

LD Homecare Ltd

My Homecare Derby

Inspection report

Unit 9, Derwent Business Centre
Clarke Street
Derby
DE1 2BU

Tel: 01332477728

Date of inspection visit:

26 September 2022

27 September 2022

28 September 2022

29 September 2022

30 September 2022

03 October 2022

Date of publication:

21 November 2022

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

My Homecare Derby is a domiciliary care service providing support to people living in their homes. The service provides support to younger and older adults with a range of needs. At the time of the inspection, the service was providing personal care to 180 people. 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Right Support: People are supported to have maximum control, choice and independence through the care provided in their own homes. Information is accessible, such as 'Easy read' guidance and information for people if required.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights. Staff are had received specialist training on supporting people with a learning disability, and autistic people.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. There is a positive and inclusive culture at management level, and an awareness of best practice guidance.

The service was not consistently well managed. The management team did not work together in a collaborative manner. This impacted on the staff team, delivery and oversight of the quality of care and staff morale.

Not all staff were confident in raising concerns with the management team; however, all staff told us they would report concerns to other agencies if a person was at risk of poor or unsafe care.

Safe recruitment practices required improving to ensure the providers own systems and processes were being followed. Care plans and risk assessments did not always reflect people's changing needs.

Staff supported people with their medicines and medicines were safely managed. People told us they felt safe with the staff supporting them and were happy with the care they received.

Feedback from people's relatives and health professionals who worked with the provider was positive. The provider learnt from incidents and complaints and shared the learning with the staff team.

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.

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 good (published 28 November 2019)

Why we inspected

We received concerns in relation to staffing, including safe recruitment, staff conduct and people receiving the full length of their allocated care visit. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

You can see what action we have asked the provider to take at the end of this full report.

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.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for My Homecare Derby on our website at www.cqc.org.uk.

Enforcement and Recommendations

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 a breach in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

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?

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 ●

My Homecare Derby

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

This inspection was carried out 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 26 September 2022 and ended on 3 October 2022. We visited the location's office on 26 and 30 September 2022.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. 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 visited the location's office where we met with the registered manager of the service and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 13 members of staff, including care staff, senior care staff and administrative staff. We spoke to ten people or their representatives. We reviewed a variety of records relating to the management of the service, including governance and auditing systems, meeting minutes and policies and procedures. We looked at staff rotas and schedules. We looked at seven staff files in relation to recruitment and staff supervision. We reviewed the care records for five people which included risk assessments and care plans.

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 were mostly recruited safely. However, the providers procedures had not always been followed. Disclosure and Barring Service (DBS) checks had not been applied for in respect of newly recruited staff who had a previous DBS check with their last employer. Disclosure and Barring Service (DBS) checks provided information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to safely meet people's needs. There were times when the care staff worked additional hours if they were able or calls were covered by office staff to ensure people received the support they need. Staff who worked in the office were trained to deliver care safely.
- Staff were confident and competent to support people safely. One person who received support told us, "The staff always do everything they need to, and more." A relative told us, "The care provided is good, staff are well trained and I can log on to the 'Birdy app' [Electronic software] to see how [relative] is doing".
- People were supported by staff who were trained to meet peoples' needs safely. One relative told us. "The staff use the hoist and they are really careful how they support [relative]".

Systems and processes to safeguard people from the risk of abuse

- All the staff had received suitable and effective training in safeguarding. However, not all staff were confident in reporting safeguarding concerns to the management team. All staff were able to explain the procedures for reporting concerns, but feedback was mixed about whether the culture of the service was safe to do so. Comments included "I would only report to one registered person, not the other because I feel I would not be listened to" and "I would ask another staff member to report it because no-one listens to me". However, other comments included, "I wouldn't hesitate to report any concerns" and "I have full confidence in the nominated individual to deal with any concerns". This was discussed with the nominated individual who had a plan in place to address the concerns raised. Staff gave assurances that they would ensure a concern got reported to someone in the organisation.
- The provider had an up to date safeguarding policy in place and people or their representative knew how to raise any concerns they might have.
- People felt safe when supported by care staff. A person who received support from the service told us, "I feel very safe with the carers." A relative told us, "The staff are on the ball, they notice little things which might mean they are becoming unwell."

