

Help At Home (Egerton Lodge) Limited

Help at Home Leicester

Inspection report

Unit 1 & 2
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19 November 2020
26 November 2020

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Help at Home Leicester is a domiciliary care service. The service provides care and support to people living in their own homes. At the time of the inspection there were 517 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Many people told us they would recommend the service to others. They told us they felt safe because they had confidence in staff's ability to provide them with the support and care they need. Most people told us they were supported and cared for by staff who they were familiar with, and this contributed toward their feeling safe.

People's safety was promoted by staff who followed guidance on how to reduce potential risk. People were supported by sufficient numbers of staff who had undergone a robust recruitment process. People were supported with their medicines. Staff training in key safety areas promoted people's safety, which included staff knowledge and understanding of reporting potential safeguarding concerns, and following infection control procedures.

The provider had developed a contingency plan in response to Covid-19, and had adopted government guidance. People's needs had been considered, and people and family members contacted to discuss their care during the pandemic. To reduce the potential spread of infection, paper-based information, including copies off rotas and surveys were no longer used. This meant all communications were via e-mail or phone.

People's records detailed potential risks associated with their care, and provided clear guidance for staff as to how to minimise risk. Information was stored electronically, and all information about people's needs was accessible to staff using hand-held devices. Staff updated records to detail the care and support as and when it was provided.

A few people expressed the service from office-based staff was not always timely, and communication could sometimes fall short of their expectations. This had been highlighted by the registered manager as an area for improvement, and personnel changes had been made to bring about improvement.

The provider was aware of their role and responsibilities in meeting their legal obligations. Systems to monitor the quality of the service were in place and were used to develop the service and drive improvement. Records were securely and accurately maintained.

Rating at last inspection

The last rating for this service was requires improvement (published 11 September 2019).

We carried out an announced comprehensive inspection of this service on 29 July 2019. A breach of legal requirements was found. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check improvements had been made and that they now met the legal requirements. The inspection was also prompted in part due to concerns regarding the oversight and monitoring of the service. A decision was made for us to inspect and examine those risks. This report only covers our findings in relation to the Key Questions of Safe and Well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Help at Home Leicester on our website at www.cqc.org.uk.

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 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Help at Home Leicester

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 three inspectors and three experts 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 home.

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

This inspection was announced.

We gave the service 48 hours' notice of the inspection, and provided an explanation as to the inspection process, and to assure ourselves of the effective implementation of Covid-19 guidance when visiting the office.

Inspection activity started on 19 November 2020 and ended on 26 November 2020. We visited the office location on 19 November 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used all 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 34 people who used the service and 16 relatives of people who used the service about their experience of the care provided. We spoke with 14 members of staff including the registered manager, regional manager, compliance officer, electronic care management officer and 10 care staff.

We reviewed a range of records. This included four people's risk assessments and care plans, three staff recruitment files and training records. We looked at documents related to the management of the service, including systems and outcomes to monitor the quality of the service provided.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and procedures and quality assurance records. We sought additional information and clarification in response to comments and feedback that we received from people and family members.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to operate effective systems and have processes in place to keep people safe. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Risks associated with people's care, support and environment were assessed, and kept under review. Measures to reduce risk were detailed within people's records, and included the use of equipment to support people with personal care tasks, ensuring a safe environment in which to provide care.
- An electronic records system was in place, which stored all information as to people's care and support. Staff had access to the system via their hand-held devices and updated the care and support they provided at the time it was provided.
- Staff updated the electronic monitoring and recording system to identify concerns about people's health, care and welfare. Staff said information they provided enabled office-based staff to identify where additional support was required.
- The provider's electronic monitoring and recording system alerted office-based staff if staff were running late, and had not arrived at a person's home within the agreed time frame. Most people told us staff arrived on time, and that if staff were running late, they were informed. However, some people expressed concerns that they were not always informed, and they were unsure as to whether office-based staff, or care staff themselves were responsible for informing them.

Systems and processes to safeguard people from the risk of abuse

- People's safety was monitored and promoted. Staff had been trained in safeguarding procedures and knew what action to take to protect people from harm and abuse. We asked staff about their knowledge and understanding of safeguarding. A member of staff told us, "To make sure people are safe, and to report concerns about abuse from staff or family members."
- The provider was proactive in raising safeguarding concerns in line with local safeguarding protocols, and worked with the local authority to safeguard people and keep them safe.

