West Essex

## Inspection report

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Tel: 01992892894

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17 November 2022

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Care in my Home West Essex is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 17 people using the service.

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. There were 9 people receiving support with personal care.

### People's experience of using this service and what we found

Staff had not always been recruited safely. People had some concerns around the timeliness of their visits and staff were concerned there was not enough staff to cover absence.

People's care plans were not always clear and detailed, but staff had good understanding of people's needs and confirmed they received training. People were happy with the care provided.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The acting manager had been in post a short time and did not yet have full oversight of the service. They had systems to monitor the quality of the service but documentation of this was not always consistent. Feedback from people and staff regarding support from the office team was mixed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 8 July 2021).

### Why we inspected

We received concerns in relation to staffing levels, training, quality monitoring and management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

The acting manager was able to provide some assurances around specific concerns.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care in my home West Essex on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to recruitment and oversight of the service 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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Careinmyhome West Essex

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by two inspectors.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection. There was work being done at the office meaning we postponed our visit to the following week.

Inspection activity started on 25 October 2022 and ended on 17 November 2022. We visited the location's office on 1 November 2022.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with the acting manager and received feedback from 3 members of staff. We spoke to 4 people who used the service. We looked at 3 people's care records and 3 staff files. We reviewed training and supervision records and documents relating to the management of the service and quality audits.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

### Staffing and recruitment

- Staff recruitment processes were not robust. We reviewed 3 staff files; one had no references from any of their employers. After the site visit, the acting manager obtained an employment reference, but this was dated November 22 and the person had started work October 22.
- The other staff file we reviewed only had one reference which stated they would not re-employ the person. The same person had an entry on their Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The acting manager described how this person was being supported, but this was not robust and there was no risk assessment or action plan. Following the inspection, we were told a risk assessment would be implemented but we have not received this.

This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they had enough time to travel between visits and spend the required time with people. However, they had some concerns about staffing levels in the event of sickness. One said "I worry if I can't cover who will. I try to help where I can." Another said, "If someone goes off sick, we would struggle especially as we don't have an office or manager on site."
- People told us they tended to have the same staff. One said, "My carers are mostly consistent and mostly one of two people." Feedback about timeliness varied. One said, "I'm happy, the carers I have are usually on time." Another said, "I think I have a rota so know who's coming...I would like to be informed if they are going to be very late or cancel a visit." Another said, "They just need to sort their timing out then they'll be alright."
- The acting manager had no concerns about staffing levels; they told us they were 20 minutes away if needed and recruitment was ongoing. There were two people going through the recruitment process and new care packages were not currently being taken.

### Assessing risk, safety monitoring and management; Using medicines safely

- We reviewed 3 people's care plans and risk assessments. We found they identified people's needs but lacked detail and contained some conflicting information. However, people tended to be supported by the same staff who knew them well and those we spoke with were able to describe how they supported people.
- One person's care plan showed they had a condition which staff had not been trained in. However, staff were able to describe action they would take if support was needed and following the inspection the

manager arranged training.

- Some assessments had been completed as prompted by the electronic system when not relevant. For example, dysphagia assessments had been completed for people who did not have this condition. The acting manager informed us they were changing to a better electronic system.
- Some people's records had conflicting information about their medicines. For example, one person's file said they had medicines to be taken as and when needed (PRN) but it did not say what it was or where it was kept. Another person's file said they had no PRN medication, but there were two PRN medications on their medicines administration record (MAR) chart.
- Not all staff had received up to date training and competency assessments in medicines. However, staff we spoke to were able to describe how they supported people with their medicines and told us all the information they needed was available on their mobile phones via an app. One member of staff said, "We use the app on each call, it tells you all the steps and specifies each tablet."

Learning lessons when things go wrong

- The acting manager was able to describe what they would do if an incident occurred, but there had not been any incidents since they took over management of the service. This included sharing any lessons learnt with staff. They were in frequent contact with staff by phone, as well as communicating via email and a messaging app.
- Staff were able to tell us what they would do if an incident occurred. One told us they would contact the on-call staff and document it on the app. Another confirmed there had not been any recently, "Nothing at the moment. We have a [messaging app] chat which is really good. If things are happening with clients, it's our way of communicating with other carers. [Manager] is really good - answers the phone straight away and things are taken care of."

Systems and processes to safeguard people from the risk of abuse

- Staff had received training and gave examples of safeguarding concerns. They told us they would report any issues to their manager. One said, "[we] make sure all needs are met, make sure they are safe, make sure no one stealing money or food. Make sure they are taken care of, no abuse going on." Another said, "If clients are not treated well by family I would raise with [manager]."
- People felt safe. One said, "The carers always have a uniform on and either a lanyard around their necks or a badge identifying them, so we know they are from Care at home."
- The acting manager understood their responsibility relating to safeguarding. There had been no concerns raised since they took over management of the service, but they could describe what they would do if a concern was raised.

