

Bromyard Home Care Agency Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

Bromyard Home Care Agency Limited is a domiciliary care service that provides personal care to people in their own homes. 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. At the time of our inspection, 17 people were using the service.

People's experience of using this service and what we found

The risks to people had not always been assessed and kept under review. Written guidance for staff on the management of risks to people was not clear or up to date. People's medicines were not managed safely. The information recorded on medicines records was not clear or complete. The provider had not adhered to safe recruitment practices to check the suitability of prospective staff before they started work with people.

We were not assured people's needs and wishes were comprehensively and holistically assessed. Staff training had not been kept up to date and they did not receive formal supervision and appraisal. Staff induction processes were not sufficiently robust. People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible and in their best interests. However, the policies and systems in the service did not fully support this practice. The shortfalls in the quality and safety of people's care that we identified during our inspection did not reflect a caring service. People's right to privacy was not always fully promoted.

People's care plans did not always provide staff with clear and up to date guidance or promote a person-centred approach. The provider had not developed or implemented any formal quality assurance systems or processes to enable them to assess, monitor and drive improvement in the quality and safety of people's care. The records maintained in relation to people's care, staff employed and the overall management of the service were not always accurate, complete and up-to-date. The management team did not have a clear understanding of regulatory requirements upon the service.

People received a punctual and reliable service. Staff understood how to recognise and report potential abuse involving the people who used the service. Steps had been taken to protect people, staff and others from the risk of infections. Staff knew how to report incident and accidents involving people.

People and their relatives had confidence in staff members' knowledge and skills. They received the level of support they needed to prepare meals and drinks. Staff helped people seek professional medical advice and treatment when they needed this.

People and their relatives told us staff adopted a kind and caring approach towards people's day-to-day care and support. They felt able to express their views to staff and management whenever they wished.

People and their relatives knew how to raise complaints and concerns with the provider and felt

comfortable doing so. Staff worked with community health and social care professionals to ensure people's end-of-life needs and wishes were identified and addressed.

People, their relatives, staff and community professionals spoke positively about their working relationships with the management team. They found management open, approachable and supportive. Staff were enthusiastic in their work and felt valued by the provider.

Rating at last inspection

This is the first inspection for this newly registered service.

Why we inspected

This was a planned inspection based upon the service's registration date.

Enforcement

We have identified four breaches of the Regulations at this inspection. These relate to the lack of safe and robust procedures for assessing and reviewing risks to people and managing their medicines. The provider had also failed to appropriately check the suitability of prospective staff. In addition, staff had not received appropriate training, supervision and appraisal, and the provider had not ensured effective governance of the service.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow-up

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.

For more details, please see the full report which 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 not always caring.

Details are in our Caring findings below.

Requires Improvement ●

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 ●

Bromyard Home Care Agency Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the provider delivers a domiciliary care service to people in their own homes, and we needed to be sure that someone would be available in the office.

What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service. This included information about incidents the provider must notify us of, such as any allegations of abuse. We also sought feedback on the service from the local authority. 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 the director, registered manager, team leader and one member of care staff. We reviewed a range of records at the provider's office. These included five people's care records, six staff recruitment records, medicines records and selected policies and procedures.

After the inspection

We spoke with four people who used the service, two relatives and two community healthcare professionals about their experiences of the care provided. We also spoke with two additional care staff.



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 for 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

- The provider's procedures for assessing the risks to people's health and safety were not sufficiently robust. Risk assessments had not always been completed in relation to the risks associated with people's current care needs. For example, one person's risk assessments did not refer to their current pressure sore and the regular support they needed from staff with repositioning. Another person's risk assessments did not include the known potential for them to display behaviours that challenge associated with a long-term health issue.
- Where there was written guidance for staff on the management of risks to individuals, this was not always clear or up to date. For example, two people's risk assessments advised staff to 'monitor [health] conditions' without additional explanation.
- People's medicines were not managed safely. The information recorded on people's medication administration records (MARs) was not sufficiently clear. This included a lack of clear directions for administering individual medicines, including the strength of the relevant medicine and specific dose to be given. Poorly completed MARs increase the risk of medication errors.
- In addition, staff had not been provided with clear written guidance on the expected use of people's 'when required' (PRN) medicines and topical medicines. The term 'topical medicines' typically refers to creams and ointments applied to a person's skin.

