

Vila Pvt Ltd

My Homecare Bexley & Greenwich

Inspection report

Roxby House 20-22
Station Road
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Date of inspection visit:
21 August 2019

Date of publication:
03 October 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

My Homecare Bexley & Greenwich is a domiciliary care agency looking after people in their own homes. At the time of the inspection the service supported five people with their personal care. 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

Medicines were not safely managed. Medicine Administration Records (MAR) were not always completed in full. Staff had not completed competency assessments and medicine audits which identified shortfalls were not rectified. Risks were not always identified and risk management plans were not always in place to guide staff on how risks should be minimised. Staff were not supported through regular supervisions. The service was not currently supporting people who were considered end of life. The provider's quality monitoring systems were not effective. Internal audits did not identify the issues we found at this inspection or if they did remedial action was not taken to drive improvements.

People said they felt safe and that their needs were met. There were appropriate safeguarding systems in place to protect people from the risk of abuse. People were protected against the risk of infection. Accidents and incidents were appropriately managed and learning from this was disseminated to staff. Sufficient numbers of suitably skilled staff were deployed to meet people's needs.

Staff were supported through induction and training. Staff had the skills, knowledge and experience to support people appropriately. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to eat a healthy and well-balanced diet if required. People had access to healthcare services when required to maintain good health and their independence was promoted.

People and their relatives (where appropriate) had been consulted but their care and support needs. There was an effective complaints system to manage people concerns in a timely manner. The provider worked in partnership with key organisations to ensure people's individual needs were planned.

Rating at last inspection and update

This service was registered with us on 3 September 2018 and this is the first inspection.

Why we inspected

This inspection was part of our routine scheduled plan of visiting services to check the safety and quality of the care people received.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 Bexley & Greenwich

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

One inspector carried out this inspection with 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 or flats.

At the time of this inspection there was no registered manager in post. The service manager had applied to CQC to become the registered manager.

Notice of inspection

This inspection site visit took place on 21 August 2019 and 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 manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from professionals who work with the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people and one relative to seek their views about the service. We spoke with three care staff, the manager, the nominated individual and the business development manager. We reviewed records, including the care records of five people using the service, and the recruitment files and training records for five staff members. We also looked at records related to the management of the service such as quality audits, accident and incident records, and policies and procedures.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. At this inspection this key question was rated Requires Improvement. This meant people were not safe and protected from avoidable harm.

Using medicines safely

- Medicines were not always managed safely. Staff responsible for administering medicines had not been assessed by the provider to ensure they were competent to do so safely.
- People's records did not have clear information who was responsible for administering their medicines. For example, one person who started with the service in December 2018 was only being prompted to take their medicines. However, from April 2019, staff administered their medicines. The person's care plan and medicine risk assessment had not been updated to reflect this change and instead documented that the person was being prompted, assisted and having their medicines administered.
- Medicine risk assessments were not always carried out or they did not have guidance in place for staff on how to minimise any risks.
- Some people were prescribed medicines on an 'as and when required basis' for pain relief (PRN). There was no guidance in place for staff about when these medicines should be administered. Without clear guidance there was a risk that staff may not give people medicines in a consistent manner, and people may receive too much or not enough medicine to help keep them healthy and well.
- Medicines Administration Records (MAR) were not always completed and left blank. For example, one person was receiving a medicine 'as and when required', their MAR had not always been completed and there was no explanation documented as to why the medicine had not been administered. The appropriate code such as 'R' was not used to explain whether or not the PRN medicine was offered but refused or 'NR' that it had not been required.
- Medicine audits carried out in June and July 2019 identified that MAR charts had not always been completed, however no action had been taken by the provider in respect of this.

Failure to provide the safe management of medicines is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider sent us information to show that they had taken action by ensuring that people's care files clearly documented whether they were self-medicating or having their medicines administered by staff. Also, all staff attended a medicines refresher course and had undergone competency checks. People also had a medicine risk assessment carried out with risk management plans in place for staff on how to minimise any risks. We will check if this practice has been embedded within the service at our next inspection.

