

London Borough of Hounslow

London Borough of Hounslow Home Care

Inspection report

Heart of Hounslow Centre for Health
92 Bath Road, Room 3E, Third Floor
Hounslow
Middlesex
TW3 3EL

Tel: 02037716210

Website: www.hounslow.gov.uk

Date of inspection visit:
08 November 2022

Date of publication:
18 November 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

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

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. The number of people using the service fluctuated due to the nature of the services being offered.

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

People were happy with the care they received. They were pleased with the support they had received to recover and regain independence.

Staff were happy working for the service. They felt well supported and had the training and information they needed to care for people safely.

Risks to people's safety were assessed, monitored and planned for. The staff worked closely with a team of therapists who were part of the recovery team. This meant that risks were constantly reassessed throughout the service and people received the right support when they needed it.

The service did not usually provide support for people to take their medicines and encouraged people to be independent. Where support was offered, this was done safely and systems to oversee this made sure people received their medicines safely and as prescribed.

There were enough staff to care for people and visits took place on time. There were checks on staff suitability, skills and knowledge.

There were systems to record, monitor and learn from complaints, accidents and incidents.

There were effective systems to monitor and improve quality at the service. People using the service and staff found the management team approachable and had the information they needed. People's views and those of staff were sought and acted on.

The service worked in partnership with other professionals to help make sure people's needs were met and they received joined up care.

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

Rating at last inspection and update

The last rating for this service was requires improvement (Published 2 April 2020)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 10 February 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

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 requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for London Borough of Hounslow Home Care on our website at www.cqc.org.uk.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

London Borough of Hounslow Home Care

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was conducted by two inspectors. An Expert by Experience also supported the inspection by making telephone calls to people who used the service and their relatives. 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 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 a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 3 November 2022 and ended on 8 November 2022. We visited the location's office on 8 November 2022.

What we did before the inspection

We looked at all the information we held about the provider. 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.

During the inspection

We spoke with 11 people who used the service and the relatives of 7 other people over the telephone. We spoke with staff at the office who included the registered manager, quality manager, assessors and rehab assistants.

We looked at records used by the provider for managing the service. These included the care records for five people, six staff recruitment records, records of training and staff support, meeting minutes, records of complaints, safeguarding alerts and quality audits. We also reviewed how medicines were managed.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, we found the provider had not always assessed or planned for risks to people's safety and wellbeing. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

- The provider assessed risks to people's safety and wellbeing. These included assessments related to their health and care needs, activities and their home environment. The assessments were regularly reviewed and updated.
- The provider had information leaflets and provided training for staff to understand about specific risks.
- People were supported to take risks and make decisions about these. The nature of the service was to help people to relearn skills and regain independence. Therefore, risks to their safety and wellbeing were regularly assessed with the input of healthcare therapists. They were provided with the equipment, exercise regime and support they needed to develop their skills and independence.

Systems and processes to safeguard people from the risk of abuse

- There were systems designed to safeguard people from the risk of abuse. The staff received training about these and were able to tell us how they would recognise and report abuse.
- The provider had responded appropriately to allegations of abuse, helping to keep people safe and reporting concerns to relevant agencies. When needed they had helped to investigate allegation and put in place systems to learn from these and help to protect people.
- People told us they felt safe with the agency and the care staff provided. They had regular opportunities to speak with senior staff and managers about their experiences and to raise concerns if they needed. The provider supplied information about safeguarding procedures to people, so they knew what to do if they had any concerns.

Staffing and recruitment

- There were enough suitable staff to keep people safe and meet their needs. The provider did not accept new referrals for care if they were unable to provide the staff to meet people's needs. The provider worked closely with teams of therapist and social work assistants to make sure people's holistic needs were met with the right staffing levels. The staffing levels were reviewed and adjusted as people's needs changed and to reflect the aim of developing people's independence.
- There were systems for recruiting and selecting staff. These included checks on their suitability, skills,

knowledge and competencies.

Using medicines safely

- People were supported to take their medicines in a safe way. The service aimed for people to be as independent as possible with their own medicines. Therefore, most people did not require staff support in this area. When people were supported, there were procedures in place for administering, recording and checking medicines.
- Staff received training, so they understood how to safely administer medicines. Their knowledge and skills were checked by managers regularly.
- The provider assessed the risks relating to medicines for people. These assessments included considering whether people could safely manage their own medicines and what level of support they needed.
- The provider used a computerised record keeping system which they shared with healthcare professionals. This meant they had the information they needed about people's medicines and any changes with these. They also liaised with GPs and other healthcare professionals if they had any questions or concerns about people's medicines.