We found no evidence people had been harmed. However, the provider's procedures for assessing, reviewing and managing the risks to people's health and safety were not robust. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the lack of risk management plans, staff understood the current risks to people and their role in managing these. They told us the management team kept them up to date with any changes in people's needs and risks through regular texts and telephone calls.
- We did not identify anyone whose medicines had been incorrectly administered. People and their relatives told us they were satisfied with the support staff provided with medicines. One person told us, "They [staff] prompt me to take my medicines. They know exactly what I'm supposed to have. It's very useful support."

Staffing and recruitment

- People were not supported by staff who had been subject to safe and robust recruitment procedures. The provider had a recruitment policy in place, but had not adhered to this.
- Appropriate pre-employment checks had not been completed on prospective staff to confirm their

suitability to care for people in their homes. Although Disclosure and Barring Service (DBS) checks had been requested for new staff, some staff had been permitted to start work before the provider had received these. The DBS helps employers make safer recruitment decisions by checking potential employees' criminal history.

- Employment references had not been requested for the staff members whose recruitment records we checked. In addition, these staff had not been required to complete a written employment application form. As a result, the provider had not obtained details of their full employment history or been able to explore any gaps in employment with prospective staff.

The provider had not implemented robust recruitment procedures, including consistent checks on prospective staff. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives told us they received a punctual and reliable service from staff. One person explained, "If there is any change to my normal routine [care visits], they [staff] notify me without fail."
- People's care was normally provided by regular staff whom they knew well.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and comfortable receiving care and support from staff in their own homes. One person explained, "Yes, I feel safe. It's their [staff's] friendly attitude. They listen to what I say and they are kind."
- People's relatives were confident staff protected their family members from harm and abuse.
- The staff we spoke with understood how to recognise and report potential abuse involving the people who used the service. They said they would immediately report any abuse concerns to the management team, and had confidence these would be fully investigated.
- However, the provider was unable to provide us with up-to-date information regarding the status of staff safeguarding training. The registered manager acknowledged some staff had not yet completed this training.
- The provider had procedures in place to ensure the appropriate external agencies were notified of potential abuse, in line with local safeguarding procedures.

Preventing and controlling infection

- Staff were supplied with personal protective equipment (e.g. disposable gloves and aprons) to help protect people, themselves and others from the risk of infections.
- Staff were clear when to use this equipment, and people confirmed they did so when carrying out their care.

Learning lessons when things go wrong

- The provider had procedures in place to enable staff to record and report any accidents or incidents involving people who used the service. Staff confirmed they would immediately report any such events to management.
- The management team reviewed accidents and incidents, to identify the actions needed to prevent things from happening again.

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 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

- The management team met with people and, where appropriate, their relatives before their care started to assess their individual needs and requirements. However, we were not assured this was a comprehensive and holistic process. The records of needs assessments we looked at contained limited information and had not been fully completed. For example, the sections titled 'medical history', 'spiritual needs' and 'social life / interests' had been left blank on three people's needs assessment forms.
- The provider's policies indicated they completed spot checks on staff to confirm they were delivering people's care in line with expected standards. However, the registered manager informed us these checks had not yet been implemented.
- Staff understood their role in promoting people's equality and diversity and were provided with a copy of the provider's associated policy. They felt the provider adapted people's care to suit their individual needs and took steps to protect people from any form of discrimination.