Assessing risk, safety monitoring and management

- People were not always protected from the risk of avoidable harm. Risks to some people had been assessed in areas including nutrition, mobility and communication. However, one person who started using the service in early August 2019 (records did not document a specific date that the provider started providing support) had no risk assessments carried out at all to ensure that their care and support were managed safely. We have reported this under 'Effective'.
- We saw that three out five people were at risk of falls, but no falls risk assessments had been carried out and no risk management plans were in place to minimise any risk.
- Risk management plans were not always in place to provide appropriate guidance for staff on how to safely minimise risks to people. For example, one person who was at risk of choking did not have any guidance from a speech and language therapist (SALT) or any other healthcare professional on how to minimise the risks of choking.
- Another person had been identified at risk of diabetes, however there was no risk management plan in place. This meant that staff may not know what to do if the person became ill.

A failure to ensure risks associated with people's care, health and safety was assessed and had management plans to mitigate such risks was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us documentation to show that SALT guidance was now in place for staff to ensure any risk of choking was minimised. The provider also put a risk management plan in place for the person who had diabetes, so staff had guidance should the person become ill. We will check if these practices have been embedded within the service at our next inspection.

Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded and investigated. There was guidance for staff on how to minimise future incidents. However, learning was not always disseminated to staff when things went wrong. For example, when medicine audits identified that MAR charts had not been completed in full for June and July 2019, this matter was not brought to the attention of staff and what actions needed to be taken to ensure this did not reoccur. We have reported this under 'Well-led'.

Preventing and controlling infection

- People were protected from the spread of infection. There were systems in place to manage and prevent infection including policies and procedures which provided staff with guidance on how to minimise or prevent the spread of infections.
- Staff had completed infection control training and followed safe infection control practices by wearing aprons and gloves when supporting people. One person said, "Staff wear gloves when helping me and if helping me with the shower they would then change the gloves before doing my breakfast or change them again after putting the rubbish out." One staff member said, "I wear aprons and gloves to prevent infection, I have also had infection control training."

Systems and processes to safeguard people from the risk of abuse.

- There were appropriate systems in place to safeguard people from the risk of abuse. Staff had received safeguarding training. They knew of the types of abuse that could occur, what to look out for and the process to follow for reporting any allegations.
- People told us that they felt safe. One person said, "I do feel safe with all the staff." One staff member said, "If I had concerns, I would tell my manager and I know they would act immediately."

Staffing and recruitment

- There were sufficient numbers of staff deployed to meet people's needs.
 - The numbers of staff on shift matched the planned staff numbers on the rota. Staff told us there were enough staff to support people's needs. People told us that staff generally attended calls at the scheduled times.
 - The provider used an electronic monitoring system to allocate staff support to people using the service. The provider showed us a rota and told us that people were supported by staff that lived local to the area. We saw that travel time was included and planned in between calls to ensure staff had enough time to travel between calls without being late. One staff member said, "I have more than enough time to travel to my clients."
 - When staff knew they were going to be late they were expected to call the office and office staff would inform the person they were due to support.
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- The provider told us there had been no missed calls and the electronic monitoring service confirmed this. One person said, "Staff are mostly on time for all the visits and the office will phone if they are going to be exceptionally late which doesn't happen very often." One staff member said, "I have enough staff to travel and I have never been late."
 - Appropriate recruitment checks took place before staff started work. Staff files contained completed application forms which included details of their employment history and qualifications. Each file also contained evidence confirming references had been sought, proof of identity reviewed, and criminal record checks undertaken for each staff member.

Is the service effective?

Our findings

Effective – this means 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. At this inspection this key question was rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's health conditions and diagnosis were not always adequately assessed or recorded accurately before they joined the service. For example, one person's initial assessment was not completed before the service commenced. However, the provider failed to arrange another appointment to complete the assessment and had started providing care and support. This placed the person at risk of receiving unsafe care and support.

People's needs were not adequately assessed to meet their needs and care was not always delivered in line with legislation and national guidance. This was a breach of regulation 9 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During the inspection, a senior staff member carried out a full assessment of the person whose needs had not been assessed. Risk assessments and risk management plans were put in place to ensure the person's needs could be safely met.

