

Health and Care at Home Ltd

Health and Care at Home

Inspection report

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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

About the service

Health and Care at Home is a community-based care provider that provides personal care to people living in their own homes. At the time of inspection 17 people were receiving a service and were in receipt of the regulated activity of 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

Risks were identified, assessed and recorded. Care plans were completed for each person and contained details of the person's needs and preferences. However, all these records lacked some detail to direct staff on how to meet assessed needs. This was discussed with the provider. We were assured this would be addressed immediately. We have made a recommendation about this in the responsive section of this report.

There were sufficient staff to support people. Several new staff had recently joined the service. Recruitment procedures were not always robust, and some staff had been able to support people before all necessary checks and references had been obtained. The provider took immediate action to address this.

The service had recently experienced a period of unsettled management. This had impacted on the effective oversight and monitoring of the service. There were insufficient auditing or monitoring processes in place at the time of this inspection.

The service had not implemented effective quality assurance systems to monitor the quality and safety of the care provided. Spot checks were carried out to monitor staff performance however, these were not always clearly recorded or monitored. People and staff were asked for their views. Issues and suggestions had been raised. It was not clear if any action had been taken to address these.

People and their relatives spoke positively about staff and told us they were happy with the service they received. We were told staff were friendly, they were treated with kindness and compassion and their privacy and dignity was respected. Comments included, "It has all worked well for [person's name] he's being looked after at home and is chuffed to bits with that," "Health and Care at home have changed my life. I get far more of the right kind of support from these carers than I've got from anyone previously. They are kind and patient, and I feel very honoured to have them" and "The carers are nice and gentle with [Person's name]. They chat all the time with her and when they're transferring her I can hear them constantly talking to her, reassuring and encouraging her."

People told us they felt safe with staff. There were systems to help protect people from abuse and to investigate any allegations, incidents or accidents.

People were supported by staff who had been appropriately trained and were skilled in their role. Staff told us they felt well supported. Comments included, "The management are really supportive" and "Really good, never had such a good boss."

People's care and support needs were assessed before they started using the service. People received support to maintain good health and were supported to maintain a balanced diet where this was part of their plan of 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 understood the importance of respecting people's diverse needs and promoting independence. No one using the service, at this time, had any issues with their capacity, so no assessments had been required.

There was no registered manager at the time of this inspection. However, the current manager was in the process of registering with CQC.

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 22 August 2019 at a new location, and this is the first inspection at this location.

Why we inspected

This was a planned inspection for this service.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. We found no evidence during this inspection that people were at risk of harm from this concern.

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 monitor the service.

We have identified a breach in relation to the oversight and governance of the service. 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?

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 well led
Details of our findings are in the well led section below.

Requires Improvement ●

Health and Care at Home

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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. The registered manager 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 three working days' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 23 March 2022 and ended on 30 March 2022. We visited the office location on 29 March 2022, spoke with relatives and people receiving care and support on 25 March 2022 and staff on 28 March 2022.

What we did before the inspection

Before the inspection, we reviewed information we held about the service and the provider which included any statutory notifications sent to the CQC. A notification is information about important events which the service is required to send us by law. The provider had completed 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. We used all this information to plan our inspection.

During the inspection

During the inspection we reviewed five people's care plans and risk assessments. We looked at three staff files in relation to recruitment. We reviewed staff training and supervision. We also reviewed other records relating to the management of the service, including complaints records and compliments received. We met with the manager, the provider, the administrator/senior carer, the care coordinator, four care staff and an external healthcare professional. We spoke on the phone with two people and six relatives of people who were receiving personal care and support about their experience of the care provided. We spoke with 10 staff on the telephone.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We further reviewed training data, recruitment and quality assurance records.

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.

