

Andile Homecare Ltd

My Homecare Gloucester

Inspection report

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16 September 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

My Homecare Gloucester is a domiciliary care service providing regulated activity of personal care. At the time of our inspection there were ten people using the service.

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

Staff did not always have access to clear and detailed risk management and medicines care plans to help guide them in their role when supporting people with specific and individual needs.

Safe recruitment practices were not always followed to ensure people were supported by suitable and vetted staff. Progress was being made in the development, support and training of staff. The provider had plans in place to help further support staff with their training and knowledge of current health and social care practices.

Systems were in place to safeguard people from abuse and the spread of infection. All incidents, concerns or complaints were recorded and investigated by the management team to help resolve any concerns or prevent reoccurrence. However, some significant incidents had not been notified to CQC in line with their registration requirements.

The quality monitoring systems implemented by the provider to help them monitor the quality of the service had not always been effective in identifying and addressing gaps in the service such as shortfalls in their recruitment practices.

People's care, risk and medicines records did not fully reflect their needs and how staff should support them. However, the provider had recently implemented a new management team who were in the process of appraising the service. They shared with us their initial findings and their action plan to address gaps in the service and make improvements. However further time was needed to demonstrate their findings and actions had been effective and would be maintained to ensure people received safe and effective care.

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. Staff worked with people, their relatives and other key professionals to help them maintain a healthy and safe life living in their own home.

People's cultural and diverse needs were recognised and supported. Where needed, adjustment had been made to help reduce barriers in communications and to support people with their cultural, dietary needs and preferred choices of food and drinks.

People and their relatives reported they received personalised and good quality of care from staff who were kind and compassionate. Systems were in place to manage and monitor the punctuality of staff's care calls. Staff reported the culture of the service was open and positive.

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.

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

Rating at last inspection

This service was registered with us on 3 August 2022 and this is the first inspection.

Why we inspected

This service had not been inspected since their registration; therefore, this inspection was carried out to gain assurances about the quality of care and systems used to monitor and manage the service.

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 breaches in relation to safe recruitment, safe care and treatment of people, and the governance of the service at this inspection and notifying CQC of significant events.

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 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 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 effective?

The service was effective.

Details are in our effective findings below.

Good 

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 

My Homecare Gloucester

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 two inspectors.

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 however we were informed that they had recently resigned from their post. At the time of our inspection, the operations director was acting as the interim manager. The provider was in considering their options to register one of the management team as the registered manager with CQC.

Notice of inspection

This inspection was announced.

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 management team would be in the office to support the inspection.

Inspection activity started on 16 September 2022 and ended on 28 September 2022. We visited the location's office on 16 September 2022.

What we did before the inspection

We reviewed information we held about the service since their registration. 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 spoke with one person and three people's relatives about their experience of the care provided. We spoke with the owner of service, the operations director, care manager, training manager, senior community care assistant and received feedback from two care staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at four staff files in relation to recruitment and 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 including staff training and supervision.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated 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.

Assessing risk, safety monitoring and management; Using medicines safely

- Some people's individual risks had not always been identified and comprehensively assessed. For example, the assessment and support requirements for one person with diabetes had not been identified and recorded. Therefore, staff may not fully understand how to support the person safely, including how to identify if their diabetes was becoming unstable and where to escalate any concerns.
- Some risk management plans to support people with risks relating to their mobility and use of moving and handling equipment were not always detailed to direct staff in the safe transferring and moving of people.
- The service had not sought Speech and Language Team (SaLT) advice to reduce risks to one person when they recognised concerns around their eating and swallowing.
- The management of people's medicines had not always been recorded in sufficient detail. This meant staff did not have clear guidance about their role in supporting people with their medicines, such as who was responsible for ordering and collecting people's medicines.
- Information about the administration and management of people's prescriptions was not always clear. This included the support people required with their 'as required' medicines, medicinal creams, self-administration and medicines which could be misused by others.
- The majority of staff had received medicines training, although staff's medicines practices had not always been formally assessed to ensure their medicines knowledge was current.

Effective systems had not been fully implemented to assess and mitigate risks to the health, safety and welfare of people using the service and the management of their medicines. This 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 new management team said they planned to review each person's care and risks assessment and make appropriate referrals as needed, to ensure staff practices were current and based on professional recommendations.
- The management team observed staff practices and addressed any concerns when they supported staff with people's care calls. They had identified further improvement was needed in the assessment and recording of staff practices.
- Staff said they knew what they should do to manage risk or address anything urgent to keep people safe.
- People and their relatives were confident staff had the skills to support and monitor people's individual risks and manage their medicines. One relative said, "The carers are very observant and report anything to me." Another relative explained the actions staff had taken to improve the skin integrity of their family

member.

Staffing and recruitment

- Safe recruitment practices had not always been used to ensure staff were fit and proper to support people.
- There were inconsistencies in the checking and verifying of the photographic identity, employment backgrounds, employment gaps and reasons for leaving their previous employment of new staff. The health conditions of new staff had not been explored which would help the provider to understand the applicant's capability to carry out their role.