Preventing and controlling infection

- There were systems for preventing and controlling infection. The staff had training in this area and understood about good infection prevention and control. The provider carried out observations to make sure staff followed procedures.
- The staff were provided with personal protective equipment (PPE) such as gloves and masks. People told us the staff wore these and disposed of them appropriately.
- The provider had reviewed and updated their procedures in line with latest government guidance regarding COVID-19.
- Staff undertook training in food safety, so they were able to safely support people with the preparation and handling of food.

Learning lessons when things go wrong

- The provider had systems for learning when things went wrong. They recorded, investigated and reported accidents, incidents, complaints and safeguarding alerts. They shared learning from these with the staff to help improve practice.
- When the provider identified there was a need, they gave additional training to staff, reviewed people's planned care and changed their procedures to reflect their learning.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection, we found the provider's systems for monitoring and improving quality at the service had not always been operated effectively. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 17.

- The provider had systems for monitoring and improving the quality of the service and these were effectively implemented.
- Managers undertook a range of different audits and had a good oversight of the service. They ensured staff received training to reflect the findings of their audits and shared information with staff so they could improve their practice.

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

- The culture of the service was positive and ensured people received personalised care which achieved good outcomes. The aim of the service was to help people regain independence and skills over a six-week period. Most people achieved this and were happy with the support they had received. Some people needed additional care after the six weeks and the provider worked with other care agencies to make sure there was a smooth transition to new providers.
- Some of the comments from people included, "I feel that they have really helped me gain the confidence and the ability to be able to manage on my own", "It has given me confidence to do things again", "Without the help of the carers, I still wouldn't be able to walk. They have helped me to be more confident. It's also really good having someone new to talk to" and "I have seen vast improvements in how my [relative] has progressed since [they] came home. I feel each day [they] conquer another hurdle in [their] aid to recovery."
- The registered manager gave us examples of progress people had made through the service and showed us compliments and thank you cards they had received. Some people had recovered from very limited mobility to being able to mobilise independently. Others had regained confidence and learnt skills to help them live independently at home. People valued the service for the help it gave them during a difficult time. People's thank you cards showed how the staff had also helped with their loneliness and worries during their recovery.

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 responsibilities under duty of candour and there were suitable procedures in place.
- The management team had responded appropriately when things went wrong, being open and honest with those affected.

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

- The registered manager was suitably qualified and experienced. They were familiar with the service and the different needs of people and staff. They were supported by a team of senior staff who worked closely together.
- The managers and staff had a good understanding of their regulatory responsibilities. There were clear policies and procedures and staff were familiar with these.
- People using the service and their relatives knew who to contact if they had any concerns. They knew who senior staff, such as assessors, were and felt these staff understood their needs and listened to their feedback.

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

- The provider engaged with people using the service and involved them in planning and reviewing their care. People told us they were consulted about their care and able to contribute their views to their plans.
- The provider asked people for feedback about the service through regular assessments of need and formally through surveys when people's six week care package was completed.
- The cultural diversity of the staff reflected the diverse needs of people using the service and the registered manager told us they were usually able to match people to staff where there was a need for cultural understanding or language.
- People using the service and their relatives felt empowered and involved in their care. Some of their comments included, "I can't praise the service enough. I see an improvement everyday" and "I am encouraged to do what I can for myself."
- There were regular team meetings and staff told us they felt well informed and supported. They were able to contribute their views and felt listened to and respected. Staff were also able to record their views in formal surveys.
- The provider had taken feedback from survey responses and developed plans to improve the service.

Working in partnership with others

- The staff worked in partnership with other professionals to meet people's needs. Healthcare therapists worked directly with the team, assessing people's needs and putting in place plans for reablement. The staff reported any concerns or changes in people's needs to the therapists so they could be reassessed.
- The provider had access to shared healthcare computerised records. This meant they could access information about people's needs, health and medicines. They could also input their notes onto the system so prescribing doctors and other professionals had clear up to date information from them.