Staffing and recruitment

- Recruitment practices were not always robust. Staff files did not always show the relevant checks had been completed. Some references had not been clearly recorded. The provider had not always obtained Disclosure and Barring checks in a timely way before staff began visiting people alone. The provider was using a DBS from a previously held position, for one member of staff who had worked at the service for several weeks. We advised the provider about this and immediate action was taken.
- Sufficient references from previous employers were not always obtained before staff began working alone with people. The provider told us some references were 'taken over the phone'. However, there was no record of these conversations recorded in the staff members file. There had been no consistent oversight of recruitment practices by the provider.
- The service was not critically short staffed. No risk assessments had been completed detailing how the provider would reduce the risks of employing staff without completing full recruitment checks. This placed people at risk of being supported by staff who may not be suitable to work alone with vulnerable people

The provider had not ensured staff were recruited safely. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the challenges of Covid-19 and staff sickness and absences, people told us there were enough staff available to support them and meet their care needs. People told us staff came at the arranged time and stayed for the agreed length of time. Comments included, "If they need to, the carers ring me up to tell me they're running late. They still stay for the full hour, even if they've got here late. They say 'you've got to have your hour' and "The carers are always on time and sometimes stay longer if there have been any problems. You never feel they're in a hurry to go."
- Rota's were produced by the service in advance to help ensure people had the assessed support when they needed it. Most staff confirmed they had stable rounds with changes only necessary when staff were absent at short notice. We saw the rota had been completed for the next 11 days in advance at the time of this inspection.
- Staff were given time in-between calls to allow for travelling from one call to the next.
- People were positive about the care they received, comments included, "We talk about my risks, and the carers know what to look for" and "I'm inclined to fall, so the carers are there when I get out of bed, and help me into the bathroom etc. They keep an eye on an ongoing medical issue and if they see any problem they'll say 'You'd better ring the doctor'."
- Environmental risk assessments were undertaken of people's homes before staff started supporting the person.

Assessing risk, safety monitoring and management

- Some people required specific equipment to be used by staff to support them. The service did not hold the dates of when each piece of equipment had been serviced, and when the next service was due. This meant staff and people could be placed at risk when using unsafe equipment.

We recommend the service take advice and guidance from a reputable source regarding the recording of service/check dates for all equipment used by staff.

- Risks associated with people's care needs were identified, assessed and recorded. This provided staff with some of the information needed to support people safely. However, there was a lack of detail in assessments as they did not contain sufficient detail to guide staff on how to reduce identified risks. This meant that people and staff could be put at potential risk.

The failure of the provider to mitigate risk is a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Experienced staff had a good knowledge of the people they supported. They were aware of risks associated with people's care, how to monitor them and what action to take to reduce risks.

Systems and processes to safeguard people from the risk of abuse

- There were safeguarding processes in place and the service had made appropriate referrals to the local authority where required.
- People told us they felt safe with the staff that supported them.
- Staff knew how to recognise abuse and protect people from it. Staff had received training in how to keep people safe.

Using medicines safely

- We were told staff only currently administered medicines to one person. Staff were required to prompt people to take their prescribed medicines. Staff had received training in medicines administration. We were told competencies were regularly checked, by the nurse employed by the service. However, there was no clear overview record provided showing which staff had been checked and when.
- People were supported to take their medicines when and as they were prescribed. Relatives confirmed that their family member always received their medicines and in a safe way. One person told us, "Staff put out my medication for me, from the blister packs, morning and night, and they see me take them."
- Electronic medicine records were completed by staff where necessary. These records were checked by management. However, there was no formal regular audit in place to effectively monitor these records.

Preventing and controlling infection

- People were protected from the risk of infection and cross contamination including COVID-19. People told us staff regularly wore personal protective equipment (PPE) when they delivered care to them.
- The service had an ample supply of PPE. Staff had received training in the safe use of PPE. People told us staff practice reflected current guidance.
- Staff had received training in infection control.

Learning lessons when things go wrong

- There were policies and procedures in place to ensure that accidents and incidents were recorded, actioned, and analysed to help reduce any re-occurrence.
- During this inspection the provider was open to the concerns we identified and addressed some of them

in a timely manner. We were sent an action plan on the day after this inspection clearly setting out the action the service would be taking to address the concerns we found.

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. 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

- People's needs were assessed before the service began to ensure they could be met by the service.
- The assessment also considered people's protected characteristics as part of the Equalities Act 2010, including any disabilities.
- Records showed that regular reviews took place to ensure people using the service had their current needs recorded.

