

Acacia Community Care Limited

H+B Homecare Services

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?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

H+B Homecare Services provides a palliative domiciliary care service for people living in their own homes in the community. At the time of our inspection, there were 12 people funded either by St Luke's Hospice at Home service or the local Clinical Commissioning Group (CCG).

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

During the inspection we found risk assessments were not always in place and consent to care was not always sought correctly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, the policies and systems in the service did not always support this practice in terms of gaining consent.

The provider had systems in place to monitor, manage and improve service delivery and to improve the care and support provided to people but these were not always effective and did not identify issues raised at the inspection.

The provider had systems in place to safeguard people and staff knew how to respond to possible safeguarding concerns. The provider followed safe recruitment procedures and medicines were managed safely. Staff followed appropriate infection prevention and control practices.

Staff were supported through induction, training and supervision. The provider assessed people's needs to ensure these could be met.

Care plans provided details of people's preference for care and support and their current needs. There was a complaints procedure in place and the provider knew how to respond to complaints.

People, relatives and staff reported the registered manager was available and responsive.

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 requires improvement (published 19 September 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made/ sustained and the provider was still in breach of

regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full 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 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

H+B Homecare Services

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 conducted by one inspector.

Service and service type

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

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 registered manager would be in the office to support the inspection.

Inspection activity started on 25 February 2021 and ended on 18 March 2021. We visited the office location on 25 February 2021.

What we did before the inspection

We reviewed information we had received about the service. We also sought feedback from the local authority. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account in making our judgements in this report.

During the inspection

We spoke with the registered manager. We reviewed a range of records. This included five people's care and medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with four people who used the service, four relatives and five staff. We had email communication from one healthcare professional.

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 requires improvement. At this inspection this key question has remained the same.

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

At our last inspection we identified the provider did not always have moving and handling risk assessments in place. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 12.

- At the last inspection we found moving and handling risk assessments were not always in place. At this inspection we found the provider had moving and handling risk assessments in place.
- However, other risk assessments were not always detailed enough to provide staff with guidance for safe care. For example, we saw three people were at risk of pressure sores. Two people had pressure sore care plans but they did not indicate if the person needed to be repositioned or the frequency of repositioning. In another person's care plan we saw a repositioning chart but not a care plan for pressure sore care. The registered manager said staff were repositioning all three people and would update the care plans so they all had care plans and repositioning charts as required.
- There were no individual risk assessments or mitigation plans regarding COVID-19 for service users and staff risk assessments were too general to be effective.

We found no evidence that people had been harmed. However, systems were not always used effectively to assess the risks relating to the health, safety and welfare of people which 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.

- The provider said they would review and update the risk assessments where required.
- Where risk assessments were in place, there were guidelines for what measures needed to be taken to reduce the risk of avoidable harm to people.
- Risk assessments included nutrition, falls, hypertension and moving and handling. These were regularly reviewed and updated to reflect changes in people's needs or circumstances.

Using medicines safely

At our last inspection we found medicines were not always administered safely and medicines competency

testing was not completed annually. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was not in breach of this part of regulation 12

- Not all staff had undertaken medicines competency testing in the last year, but the provider told us this was because not all staff administered medicines. Those who did had undertaken competency testing. Risks were mitigated by regular spot checks and the managers being part of calls where two staff were needed. Additionally, the majority of people lived with family members who administered medicines.
- The provider had a medicines policy in place. Medicines administration records (MARs) were completed appropriately to indicate people had been supported people to take their medicines as prescribed.
- The service audited MARs weekly to ensure they were correctly completed by staff and medicines were being administered as directed.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes to help safeguard people from the risk of abuse, including safeguarding adult policies and procedures.
- People and their relatives confirmed they felt safe.
- Staff had up to date safeguarding training to help ensure they had the skills and ability to recognise when people were at risk of being unsafe and knew how to respond.
- The service had not had any safeguarding alerts. However, the registered manager knew what to do and who to inform if a safeguarding alert was raised in the future.

Staffing and recruitment

- The provider followed safe recruitment procedures to help ensure staff were suitable to work with people using the service. The files contained checks and records including applications, references, identification documents with proof of permission to work in the UK if required, and criminal record checks.
- New staff completed an induction and training and shadowed an experienced member of staff which supported them in the development of suitable skills to provide appropriate care to people.
- There were a sufficient number of staff deployed and they provided care to the same people so there was consistency.
- People and relatives told us staff generally arrived on time and if they were running late, they rang to say so. Relatives said, "They are very professional. The same people. They spend the time they are supposed to", "Yes, they show up here on time" and "They show up on time. If there is a problem they ring beforehand."
- Care visits were logged on an electronic monitoring system, which the provider monitored to help ensure people received their planned care.

