

Translucence Care Ltd

Bromley

Inspection report

27 Ruskin Walk
Bromley
Kent
BR2 8EP

Date of inspection visit:
13 July 2021

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10 August 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Bromley (Translucence Care) is a domiciliary care agency. It provides care and support for people living in their own homes. There was one person using the service at the time of the inspection.

People's experience of using this service

During this inspection, we found the service failed to make enough improvements to address the concerns identified at the last inspection and comply with our regulations. People's care records were not kept under review and did not reflect people's current care and support needs. Risks to people's health and safety were not effectively assessed. The provider's systems for monitoring the quality and safety of the services provided to people were not operating effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, decisions made about people's care did not always consider current guidance on recording 'best interests decisions' in line with the Mental Capacity Act 2005.

A relative spoke positively about the service. They said they felt their loved one was safe and their needs were being met. There were enough staff deployed to meet people's needs. Staff followed appropriate infection control practices. The provider had systems in place to record and respond to accidents and incidents.

Staff were supported through training to ensure they performed their roles effectively. People were supported with their meals and had access to healthcare services when needed. Staff had the knowledge and experience to support people's needs and said they were well supported by the registered manager.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The last rating for this service was requires improvement (published 26 July 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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.

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 have identified breaches in relation to Regulations 11 (Need for consent), 12 (Safe Care and Treatment) and 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective 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 ●

Bromley

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

A single inspector carried out this inspection.

Service and service type

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

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.

What we did before inspection

We reviewed information we received about the service. We asked the registered manager to send us information in relating to staff training and meetings, quality monitoring, policies relating to medicines and infection control. We used this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with a relative of a person using the service about their experience of the care provided. We spoke with a member of staff and the registered manager. We reviewed a range of records. This included a person

using the service's care records and medicines records. We looked at a staff file in relation to recruitment and a variety of records relating to the management of the service, including the quality monitoring systems and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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

- Risks to people had been assessed to ensure their needs were safely met however these had not always been kept under review.
- We looked at the person's care record. The record had been signed by the registered manager on 8 August 2018. This recorded that the person had repeated falls in their house in recent weeks. It had been decided that the person stayed indoors with limited outdoor activities with only visits to a local café. The record also referred to a task for staff to empty and clean a commode. The registered manager told us the care record was out of date as it had not been reviewed since and the person had not had falls since then and they no longer used a commode.
- The care records did not include up to date falls or moving and handling risk assessments.
- Staff did not always update people's care plans when required. The registered manager also told us the person had been diagnosed with a medical condition in April 2021. They told us they had not yet recorded this information in the care record. That part of the care plan had not been updated.
- We noted that the care record was task based and included little detail on how the person should be supported with their care needs. For example, the plan did not record how the person should be supported with their personal care.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager updated the person's care plan, and falls and moving and handling risk assessments. They also included guidance for staff for supporting the person with the medical condition.
- A relative told us, "The staff make sure my loved one gets the care they need. They make sure my loved one gets their meals and medicines and that they always have their walking stick when they move around the home." A staff member explained in detail how they supported the person with their everyday care and support needs.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a continued 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 no longer in breach of this section of regulation 12.

- People were supported by staff to take their medicines safely. A relative told us, "The staff make sure my loved one takes their medicines on time every day."
- When people required support to take their medicines this was recorded in their care plans.
- We looked at the medicines administration records (MARs) and saw they had been completed in full. The registered manager audited the MARs on a monthly basis to make sure people were receiving their medicines as prescribed.
- Training records showed, and staff confirmed that they had received training on the administration of medicines and their competence in administering medicines had been assessed. This ensured that staff had the necessary skills to safely administer medicines.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. A relative told us, "I think my loved one is very safe, they are well cared for and looked after."
- Staff had received training on safeguarding adults. Staff we spoke with told us they would report any suspicions of abuse to the registered manager and the registered manager would make a referral to the local authority safeguarding team. The staff member said they would report their concerns to the local authority or the CQC if they felt the concern had not been addressed.
- The registered manager understood their responsibilities in relation to safeguarding people in their care from abuse and told us they would report any concerns immediately to the local authority and CQC.

Staffing and recruitment

- The service currently supports one person. There were enough staff available to meet this person's care and support needs. The registered manager showed us a rota they used to allocate staff to support the person. This was monitored by the registered manager to ensure the person received their support on time.
- The registered manager told us there had been no missed calls and staff were hardly ever late. A member of staff said, "The person I support is pretty independent and can do a lot of things for themselves. One staff is enough to meet the person's needs."
- A relative told us, "My loved one has the same two care workers that know them very well. They are always on time. They are very professional and have done everything we have asked them to do. We are very happy with them."
- Robust recruitment procedures were in place. Staff recruitment records included completed application forms, employment references, evidence that a criminal record check had been carried out and proof of identification.

Preventing and controlling infection

- We saw the registered manager was taking appropriate measures to prevent people and staff catching and spreading infections. The infection prevention and control policy was up to date.
- Staff had received training on infection control, COVID 19 and they had access to personal protective equipment (PPE). The provider was accessing regular testing for staff.
- A relative told us, "The staff always wear masks and gloves when they visit my loved one." A relative commented. "A staff member told us, "I always wear a mask, and I wear gloves and an apron when I am supporting the person with personal care. We have good access to personal protective equipment (PPE)."