Staff support: induction, training, skills and experience

- Due to Covid-19 restrictions regular face to face supervisions had not taken place. Only one supervision was recorded for most staff since early in 2021. No appraisals had taken place. We were told very regular informal telephone conversations had taken place with staff throughout the pandemic and staff confirmed they were able to access support when needed. The provider confirmed that now restrictions were lifted regular one to one supervision would commence.
- Staff completed training in a range of different subjects to ensure they had the right skills, knowledge and experience to deliver effective care. One staff member said, "We do on-line training and face to face now there are less Covid-19 restrictions."
- New staff received an induction which included training and a period of working alongside a more experienced staff member before they started working on their own. We saw four new staff attending training, during this inspection, they all confirmed they had received an induction and shadowing shifts.

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

- People were supported with their dietary needs where this was part of their plan of care.
- People's preferences, likes, dislikes, and dietary requirements were recorded in their care plan. Experienced staff knew people's needs well. People and relatives comments included, "(Person's name) has to have food pureed and liquids thickened, so when they come, we leave instructions and the carers always do what we've asked" and "The carers ask what I want to eat, get the meal and drink ready, then they'll stay and wash up for me."
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required.

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

- The provider involved a range of external agencies in the care of people, such as community nurses, OT's and GP's

- Staff ensured people's health care needs were being met and if they had any concerns regarding a person's health then this was communicated with the relevant professional. One person commented, "The carer offered to take me for medical support once, when I needed it."
- Relatives were assured the care staff that supported their family member were quick to identify changes in the person's health, report their concerns and request the required assistance. One relative told us, "If the carers think [Person's name] is not right, they'll call the doctor. They did that once when they picked up the signs of an infection and told me afterwards; [Person's name] was given antibiotics. I wouldn't have picked up on the signs like they did."

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.

- People were involved in decisions about their care and treatment and staff supported them to have maximum control of their lives. We were told all the people who were being supported at the time of this inspection had capacity to make their own decisions therefore no assessments had been indicated as necessary.
- People told us staff consulted them and asked for their consent before providing care and support. One relative told us, "At one point, [Person's name] refused some of the medication, and has the capacity to do this. The carers respected that and recorded it on the care records."
- Staff received training in the MCA. Records were kept showing where people had appointed Lasting Power of Attorney (LPA).

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 and their relatives told us staff were friendly, polite and respectful. People were treated with kindness and compassion and their privacy and dignity were promoted. Staff respected people's equality and diversity. Comments from people included, "It has all worked well for [Person's name] they are being looked after at home and are chuffed to bits with that," "Health and Care at home have changed my life. I get far more of the right kind of support from these carers than I've got from anyone previously. They are kind and patient, and I feel very honoured to have them."
- Experienced staff knew people well and had established positive and caring relationships with the people they supported which helped them to deliver good, person-centred care that met people's needs.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and be actively involved in making decisions about their care and support.
- Senior care staff carried out reviews and made changes in response to people's changing needs.
- A satisfaction survey had been sent out to people to ask about their experience of the care and support they received. Positive feedback had been received. Senior staff also spoke with people during spot checks of staffs' practice to ensure people's voice was heard.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy was respected. One relative told us, "The carers are nice and gentle with [Person's name]. They chat all the time with them and when they're transferring them, I can hear them constantly talking to them, reassuring and encouraging them."
- People told us that staff promoted their independence and respected their right to make choices for themselves. For instance, one relative said, "The carers get [Person's name] to pull themselves up if they can, although they're always very careful with them."

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 had electronic personalised care plans which identified people's care and support needs. They contained person centred information and past history. However, care plans lacked detail and did not always provide clear guidance for staff, on how to care for people. For example, care plans directed staff to provide 'catheter care' or 'use the approved technique' with no details as to how to do this.
- Consistent experienced staff had been visiting people and knew them well. However, there was a risk that if one of the many new members of staff were sent to visit some people, the care plan would not support them to know how to meet their needs.

We recommend that the provider take advice and guidance from a reputable source about ensuring all care plans detail clearly how staff should meet people's specific needs.