Preventing and controlling infection

- The provider had appropriate procedures for preventing and controlling infection.
- Staff had completed training about infection prevention and control and were able to explain good practice. Relatives told us, "They use gloves and PPE. I would say something if they didn't" and "They are using PPE and wash their hands when they come in."
- Staff were provided with protective equipment such as gloves and aprons to help protect people from the risk of infection.
- The provider completed spot checks of staff and this included the use of PPE to help assure staff were using PPE effectively and safely.
- Staff were tested weekly for COVID-19 and were provided with information about how to receive the

vaccine.

Learning lessons when things go wrong

- The provider had a policy for responding to incidents and accidents. We saw systems to investigate and review incidents and accidents. However, the provider had not had any incidents, accidents, safeguarding alerts or complaints to respond to.
- The management team was involved in providing care to people and this gave them the opportunity to speak directly with people and their families about any concerns they may have.

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 requires improvement. At this inspection this key question has remained the same

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

At our last inspection we found the provider did not have records to indicate people had consented to receive the care being provided to them. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of this of regulation 11.

- The provider had forms for people to sign to indicate they had consented to their care and treatment. These could be signed by the person, if they had the mental capacity to consent, or by their legal representative. When people lack the mental capacity to make decisions, the provider could liaise with their representatives to help make best interest decisions on behalf of the person. During this inspection we found the consent to care forms had been signed by relatives with no legal authority to sign on their behalf.

Consent forms signed by relatives with no legal authority meant it was not clear if people had given consent to receive care from the provider. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had an MCA policy and staff received training on the principles of the MCA.

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

- People using the service were mainly hospice at home referrals. These were received from a local hospice and funded by the clinical commissioning group (CCG). A London interagency multi disciplinary care plan for palliative care provision and a domiciliary support plan from the hospice were used as part of the provider's assessment of the person's needs.
- People's needs were assessed prior to starting the service to confirm their needs could be met by the provider. These assessments formed the basis of people's care plans and included people's physical and mental health needs.
- These were reviewed and updated following changes in people's needs.

Staff support: induction, training, skills and experience

- Staff told us they felt supported by the provider who had provided an induction, training, supervision and spot checks. One staff member stated, "managers are excellent. They are very supportive by making sure they call us and clients and make sure everything is okay."
- Medicines administration and moving and handling were assessed through competency testing to help ensure the staff had the skills they needed to care safely and effectively for people.
- Staff attended regular supervisions and team meetings which gave them the opportunity to reflect on their practice and raise any issues.

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

- People were supported to have enough to eat and drink. At the time of the inspection, staff did not prepare any meals but heated up food for people which had generally been made by their relatives.
- Care plans included information about people's nutritional and dietary needs and guidance had been provided for specific needs such as encouraging the person to eat.

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

- People were supported to access other agencies as required and care plans included information about other health and social care professionals involved in people's care. One relative said, "When [person] was at their most ill they were very, very helpful."
- The provider worked closely with the local hospice and CCG, to make them aware of any changes in the person's needs. A healthcare professional told us, "We can rely on them to report us any changes which they do. The carers are efficient and if they notice any changes in patient condition, they contact GP, district nurses and palliative nurses as well."

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 did not always feel well-supported, cared for or treated with dignity and respect.

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

- The provider tried to ensure people were well treated and supported. People and their relatives told us they were happy with the care they received. Comments included, "[Person] loves the service. They are like family to them. I have no concerns" and "The staff are lovely. I can't fault them."
- The provider had an equality and diversity policy and people's care plans included information about characteristics specific to them such as religion or culture. The provider tried to match people with culturally appropriate staff where possible. One relative said two of the cares were from the person's culture and "When they speak [person] laughs. They communicate very well with him."
- Staff told us about people they supported in a caring manner. One staff member said, "I ask them permission before I start doing something and tell them what I am doing. If they are not comfortable, I find a way so they do feel comfortable."

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

- People were supported to express their views and be involved in making decisions about their care. One person said, "They are very good, I must say. They do everything exactly as I want."
- A relative told us the person using the service had a condition that caused a reaction and staff had asked the person sensitively how they would like them to manage the situation regarding the reaction. The relative said, "[Staff] were able to be delicate and personable and handle a tough situation."
- People and their relatives were contacted regularly by phone for feedback on the care being provided.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and tried to maintain people's privacy and dignity. One person said, "They are respectful regarding personal care" and another person talking about personal care said, "Anything I want done [staff] helps me. [Staff is] used to doing it this way and we are both happy. There is nothing they could improve on."
- A relative told us staff promoted independence. "They talk with [person]. The carers helped them with physiotherapy. They encouraged [person] to walk. They are really, really good."

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 requires improvement. At this inspection this key question has now improved to good.

This meant people's needs were met through good organisation and delivery.

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.

At our last inspection we found the service did not use any communication aids. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was not in breach of this part of regulation 9.