Preventing and controlling infection

- Staff were provided with the appropriate personal protective equipment (PPE). One person told us, "They're still coming in wearing their masks and gloves and other PPE."
- Staff had received training in infection prevention control (IPC). Observations had been completed to confirm they were donning and doffing PPE correctly.
- We were assured the provider's infection prevention and control policy was up to date.

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 MCA 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 Mental Capacity Act (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.

- Staff had received training in MCA.
- People's capacity and ability to make decisions was assessed and recorded in their care plans.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed 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; 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 registered manager had left in August 2022. At the time of our inspection, the service was being overseen by the registered manager of another service; we were told they would be applying to manage this service too. However, following the inspection we were told the provider was in the process of recruiting a new manager who would then apply for CQC registration. Therefore, the service continued to be managed on a temporary basis and there was no registered manager application yet in progress.
- Staff told us the office location had not been used since the previous manager left. They told us they could contact the acting manager at any time, but this was not ideal. The acting manager told us they did attend the office a couple of times a week, but there were no set days for this. They said they would make arrangements for this in the future so it was clear for staff when the office would be occupied whilst waiting to employ the new manager.
- The acting manager had systems to monitor the service. These included an audit program, processes to monitor staff training and supervisions. However, these were not robust. We found conflicting information in the documentation we reviewed. This meant we were not assured they had full oversight of the service.
- The acting manager had arranged for all staff to have supervision. We were told everyone had either supervision, a spot check or competency assessment every month. The list we saw to monitor these was not robust; it was unclear who was due what and when. The competency assessments included numerous prompts to check, but there was no space for narrative to describe learning and actions to follow up next time.
- People's care plans lacked detail in some areas and included some information which was not necessary; For example, assessment of conditions they did not have. However, the acting manager had identified all people's care plans required review, there were also plans to implement a new electronic system.

This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The acting manager understood their responsibilities under 'duty of candour' to be open and honest when things went wrong and investigating incidents and sharing any learning from mistakes.

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

- Staff feedback was mixed. They were unsettled by changes which included less service users, changes in management and lack of local office. One member of staff said, ""We haven't got one in our bit now, just the area manager. No one at our office. That's been hard because girls are quite upset...we got told there would be an assistant manager, then that never happened...no one is up in our office."
- The acting manager told us they attended the local office and had met with staff there. However, feedback we received from staff was the office was no longer in use. One member of staff told us, "Previous manager left we don't have an office in Harlow no hands-on assistance from anyone, all done by text, haven't even met the team we speak to. It's a mess no support at all."
- Staff also told us they felt supported by the acting manager and their team. One said, "I'm happy with the way things are. Everything seems good for now." Despite their concerns about the lack of a local manager, another member of staff went on to say, "(acting manager) has been so good to us." And told us they could contact the acting manager's team too, "We can speak to [them] as well, not as though we can't get hold of anyone."

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

- The acting manager sent an email to staff every week. This included updates about the service users, reminders such as training refreshers and offered thanks for support for completing additional visits when needed.
- Staff were sent a survey to complete. The manager had requested suggestions from staff for how to improve in response to their feedback.
- Staff confirmed team meetings were held. One said, "We had a team meeting about 6 weeks ago... and one online with [acting manager]." We requested minutes for these but were not received.
- People's feedback was mixed, one told us, "I can get hold of the office if I need them and the new manager seems okay to me. They have tried to keep the same carers for me, I have little group of about four who rotate and yes they're so good." Another said, "The access to Management in my opinion is poor, it's difficult to get an answer from them. It's a shame because the girls are marvellous."

Continuous learning and improving care; Working in partnership with others

- The manager completed a monthly audit which included care plans, staff levels and competencies, training, complaints, incidents, safeguarding, service user changes, missed visits. These lacked detail and actions were unclear. The audit had identified all care plans needed to be reviewed to include a general overview to make them more person-centred.
- New electronic system was being implemented. This was expected to improve care plans and allow for better monitoring of training.
- The manager had not yet had much involvement with other services. They told us they had spoken to district nurses but told us they would make referrals to physio or speech therapists, for example, as required.

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 17 HSCA RA Regulations 2014 Good governance  Governance and performance management was not always reliable and effective. Some records contained conflicting or unclear information.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Some staff had started work prior to receipt of sufficient references. There was no risk assessment for staff with an entry on their DBS.