Staff support: induction, training, skills and experience

- Staff were not supported through regular supervisions every three months in line with the provider's supervision policy. For example, one staff member had been employed since October 2018 and had not received a formal supervision. One staff member said, "No I have not had a one to one supervision yet." However, staff told us that they did feel supported by the provider and they had an open-door policy and staff could speak to them at any time.

- The provider told us that they would carry out staff supervisions immediately to ensure staff received supervisions in line with their policy. We will check this at our next inspection.

- People told us staff had the skills and knowledge to support them with their individual needs. One relative said, "We have never had any worries about staff skills - they all seem well trained."

- Training records confirmed new staff had completed the Care Certificate and an induction. Staff had completed training considered mandatory by the provider which included safeguarding, medicines, moving and handling, dignity, mental capacity and Deprivation of Liberty Safeguards (DoLS).

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- We saw completed capacity assessments in all the care records we looked at.
- The manager told us people they currently supported had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to decide they would work with the person and their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken appropriate decisions made in their best interests' in line with the Mental Capacity Act 2005.
- Staff had received training on MCA. They told us they sought consent from people when supporting them and they respected people's decisions. One person said, "I always ask for people's permission and explain the support I was about to provide them."

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to eat and drink enough. The support they required from staff with eating and drinking was recorded in their care files.
- Staff supported people by heating up microwave meals and preparing drinks and sandwiches. One person said, "Staff get my breakfast and although they know I always have cereal fruit and yoghurt they will ask me which cereal I want and which kind of fruit."
- Although people's preferences, likes and dislikes were not documented in people's care files, staff knew people's preferences, likes and dislikes. One staff member said, "One person loves lemon sponge and jam, so I always offer it to them."

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- People had access to a range of healthcare services and professionals which included GPs, district nurses and occupational therapists should they need it.
- People and their relatives usually arranged and attended healthcare appointments independently. However, the manager told us they would provide this support if required. One relative said, "If staff think my [relative] is not well they either contact the GP or let family know."

Is the service caring?

Our findings

Caring – this means 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 that were kind, caring and treated them with dignity and respect. One person said, "Staff are caring and kind." Another person said, "The staff are all so nice and cheerful."
- Care records included people's personal information relating to their disability, religion and sexual orientation.
- Staff received training on equality and diversity and they worked to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.
- Although no one using the service at the time of this inspect required support with a diverse need, staff showed an understanding of equality and diversity and how they would support people from different backgrounds should the need arise.

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

- People were involved in making decisions about their daily support. For example, they chose what they wanted to wear and the time they wanted to go to bed. One staff member said, "People tell me what they would like to wear and I get it out for them."
- People were given information in the form of a 'service user guide' prior to joining the service. This guide detailed the standard of care people should expect and of the services provided. The service user guide also included the complaints policy, this meant people had a clear understanding of how to complain if they wished to.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they respected people's privacy and dignity by knocking on doors and waiting for permission before entering. One person said, "Yes staff do respect my privacy when I need personal care." One staff member said, "I cover people during personal care and shut doors."
- People were supported to be as independent as possible. For example, people were encouraged to wash their faces or keep mobile if possible.
- People's information was kept confidential by being stored in locked cabinets in the office and electronically stored on the provider's computer system. Only authorised staff had access to people's care files and electronic records.

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. At this inspection this key question was rated Requires Improvement. This meant people's needs were not always met.

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

- People did not always receive person-centred care. Care plans were regularly reviewed, which meant that the provider did not identify that risk assessments were not completed and there were not always risk management plans in place to guide staff on how to minimise these risks. For example, people at risk of falls did not have a falls risk assessment and there were no PRN protocols in place.
- There was a lack of information about people's health needs in care plans. For example, one person had diabetes. There was limited information about this condition to enable staff to identify concerns. And what to do should the person become ill.
- Care plans did not always include information on the people's life history, career and family. There was inconsistent information about people's preferences. This meant that new staff would know very little about the person that they were supporting. One staff member said, "I don't know what my client's favourite food is."