Staff support: induction, training, skills and experience

- People were not supported by staff who were fully up to date with their training. The provider was unable to provide us, either during or following our inspection visit, with up-to-date information regarding the training staff had received. The registered manager acknowledged staff training was not up to date.
- The provider's staff induction process was not sufficiently robust. The induction records held on staff recruitment files had not been completed to confirm the induction training provided. The registered manager informed us staff were supported to complete the Care Certificate. However, we were not assured the knowledge and skills of all new staff employed were consistently assessed against the requirements of the Care Certificate. The Care Certificate ensures staff have the introductory skills, knowledge and behaviours needed to provide compassionate, safe and high quality care and support.
- The provider had not implemented a formal system of staff supervision and appraisal. Formal supervision has many benefits for staff, their managers and, most importantly, the people using a service. For example, it offers an opportunity for staff to reflect on their practice, identify performance objectives and discuss any additional training and development needs.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not received appropriate training, supervision and appraisal to enable them to carry out the duties they were employed to perform.

- People and their relatives felt staff had the knowledge and skills needed to meet their needs.

- Staff were satisfied with the induction and overall training they had received. They said they felt able to approach the management team at any time for any additional support.

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

- People told us staff respected their choices and sought their permission before carrying out their care.
- Staff understood the need to respect and promote people's right to make their own decisions.
- However, the mental capacity assessments on people's files were not decision-specific in line with their rights under the MCA. The registered manager assured us they would carry out a full review of these assessments as a matter of priority. We will follow this up at our next inspection.

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

- People and their relatives told us staff provided the level of support they needed to prepare meals and drinks. One person explained, "They [staff] get me whatever I want to eat."
- The provider had procedures in place to assess and provide the level of support people needed with eating and drinking.

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

- People and their relatives told us staff monitored the general health of those they supported and helped them seek professional medical advice and treatment when needed. One person told us, "I'm quite sure that if they [staff] found me in a sorry state, they would act quickly."
- Staff worked with community healthcare professionals, such as GPs and district nurses, to ensure people's health needs were met.

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 Requires improvement. This meant the quality and safety of people's care did not reflect a caring service.

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

- People and their relatives told us staff listened to them, treated them with kindness and showed concern for their continued wellbeing. One person described staff as 'very, very compassionate'. Another person praised the concern staff had shown when they accidentally knocked their leg on a mobility aid. A relative said, "They [staff] treat [family member] with care and respect."
- Staff spoke about the people they supported in a respectful and empathetic manner.
- However, the shortfalls in the quality and safety of people's care that we identified during our inspection did not reflect a caring service. These included the failure to fully assess the risks to people, safely manage their medicines and ensure all staff were appropriately trained.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with dignity and respect at all times.
- Staff gave us examples of how they promoted people's rights to privacy and dignity on a day-to-day basis. These included offering people choices about their care and taking steps to protect their modesty during intimate care tasks.
- However, joint care notes were maintained for two people who used the service living in the same home. This did not support each person's right to confidentiality. The management team assured us they would introduce separate care notes for each person without delay. We will follow this up at our next inspection.

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

- People and relatives told us they saw the management team on a regular basis and were able to speak with them about the care provided whenever they wished. They felt confident their views would be taken seriously and acted on by staff and management.
- The management assured us they would signpost people to sources of independent support and advice, such as local advocacy services, as needed.

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 Requires improvement. This meant people's care plans did not fully reflect their current needs or promote person-centred care.

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

- People's care plans did not always provide clear and up to date guidance for staff on how to meet their current care needs. For example, one person's care plans contained inaccurate information regarding their current mobility needs and made no mention of their pressure care needs.
- Care plans did not fully promote a person-centred approach. They did not include information about people's personal backgrounds and provided little insight into their known preferences.
- People and their relatives told us the day-to-day care provided reflected their individual needs and wishes. One relative told us, "They [staff] treat [family member] as an individual. They [provider] have been flexible and have changed the care provided to suit [family member] and their personal timetable."
- Staff explained they maintained open communication with people and their relatives to understand their needs and wishes.

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.

- The management team did not have an appropriate understanding of the requirements of the AIS to meet people's information and communication needs.
- People's needs assessments included limited information about their sight, hearing and speech. However, their care plans did not address their individual communication needs or provide guidance for staff on how to promote effective communication.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to raise complaints and concerns with the provider. They felt comfortable doing so and had confidence their concerns would be taken seriously and acted upon.
- One person described how the provider had resolved a minor complaint they raised, leading to improvements in their care.
- The provider had a complaints procedure in place, designed to ensure complaints were responded to in a fair and consistent manner.