Learning lessons when things go wrong

- The registered manager had a system in place for recording accidents and incidents, safeguarding concerns and complaints. They told us there had been no incidents, accidents, safeguarding concerns or complaints however if there were, they would discuss them with staff to identify possible learning and

improving the service.

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.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care

- The registered manager had carried out an assessment of the person's care and support needs when they started to use the service. However, this area required improvement as during the inspection we found there were no appropriate care plans in place to guide staff how to support the person with their needs.
- We saw that the person's care records and risk assessments were not being kept under regular review.
- The registered manager told us they worked collaboratively with health care professionals such as a GP and district nurse to ensure the person's health care needs were met. However, this area required improvement as during the inspection the registered manager told us that the district nurse was attending to the person's needs following a recent diagnosis of a medical condition. The person's care records did not detail the medical condition or the support the person required.
- Following the inspection, the registered manager met with the district nurse to ask for guidance and support. The registered manager drew up guidelines for staff to support the person with their medical condition.

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

We found no evidence that people had been harmed however, failing to provide people with up to date care records placed people at risk of harm.

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 recommended the provider consider current guidance on recording 'best interests

decisions' in line with the Mental Capacity Act 2005.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw that the registered manager had completed an assessment of the person's capacity and they had worked with the person's next of kin to make some specific decisions about the person's care and support needs. However, we found the person's care plan recorded 'no resuscitation instruction: no.' An internal audit referred to, 'A clear instruction about 'no resuscitation.' There was no record in the person's care records to evidence that their GP or next of kin had been consulted or that the decision had been made in their best interests.

This is a breach of 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager told us they were working with the person, their next of kin and GP to ensure that the decision not to resuscitate had been made in the person's best interests and was appropriately and clearly recorded.
- A staff member told us they sought consent from the person when supporting them and they respected their decisions.

Staff support: induction, training, skills and experience

- Staff received training and support relevant to people's needs. A staff member told us "I am up to date with all my training. I recently had training on infection control, COVID-19 and wearing PPE." A relative commented, "We have used the service for three years, so the staff have a really good understanding of my loved one's needs."
- Training records confirmed that staff had completed training that was relevant to people's needs. This training included for example safeguarding adults, equality and diversity, medicines administration, moving and handling and infection control.

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

- Where the person needed support with eating and drinking, we saw this was recorded in their care record. A relative told us, "I purchase food for my loved one and the staff prepare the meals for them. My loved one always has regular meals."

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.

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

At our two previous inspections of the service we found the provider had failed to ensure effective systems were in place to monitor the quality and safety of the service. At our inspection published 29 November 2018 we found that records relating to people's care were not up to date or accurate. At our last inspection published 26 July 2019 we found the provider had not carried out audits of care logs, and medicines to make improvements as required. These were breaches of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- At this inspection we found that improvement had been made and people were supported by staff to take their medicines safely. However, we found that records relating to a person's care and support needs were not up to date or accurate.
- An internal audit carried out at the service on 5 July 2021 referred to the person's initial assessment being carried out on 6 August 2018 which recorded the person as having a history of falls. The report also recorded that no review date for the care record had been provided. Despite these areas being identified, there was no plan of action to address them.
- During the inspection, we found there were no appropriate care plans in place to guide staff on how to support the person with their needs, and care records and risk assessments were not being kept under regular review.

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

- We saw the registered manager had carried out regular monthly medicines audits.
- We saw records of unannounced spot checks carried out by the registered manager on staff to make sure they were wearing their uniforms, using PPE appropriately, carrying identification and supporting the person with their needs.
- At our last inspection we found the provider had not displayed the previous inspection rating on their website and in their office in line with regulatory requirements. This was a breach of Regulation 20A (Requirement as to display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw the provider had displayed the previous inspection

rating on their website and in their office in line with 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 demonstrated a clear understanding of their responsibility under the duty of candour. They told us they were always open, honest and took responsibility when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider considered the views of people using the service, their relatives and staff. We saw records of telephone monitoring calls with a relative. The relative told us, "The registered manager is very professional, caring and accessible. If I need anything, I can contact her at any time. We are very happy with the service we receive from them." A staff member told us, "If I need anything or I am not sure about something I call the registered manager and they respond right away. She is very supportive."
- We saw records from a recent staff meeting. This reminded staff to follow COVID-19 guidelines and wear PPE. A staff member told us, "I am well supported by the registered manager. If I call them, they respond immediately."

Working in partnership with others

- The registered manager told us they worked closely with health professionals such as the GP and district nurse.
- An officer from the local authority told us the registered manager had volunteered to be part of a team to lead on the development of a Health Protection Care Network and had attended the Leads initial planning session.

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 Decisions made about peoples care did not always consider current guidance on recording 'best interests decisions' in line with the Mental Capacity Act 2005.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Peoples care records were not kept under review and did not reflect people's current care and support needs. Risks to people's health and safety were not effectively assessed.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The providers systems for monitoring the quality and safety of the services provided to people were not operating effectively.

The enforcement action we took:

We served a warning notice for continued non compliance with regulation 17