- People we spoke with confirmed they knew about their own care plan. One relative told us, "The care plan was set up originally two years ago. It was quite detailed – what [Person's name] likes, their hobbies etc. They'll try to match you with carers based on that."
- People told us they were very happy with the care they received which met their individual needs. Comments included, "The carers are really nice people; we have a good rapport with them and [Person's name] seems settled, not agitated, when they come," "I always feel listened to" and "The carers sit and talk to [Person's name] as well as giving care, to give them some company."
- People's needs were regularly reviewed, and care plans were updated to reflect changes in their needs.

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.

- People's care plans included their communication needs and how best to achieve effective communication. We were told if anyone needed information in an accessible format this could be provided. No person, who was receiving support from the service at this time, required this sort of assistance.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to complain if they needed to. Information on how to make a complaint was included in the service user handbook that was given to people and their relatives.

Comments included, "If I had any concerns I'd just phone the office and I'm sure they'd deal with it straight away" and "When I ring the office, they're always very helpful and very nice. I rang once because of a problem, and they responded straight away and made sure things were put right."

- Complaints and concerns were investigated by the manager and used as an opportunity to learn and improve.

End of life care and support

- No one was being cared for at the end of their lives at the time of the inspection.
- Staff were offered training in end of life care. Some staff had been recorded as completing this.

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; Continuous learning and improving care

- The service did not have a registered manager at this time. The current manager was applying to CQC. Recent inconsistency in the management team had impacted on the lack of robust quality assurance and governance systems to monitor the quality and the safety of the service. Whilst there were regular informal checks to identify any areas for improvements, these were not always recorded and monitored. Therefore, opportunities to improve the service may have been missed.
- The audit or monitoring processes which were currently in place were no robust.
- The provider's systems had not identified there were no records indicating when reviews of people's equipment were due or that staff supervision was not regularly recorded, and no appraisals had taken place.
- The provider did not have effective oversight of recruitment practices.

The failure of the provider to ensure robust systems and processes were in place to assess, monitor and improve the quality of the service provided is a breach of Regulation 17 (Good Governance) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014

- The service had a clear staffing structure. Staff understood their roles and responsibilities and knew who to speak with if they had any concerns. Staff told us they could easily access support when it was needed. Two visiting healthcare professionals, spoke very highly of the company. They stated that the provider was very motivated to provide person centred support to people.
- The provider understood their legal responsibilities and had submitted statutory notifications to the Care Quality Commission as required by law.

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 manager understood the duty of candour requirements and ensured information was shared with the relevant people when concerns were identified.

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

- People and relatives were complimentary about the service they received. Several people and their relatives commented on the recent changes in the management team. Some people felt communication about the changes had not been effective. One relative told us, "They've changed the management a couple

of times; I'm not sure who's managing it at the moment."

- The culture of the service was open and transparent. The provider told us that recently there had been a few changes of manager and this had impacted adversely on the service governance arrangements. The provider had informed CQC of these challenges.
- The provider was very committed to providing the best service possible to people. The new manager was supported by a small team of staff who were all striving to improve the overall management and oversight of the service.

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

- People and staff had been asked for their views on the service. We saw the results from recent questionnaires which had been completed by people who used the service, these were mostly positive. Comments from one person included; "(Staff name) is just wonderful to behold and is essential to my wellbeing. I am extremely fortunate and proud to have such a devoted team."
- We spoke with people and their relatives on the phone, comments included, "I'd recommend Health and Care at home to anyone. If one of my family needed help, I wouldn't hesitate. I'm really, really pleased with them," "We couldn't have got a better care company. I've nothing to say but good" and "I'm really pleased. When I was in hospital I did wonder how I'd manage when I got home, and this has turned out very well."
- Staff told us that they mostly felt valued and supported by the management team. They told us they enjoyed working at the service. Comments included, "The management are really supportive" and "Really good, never had such a good boss," "It was the owners' vision which attracted me to work here. I feel valued and respected" and "I am able to build a really good bond with my service users because I am given the time to do that."

Working in partnership with others

- The service had established good working relationships with professionals including healthcare professionals and commissioners of care to ensure good outcomes for people. All the healthcare professionals we spoke with were positive about the service provided by Health and Care at Home.

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 provider had failed to ensure that regular robust assessment and monitoring of the service provided was in place.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had failed to ensure robust recruitment processes were in place