Assessing risk, safety monitoring and management

- Staff assessed, managed and reviewed risks to people's health and wellbeing. However, not all reviews were up to date and when people's assessed risks had changed, care plans did not reflect this. For example;

one person's care plan and risk assessment stated they required their weight to be monitored weekly. There were no records to evidence this had been done and staff confirmed this had not taken place. The provider informed us they would be reviewing the care plan with the person to determine if the person's weight monitoring was still required.

- People were involved in the assessment and planning of their care. A family member told us, "We had a visit before starting the service and I felt comfortable telling the staff the care my relative needed."
- Senior staff and the management team audited care records daily to identify and address any issues. This meant any issues, for example, late calls, were identified and addressed promptly. We saw evidence where people had gained independence and did not require the amount of time they were initially assessed for. In these circumstances, the provider contacted the commissioner and the contracted hours were reduced.

Using medicines safely

- Systems to manage medicines were well organised and ensured safe administration of medicines to people. One relative told us. "Medicines are kept in a locked cupboard. [Relative] is always encouraged to take their medication."
- Medicine records were reviewed daily by the care co-ordinators. This meant any issues with medicine management could be identified and addressed quickly. We saw evidence of comprehensive audits undertaken and action identified if required.
- Staff received training in safe medicine administration, and this was followed by a competency check to ensure staff understood how to administer medicines. Medication spot checks were also carried out throughout the year.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was using PPE effectively and safely. One person told us, "The staff always wear the masks and aprons."
- We were assured the provider was following the guidance at the time of the inspection by accessing testing for people using the service and staff if they were symptomatic.

Learning lessons when things go wrong

- The provider was quick to analyse situations when concerns had been raised. For example; a concern had been raised that staff were not always staying at people's homes for the allotted time. The provider went through call records and identified discrepancies where staff had left early. This was investigated and reasons identified. The lessons learnt were shared with staff to encourage them to record in more detail why they left people's home earlier.

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; 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 management team did not work together in a collaborative manner. This impacted on the staff team, delivery and oversight of the quality of care and staff morale.
- Some staff told us the culture of the service was poor. There was a lack of confidence that registered people would manage concerns appropriately. Staff told us they did not feel confident in raising issues with management that involved other staff. We were informed of multiple incidents where the registered persons had shown a lack of integrity. Some staff informed us they did not feel confident sharing more details due to the fear of repercussions. All staff told us management issues had impacted the operating of the service for more than six months.
- Safe recruitment procedures were in place, however, two employees did not have their Disclosure and Barring Service checks requested because of poor communication within the management team. On the first day of the inspection, there was no recruitment information for two staff at the office location. This was brought into the office on the second location visit.
- There was inconsistencies in the reviewing of care and support plans. Most care plans had been reviewed regularly, however, a small percentage had been overlooked All staff who supported this small percentage of people lacked confidence that care plans were accurate.

The registered persons failed to ensure effective and robust quality monitoring systems were in place to ensure they had good oversight of the service. The registered persons failed to seek and act on feedback from staff and evaluate and improve their practice. This was a breach of regulation 17 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Daily audits were completed by the Head Care Coordinator to monitor call time durations, punctuality, medicines management and incidents. This helped to ensure the quality of the service was monitored and areas for improvement were identified.
- People using the service and their relatives had given feedback on the quality of the service. Responses were mostly positive and an action plan was in place to address some concerns that were raised.
- The provider had plans in place to address the concerns raised during the inspection.

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 under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support and truthful information.

Continuous learning and improving care; Working in partnership with others

- The feedback we received from other health professionals who worked closely with service told us that the service was very responsive to people's needs and communication was excellent.
- The nominated individual was transparent during the inspection and was passionate about making changes to the culture of the service.
- The head care coordinator was continuously looking for ways to improve care for people. This included keeping up to date with health and social care publications and sharing knowledge with other health professionals.

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 The registered person's failed to ensure effective and robust quality monitoring systems were in place to ensure they had good oversight of the service. The registered persons failed to seek and act on feedback from staff and evaluate and improve their practice.