Safe recruitment practices had not been established and operated effectively. This was a breach of regulation 19 (Fit and proper persons) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- However, the new management team had identified further improvement was needed to ensure the recruitment of staff was robust and in line with the provider's recruitment policies and legislation. They told us improvements were planned to assist them in monitoring recruitment and to enable reasonable adjustments to be made to support staff health and diversity.
- Systems were in place to plan and manage the timings of people's care calls and the staff who supported them.
- People were supported by a small staff team who knew them well. Managers provided care when there were staff shortages which also helped them monitor the timings of people's calls.
- People and their relatives confirmed staff were generally punctual or had a genuine reason for running late such as unplanned traffic delays.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from harm and abuse.
- Staff confirmed they understood their role to report any incidents and safeguarding concerns to their managers and would work with them to reduce risk.
- Although not all staff had received safeguarding training, staff had signed that they had read safeguarding statements which summarised the provider's safeguarding policy. The provider was addressing staff training to ensure all staff received safeguarding training appropriate to their role.
- Managers had recognised safeguarding concerns and reported these to the appropriate agencies but not always met their legal obligation to notify CQC.

Preventing and controlling infection

- People were protected from the spread of infection as good infection control practices had been implemented and maintained.
- People and their relatives confirmed staff were using personal protective equipment (PPE) as expected.
- The infection control practices of staff were regularly checked by the management team. A newsletter reminding staff of good infection control practices and the correct use of PPE had recently been sent to staff.

Learning lessons when things go wrong

- Staff knew the importance of reporting incidents to their managers. They had access to an on-call system which provided support outside office hours.
- Incidents were investigated and analysed by managers and action was taken to help prevent any further occurrences, such as referrals to health care professionals.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care was delivered based on current best practice and the recommendations made by health care professionals.
- The provider had recently implemented an electronic care data management system which enabled staff to read information about people's care needs. Plans were in place to extend the use of the electronic system to include care and medicines records completed by staff during care calls. Managers anticipated this would provide timely oversight of the service provided.

Staff support: induction, training, skills and experience

- Staff were knowledgeable about people's care needs; however the provider had recognised further development was needed in systems to train and support staff. The provider had recently changed their training system and was in the progress of supporting staff to complete their mandatory training in the health and social care certificate: (The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme).
- The provider had employed a training manager and was in the process of moving offices with the plan to develop a training suite. The management team was reviewing and updating their systems to provide regular support to staff and to formalise their observation, and assessment of staff care practices.
 - New staff felt the induction and training process was supportive and gave them confidence in their role. New staff were offered shadowing opportunities before starting their induction. Staff said the management team were very supportive.
- People and their relatives were confident that staff were skilled in delivering care.

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

- Where people required support with their nutrition and hydration, they were supported to have enough food and drink of their choice.
- The service recognised and supported people's cultural, dietary needs and preferred choices of food and drinks.
- People's relatives confirmed staff were knowledgeable about people's meal and drink preferences and dietary requirements.

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

- The managers and staff worked proactively with people, their families and key community professionals

and services to help maintain people's health and well-being.

- Staff helped to monitor people's well-being and report any concerns to relevant health and social care professionals such as the monitoring of people's skin and appetite. This was confirmed by one health and social care professional who said, "I have not encountered any concerns and they seem proactive in their approach to care and the health and wellbeing of the individual in question."

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 MCA 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.

We checked whether the service was working within the principles of the MCA.

- People told us they were given choice throughout their care call and their decisions were respected by staff.
- MCA assessments and best interest decisions had been completed for those people who were unable to make specific decisions about their care and treatment such as receiving their medicines covertly (hidden in food).
- Not all staff had received training in the MCA; however, people and their relatives told us staff always gained their permission before supporting them with their personal care needs. Staff provided people with choice or supported people in their best interest when people lacked mental capacity to make decisions about their personal care needs.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who were kind and caring.
- People and their relatives spoke highly of the staff who supported them. Without exception, we received positive comments from people and their relatives about the quality of care being provided by the service and the caring nature of staff. Comments included, "Absolutely wonderful"; "Exceptional staff" and "They do a fantastic job."
- People were treated as individuals. One person said, "They know everything I like."
- The management team told us recruiting staff with the right values was a key part of their recruitment process and the core of the culture of the service. Managers told us about the positive relationships staff had formed with people and their families.
- Staff told us they knew the people they were supporting well and had formed good relationships with them.
- People's diverse and cultural needs were respected and reflected in the care they received. Any protected characteristics under the Equality Act 2010 were identified as part of people's initial assessment, such as religious and cultural needs and lifestyle preferences. Managers supported staff to understand people's cultural needs and help them converse with people when English was not their first language.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were given as much choice as possible. They confirmed they were continually asked for their views and they felt they were listened to. Relatives said they could confidently raise concerns with the management team and knew they would get a conclusive response from them.
- People were treated with respect at all times and without discrimination or judgment. Their privacy and dignity were always respected especially when supporting people with their personal care and hygiene.
- Managers monitored staff approach to ensure the values of the service underpinned staff practices.
- Staff recognised and helped people to celebrate significant key events in their lives.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care which was responsive to their needs. Staff were attentive and ensured people's needs had been met and they were comfortable before they finished the care call.
- Plans were in place to review each person's care plan to ensure they were person-centred and reflected people's health, emotional and social backgrounds.
- The service supported people to use technology to enable them to communicate and alert staff of any concerns. This meant staff could respond to the needs of people.
- People and their relatives confirmed staff delivered bespoke care which was responsive to their needs and wishes. One person said, "They [staff] are like my friends, they are so kind and always make sure I have everything before they leave."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service adapted their communication styles and approaches to support people to understand the care being offered such as large print or communication cards.
- Staff were supported in providing accessible communication to people and their relatives. For example, for one person who does not speak English, staff had learnt words and short sentences in the person's first language to assist with better communication.