End of life care and support

- Staff worked with community health and social care professionals, including the local district nursing

team, to ensure people's end-of-life needs and wishes were understood and met. A community healthcare professional spoke positively about the role staff played in supporting people at the end of their lives.

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 management team did not recognise the importance of good quality assurance. The provider had not established any formal quality assurance systems or processes to enable them to assess, monitor and drive improvement in the quality and safety of people's care. Although the provider had a quality assurance policy in place, neither management nor staff completed any regular audits or checks on the quality and safety of people's care. We did not find any evidence of learning by the provider in connection with monitoring the performance of the service.
- During our inspection, we found four breaches of the Regulations, which increased the risk of harm to people who used the service. Due to a lack of quality assurance and auditing processes, the provider had not identified these shortfalls in quality.
- The records maintained in relation to people's care were not always accurate, complete and up-to-date. This included the poor standard of people's medicines records and incomplete or out-of-date information in people's care plans.
- The provider had not maintained appropriate records in relation to staff employed and the management of the service, in line with regulatory requirements. This included the failure to obtain a full employment history from prospective staff.
- We identified a number of the provider's policies and procedures were not being adhered to or reflective of current work practices. This included the provider's policies in relation to communication, quality assurance, recruitment and medicines.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not implemented effective governance, including quality assurance systems and processes.

- The management team explained they kept themselves up to date through, for example, accessing social care websites and attending further training. However, we found they lacked a clear understanding of regulatory requirements. This included a lack of insight into the Accessible Information Standards and the duty of candour.

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 management team lacked understanding of the legal requirement for them to inform people, and

relevant others, if they experienced harm as a result of the care provided. The registered manager informed us they would access additional training and support for management and staff in relation to the duty of candour as a matter of priority. We will follow this up at our next inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- People and their relatives told us they felt able to share their views with the management team at any time. However, the provider had not developed any formal systems or processes for seeking people's feedback on the service and recording actions taken in response to feedback received. The registered manager explained they planned to introduce the distribution of periodic feedback questionnaires. We will follow this up at our next inspection.
- The registered manager told us they organised regular staff meetings to update the staff team and give them the opportunity to put forward their views and suggestions as a group. However, no records had been maintained of these meetings and any resulting actions.
- Staff worked collaboratively with community health and social care professionals to ensure people's individual needs were met. The community professionals we spoke with talked positively about their relationship with staff and management. One community professional told us, "They [management] listen, are proactive and communicate really effectively."

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

- People and their relatives spoke highly of an open and approachable management team who provided their direct care on a regular basis. One person told us, "I see both of them [management] regularly and have a very, very good relationship with them." Another person said, "They [management] are very diligent and most definitely approachable."
- Staff spoke about their work for the provider with enthusiasm and felt well-supported and valued by management. They were confident management would listen to and act on their views. One staff member told us, "[Registered manager] cares about the people who use our service and staff. She goes out of her way to ensure we are alright." They went on to say, "They [management] are always thanking us and they take us out for meals. I feel appreciated by them."

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not operated robust procedures for assessing, reviewing and managing the risks to people's health and safety.

The enforcement action we took:

We issued a warning notice which required the provider to be compliant with Regulations 12, 17, 18 and 19 by 1 May 2020.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not implemented effective governance, including quality assurance systems and processes.

The enforcement action we took:

We issued a warning notice which required the provider to be compliant with Regulations 12, 17, 18 and 19 by 1 May 2020.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not implemented robust recruitment procedures, including consistent checks on prospective staff.

The enforcement action we took:

We issued a warning notice which required the provider to be compliant with Regulations 12, 17, 18 and 19 by 1 May 2020.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received appropriate training, supervision and appraisal to enable them to carry out the duties they were employed to perform.

The enforcement action we took:

We issued a warning notice which required the provider to be compliant with Regulations 12, 17, 18 and 19 by 1 May 2020.