- Care plans included information about people's communication needs such as their hearing, vision, first language, speech, if they communicate verbally or use gestures and their comprehension.
- Staff communicated with people in ways they understood. For example, a relative told us, "In terms of communication, [person] points and uses facial expressions. The carers understand that."
- When required, staff used a translation app help ensure they understood what people were communicating to them.
- The provider also had picture booklets that enabled people to point at what they would like.

End of life care and support

At our last inspection we found the service did not have end of life care plans. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was not in breach of this part of regulation 9.

- At this inspection we saw people being cared for at the end of their lives received the support they needed. This included information about how the person would like to be cared for at the end of their life, so these choices could be respected.
- The provider worked closely with the local hospice and staff had appropriate training to help ensure

people were safe and comfortable. A healthcare professional said, "The carers are trained and skilled in palliative care."

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

- Care plans contained information and guidelines for staff so they could meet people's needs and preferences. For example, what personal care they required and meal support. A healthcare professional said, "We usually send the patient care plan and they provide the care according to client's wishes and choices. They are flexible with the timings according to needs."
- People were cared for by the same staff so there was a continuity of care and the opportunity to develop relationships.
- Managers reviewed people's daily logs to help ensure care plans were being followed and undertook reviews to update care plans as necessary. One relative told us, "[The registered manager] is very good and came here to see how [person] was improving."

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

- Care plans provided contact information for people's support network and community links. At the time of the inspection, everybody was living with a family member who was able to advocate for the person when necessary.
- The provider told us that in the past when they did have a person who lived alone, they were supported to use social media and to keep in touch with family.

Improving care quality in response to complaints or concerns

- The provider had a complaints process but had not had any complaints since the last inspection.
- People and relatives told us they knew how to raise a complaint if they had a concern. Their comments included, "I can speak to [the registered manger] about anything and they are happy to hear me" and "[The registered manager] is excellent."

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 requires improvement. At this inspection this key question has remained the same.

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

At our last inspection we found the provider was not operating their quality assurance systems effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had not been made at this inspection and the provider remained in breach of regulation 17.

- Quality assurance systems such as audits were not being operated effectively as demonstrated by a number of shortfalls identified during the inspection. These included a lack of risk assessments.
- Additionally, not all audits were effective. For example, we saw in one audit of care records, three people did not have consent to care identified as completed but there were no actions to update the care records. Another person had their risk assessments marked as completed but the risk assessments listed on the audit did not match up with the ones in the file.

We found no evidence that people had been harmed, however systems were either not in place or robust enough to demonstrate effective management and oversight. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager and staff team understood their roles and had a clear management structure. Since the last inspection the service had lost a key manager but had recruited to a care manager position to support the registered manager.
- There were a range of policies and procedures which linked to relevant legislation and guidance and systems to monitor service delivery.
- The registered manager worked closely with staff to assist with the day to day running of the service including attending home visits as the second staff member in calls where two staff were required.
- Relatives knew who the managers were and felt they could raise issues with them as necessary.

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

outcomes for people

- The provider promoted an open culture of care and welcomed feedback from people using the service and their relatives.
- People and relatives spoke positively about the service. Comments included, "They are a great company. I can see a huge difference in [person]" and "[Person] is very familiar with them and they look forward to seeing them."
- Staff were happy with the support they received and told us, "[The registered manager] is very approachable and she keeps track of you. I can go to her for anything."
- The provider undertook telephone calls to people and their relatives to get feedback and make adjustments as required.

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 understood their responsibility around the duty of candour and of the requirement to notify appropriate agencies including CQC if things went wrong.
- The provider had policies and procedures in place to respond to incidents, safeguarding alerts and complaints and knew who to notify when required.

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

- People and their relatives confirmed the provider asked for feedback through telephone calls or spot checks. One relative said they received quite a few calls for feedback. A person told us, "Everything that happens is in a book that they take to the office to check."
- As the managers attended calls with staff, there was the opportunity for people using the service and staff to express their views and provide feedback.
- Team meetings were held to share information and give staff the opportunity to raise any issues.

Working in partnership with others

- The provider worked in partnership with various other health and social care professionals, in particular the local hospice, which said, "The manager is very knowledgeable and approachable. She [contacts] us for any urgent advice or recommendations without any delay. They will go above and beyond to deliver the care. For example, if a patient did not have milk and bread the carers are so kind to buy for the patient and sort out the rest."
- The registered manager attended the local authority's provider forum and accessed online information to ensure they kept up to date with good practice and changing guidance throughout the pandemic.

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 11 HSCA RA Regulations 2014 Need for consent
Treatment of disease, disorder or injury	The provider did not always seek consent for care and treatment from the relevant person.
	Regulation 11(1)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The provider did not assess the risks to the health and safety of the service users and do all that is practical to mitigate any such risks.
	Regulation 12 (1)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not always assess, monitor and mitigate the risks relating to the health, safety and welfare of each service user.
	The provider's audit and governance systems were not effective.
	Regulation 17(1)