Improving care quality in response to complaints or concerns

- The provider had received no complaints since their registration with CQC.
- Managers stated they dealt with any day to day concerns when they supported people with their care or carried out reviews of people's care needs. They were able to describe the provider's complaints process and how they would intend to respond to any complaints.
- People and their relatives felt the managers were approachable and would act on any concerns they raised.

End of life care and support

- The service had supported people during the final stages of their life. The operations director described how the service would review people's care needs and support people's end of life wishes to ensure they

remained comfortable and pain free. They said, "We champion their needs and it's a real honour to support people at the end of life in their own homes surrounded by their own things, fulfilling their last wish."

- Although staff understood how to sensitively deliver end of life care to people and provide support to their relatives, the provider had identified staff would benefit from end of life care training.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The systems implemented by the provider to help them monitor the service had not always been effective in identifying and addressing quality and safety shortfalls in the service.
- The provider had not always ensured accurate and complete records had been maintained to direct staff in the care and support people required and document the care staff had delivered.
- The management of people's medicines was checked by managers when they provided care to people and through monthly medicines audits. However, the outcome of their findings had not always been effectively recorded to demonstrate the actions they had taken to address any medicine errors or concerns. This meant the provider could not be assured appropriate action had been taken, for example to address gaps in reordering and recording of applications of medicinal creams.
- Effective operational systems to assist the registered manager in checking they had all the information they needed to make safe recruitment decisions had not been put in to place or risk assessed when there were gaps in staff's employment backgrounds.

Systems had not been fully established and operated to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had not always received the training and support they required in line with the provider's policies. However, the provider had identified training of staff was an area that required further improvement. They had recently commissioned a new online training platform and employed a training manager to help improve and monitor the training of staff. Plans were in place to ensure staff received regular supervision and there were regular assessments and observations of their skills to ensure the training they had received had been embedded in their practices.
- Managers provided care to people as needed. This assisted them in monitoring the quality of care being provided and take any actions if they identified any concerns. However, they recognised that this arrangement would not be sustainable if the service expanded and further development of their quality assurance systems was needed.
- The managers of the service had not fully understood their responsibility to notify CQC of significant events or allegations of abuse in line with their legal requirements and registration.

The provider has failed to notify CQC of certain events and incidents that affected people. This was a breach of regulation 18 CQC (Registration) Regulations 2009

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

- A new management team had recently been developed to support the provider in delivering high quality care. They spoke passionately about the values and vision of the service and praised the good nature of staff.
- The service received feedback from people at the time they provided care. The provider had plans to develop a people, relative and staff survey to seek their views and learn from them.
- Staff spoke positively about the management of the service and felt listened to. Staff felt they were part of a team and there was a positive team culture.
- The service held team meetings to evolve the service and consider people's changing needs. A comment about the team meetings included "We get a chance to talk and share and think about other ways of doing things effectively".

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; Continuous learning and improving care

- The management team have an open culture to learning and improvement.
- The service was aware of the areas where it needed to improve and had made steps to action them. Managers provided examples of the actions they had taken when concerns were identified such as medicine errors.
- Staff understood how to make complaints and of the whistle blowing procedures to raise concerns. Staff felt able to bring issues to the management team.
- Staff were offered additional training and opportunities to develop in their career.

Working in partnership with others

- The service works in partnership with a number of other agencies and professionals to provide care to people. The management team had seen positive improvements in people's health and wellbeing from working in collaboration with other 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 18 Registration Regulations 2009 Notifications of other incidents The provider has failed to notify CQC of certain events and incidents that affected people.
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Effective systems had not been fully implemented to assess and mitigate risks to the health, safety and welfare of people using the service and the management of their medicines. This placed people at risk of harm.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems had not been fully established and operated to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe recruitment practices had not been effectively implemented.

