Health and Home (Essex) Limited

Health and Home Ltd - North Road

Inspection report

148-150 North Road
Westcliff On Sea
Essex
SS0 7AG

Date of inspection visit:
19 April 2021
20 April 2021

Date of publication:
07 June 2021

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
Health and Home Ltd - North Road is registered to provide accommodation and personal care for up to a maximum of 9 people. The service is set over two floors, with a small paved garden area to the rear of the property. On the day of our inspection, there were 5 people living at the service who required support with their physical and mental health needs.

People's experience of using this service and what we found
People told us they were happy living at the service but found they were often bored and looked forward to being able to go out again in the community when lockdown eased.

The provider did not have robust processes in place to check staff's suitability before commencing employment.

Governance processes were not consistent, and we could not be sure the provider had oversight of the service or followed regulatory processes.

Staff knew how to safeguard people and raise concerns; however, the provider did not follow the correct processes to report safeguarding concerns.

There were systems in place to manage infection control and staff were following government guidance.

Risk assessments and care plans were individual and supported people's needs. Medicines was managed safely.

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

Rating at last inspection: The rating at the last inspection was requires improvement report published 17 October 2019. The service remains rated requires improvement. This service has been rated requires improvement for the last three consecutive inspections.

Why we inspected: This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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 Health and Home Limited North Road on our website at www.cqc.org.uk.

Enforcement: We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to recruitment of staff and 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 request an action plan for 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?

Requires Improvement

The service was not consistently safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not consistently well-led

Details are in our well-led findings below.

Health and Home Ltd - North Road

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
Two inspectors attended the service on the first day of inspection. On the second day of inspection two inspectors and an inspection manager attended the providers head office.

Service and service type
Health and Home Ltd - North Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection
This inspection was unannounced on the first day and announced on the second day.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service about their experience of the care provided. We spoke with three members of staff including the provider, registered manager and a care worker. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and audits were reviewed.

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

Requires Improvement

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.

Staffing and recruitment

- Providers must operate robust recruitment procedures, including undertaking any relevant checks. We could not be assured that staff were being recruited safely.
- We reviewed two staff files and found information missing in relation to staffs' previous work history, proof off identification and disclosure and barring checks. References obtained were not on headed paper and did not contain proof they were obtained from the previous employer. There were no records kept of pre-employment interviews conducted.

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

- At the time of inspection five people were living at the service and were supported by one member of staff. People were concerned as lockdown measures eased; they would not have staff available to support them in the community when they wanted to go out. One person said, "There is only one staff here, it is too much for one they are run ragged." We noted the member of staff was continuously busy throughout the inspection. They did inform us the afternoons were less busy and they had more time then to spend with people.
- Staff informed us most people were able to complete their daily activities independently, but some people would need to be escorted when out in the community due to their vulnerability or risk of falls.
- There was no dependency tool available to show how staffing numbers were calculated against people's support needs. Following the inspection, the provider supplied a completed dependency tool for each person.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes to safeguard people from the risk of abuse were not always followed. For example, we came across an incident that although investigated by the service, had not been referred to the local authority to provide an independent investigation and review.
- People told us they felt safe living at the service, and we saw they were comfortable in the company of staff and other people. One person said, "There is not many of us here and we all get a long okay."
- Staff told us if they had a safeguarding concern, they would raise this with the provider or could go externally to the CQC or local council.

Learning lessons when things go wrong

- Staff told us they discussed people's care in handovers and had a diary to share information. One member

of staff told us if the provider had anything important to share, they would send a memorandum.

Assessing risk, safety monitoring and management
● Risk assessments and care plans were individual to people's needs. Information within the risk assessments and care plans were person centred and contained all the information staff needed to support people.
● Risk assessments were aimed at supporting people to maintain as much independence as was safe for them. Staff demonstrated they knew people well and how they could best support their needs.
● Each person had a fire risk assessment and personal evacuation plan in place containing information for staff to follow in an event of a fire. We saw there were regular fire safety drills and three people we spoke with told us they knew what to do in an event of a fire.

Using medicines safely
● People received their medication safely.
● People had individual medicine administration records [MAR] which staff signed to show when they had given medicines. There were no gaps on people's MAR sheets which indicated people had received their medicines as prescribed.
● Where people were prescribed PRN 'as needed' medication, a separate guidance sheet was provided to staff with information about the medicine, when and how it should be given.
● Regular audits of medicines were undertaken by staff to check people's medicines were managed safely.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Requires Improvement

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; 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

- Governance at the service was not consistently completed. We found evidence of audits and reviews of people's care records, but these had not been completed since 2020. We found one person's care records had not been reviewed since August 2020 and another person's care records were last audited in October 2020.
- Consideration to the impact of the pandemic and COVID-19, had not been considered and integrated into people's care plans.
- We saw evidence of staff meetings in March and April 2020 and a manager meeting in June 2020. There was no evidence that meetings had occurred after this date. On the second day of inspection we found no minutes were held at head office for the service either. Staff informed us having meetings could be difficult as they only had one member of staff each shift. The provider was able to evidence following the inspection meetings had happened at head office in February, March and April 2021 with the providers senior team.
- The dependency tool in use did not determine the level of staff required to support people. This meant there was no guide to when staffing numbers should be increased or decreased at the service.
- There was no evidence that people's views were sought on their care or that they were engaged in making decisions about the running of the service.
- Recruitment processes were not robustly managed by the provider in line with regulations for the recruitment of staff.
- Notifications were not provided to the CQC in relation to a notifiable safeguarding incident and the local authority had not been contacted to investigate a safeguarding concern.

Governance and oversight of the service was not effective. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014

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

- We found since the last inspection care plans and risk assessments were person centred and contained information staff needed to support people as individuals.
- People we spoke with were happy living at the service and were complimentary of the staff who supported

them. However, people were concerned over staffing levels and if this would impact their ability to access the community once lockdown measures eased.

● There was no evidence of blanket restrictions and we saw people were empowered to make their own choices on day to day decisions. We saw where one person had a deprivation of liberty safeguard (DOLS) in place, they had access on a regular basis to discuss their care needs with an independent advocate.

Continuous learning and improving care; Working in partnership with others

● Staff told us they were up to date with their training and had completed additional training on infection control and COVID-19.

● Staff had received face to face training on the correct use of personal protective equipment (PPE). They had also received training on monitoring people's vital signs such as, blood pressure, oxygen levels and temperature.

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
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance procedures need to be consistently applied.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Effective recruitment procedures should be established in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.