This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us documents confirming that PRN and diabetes protocols had been put in place for people who required this. People's care plans had also been updated with their likes, dislikes and preferences. We will check if this practice has been embedded within the service at our next inspection.

- People had a personal profile in place, which included important information about them such as date of birth, gender, ethnicity, religion, medical conditions and next of kin details.
- Care files included individual care plans addressing a range of needs such as medicines, nutrition, moving and handling, communication and environment.
- People told us that they were involved in planning their care and they had a care plan in their home. One person said, "Staff have been very flexible with my care."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained information which showed how they communicated and how staff should communicate with them. The manager told us that there was no-one who needed information in another format. However, if required information would be provided in a format that met people's needs, this included large font or pictorials.

End of life care and support

- People's care plans had a section where people's preferences and end of life care choices and preferences. However, no one at the service currently received end of life care. The manager told us, where required they would work with people, family members and other healthcare professionals to ensure people's end of life wishes were met.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint. The provider had an effective system in place to handle complaints effectively. Complaints were logged and investigated in a timely manner.
- Staff understood the complaints procedure and told us how they would support people to make a complaint and ensured they received an appropriate response. One person said, "I do feel staff listen, I have no complaints."

Is the service well-led?

Our findings

Well-Led – this means 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. At this inspection this key question was rated Requires Improvement. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

- There was a manager in place who had applied to become the registered manager. However, they were not always knowledgeable about the requirements of being a registered manager and their responsibilities with regard to the Health and Social Care Act 2008. For example, that care and support cannot be provided without an assessment and risk managements in place to ensure the service could meet people's needs.

- The governance of the service was not effective or robust and this was evidenced by the nature of the breaches of the regulations we identified at this inspection. The widespread and significant impact of these demonstrated a failure of leadership and governance at the home at manager and provider level.

- The nominated individual was not aware of the majority of the concerns we raised during the inspection as they did not maintain oversight of the service.

- Records were not completed fully and accurately. For example, medicine records and risk assessments had not been carried out. This meant that we were unable to confirm if people were receiving safe care.

- There was no system in place to provide an overview of staff supervisions to ensure they were able to fulfil their roles adequately. The manager and nominated individual confirmed that they had not carried out supervisions in line with their internal policy but would do this going forward.

- The nominated individual and manager were aware of their responsibilities about reporting significant events to CQC.

- There was a lack of learning at the service, which meant that care was not being improved in response to learning. For example, when issues were identified there was no documented action plan on how the provider was going to rectify these issues. For example, where MAR charts had not been completed this had not been brought to staff's attention to drive improvements.

- Records showed regular audits were carried out by management to identify any shortfalls in the quality of care provided to people. These included care plans and medicines. However, these were not effective. For example, medicine audits did not identify the issues we found at this inspection relating to completion of MAR charts, not having medicine protocols in place and not completing risk assessments.

Failure to assess, monitor and improve the quality and safety of the service people received is 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; 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.

- People were positive about the provider. One person said, "The owner is approachable."
- The manager had a good understanding of when and who to report concerns to. We saw that any incidents were recorded in detail and relevant professionals informed when required such as the local authority and CQC.
- Staff told us that the manager was supportive and approachable and had an open-door policy should they have any concerns they wanted to discuss.

Engaging and involving people using the service, the public and staff

- People's views were sought through an annual clients and relatives survey which had been carried out in January 2019. The feedback from people was positive; one relative said, "I am kept up to date with any changes in my [relative's] care needs."
- Staff attended regular team meetings. Minutes from the last meeting in May 2019 showed areas discussed included training, timekeeping and supervisions. One staff member said, "We have staff meetings and discuss any issues, updates and safeguarding."

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up care.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People did not receive person-centred care. Assessments of people's needs were not carried out before they joined the service. Care plans were not regularly reviewed to ensure people's individual needs were being met. People's likes, dislikes and preferences were not documented.</p> <p>Regulation 9</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not safely managed. Medicine Administration Records were not completed in full. Staff did not undergo competency checks. Assessments of people's needs were not carried out before they joined the service.</p> <p>Regulation 12(1)(2)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17(1)(2)(b)</p>