Staffing and recruitment

- Robust staff recruitment practices and ongoing training supported people's safety. Potential staff were screened for their suitability to work with people, and the training staff undertook meant they were aware of their role and responsibilities in promoting safety.
- Recently recruited staff provided a good account of the training they had received as part of their induction, and told us how they worked alongside experienced staff for a few days. A programme of ongoing

refresher training, and training in key topics related to people's care were provided, to enable staff to meet people's needs, and promote their health, welfare and safety.

- The registered manager, as part of their quality assurance systems, arranged for spot checks to be carried out on staff. Spot checks included observing staff to ensure they put into practice the training they had received, and provided care and support to meet people's needs.

Using medicines safely

- Staff supported people with their medicines when they or family members were unable to do so, and staff completed records to confirm medicines had been administered. . A person told us, "I take my own tablets but they [staff] always ask if I have remembered to take them, it's as though they have genuine concern for me."
- Staff said they had undertaken training in the safe management of medicines, and spoke confidently about their role in assisting people with their medicines, and were fully aware of the provider's policy and procedure.

Preventing and controlling infection

- People told us the provider had contacted them via letter at the beginning of the Covid-19 pandemic, and had provided information about the action they would be taking, which included the use of Personal Protective Equipment (PPE), including gloves, aprons and masks. A person told us, "I've had several letters from them [service] regarding Covid-19, continual contact. I've kept letters for reference. I feel confident with them [staff] using PPE."
- Most people told us they had complete confidence in staff as they followed guidelines, wearing PPE and wiping and cleaning surfaces. People also told us staff had minimal to no contact with other members of their household to reduce the risk of cross infection. A person told us, "My family member lives in the same property so they only come into my room and we wipe down surfaces before and after visits."
- The provider had a coronavirus contingency plan, this had been developed in response to the pandemic, which outlined the provider's actions to ensure essential care continued to be provided based on people's individual needs through a risk-based approach. People and family members had been contacted as part of the process.
- Staff told us they had receiving training in infection prevention and control, which included the correct use of PPE. Staff said they had a sufficient supply of PPE and were provided with hand sanitiser and wipes, and spoke of how they wiped down surfaces within people's homes.

Learning lessons when things go wrong

- Staff were knowledgeable as to what information of concern they should report and how to report it, which included accidents and incidents. Staff recorded the information within the electronic monitoring and recording system, via their hand-held devices.
- Staff had a good understanding as to the action they should take in an emergency, or when a person was feeling unwell. Staff were able to provide examples of how they had responded to, and supported people in an emergency.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Most staff said they felt valued by the company. A staff member told us, "I'm probably valued because I get on with it and cover calls." A second staff member said, "I feel proud to work for this company." Staff told us that positive comments from people were shared with them as part of their supervision. Due to Covid-19, the formal recognition of staff achievement through the 'Care Hero Award', was suspended this year.
- Some people raised concerns about effective communication with office-based staff, which included the out of office service, whilst others spoke positively. A person told us, "Someone needs to have a look into the office, so one every answers. It's always voicemail." A second person told us, "The office and management are very good. They are lovely to talk to and they sort things out for me." The registered manager had noted concerns and had reorganised office-based personnel to improve the service, and told us they would keep this under review.
- People's views were mixed as to whether they received a copy of the staff rota each week, so that they knew who would be providing their care. We spoke with the registered manager who told us rotas, where possible, were shared electronically. However, the sending out of paper rotas had stopped in response to Covid-19, to reduce the potential spread of infection.
- Staff said the registered manager was approachable. A staff member said, "[registered manager] is very good and helpful to me. I'm happy with the management, she's easy to talk with and kind."

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 understood their role and responsibilities. Notifiable incidents were reported to the Care Quality Commission (CQC) and other agencies. No incidents had met the criteria under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, and providing truthful information and a written apology.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A registered manager had been in post since September 2020. The provider had a robust quality monitoring system, which involved a clearly defined managerial structure, with identified staff having responsibility for quality and monitoring. This was achieved through the completion of audits, and the monitoring of the electronic recording system, and a systematic programme of training.

- Staff performance was monitored, and whilst meetings had in the main halted due to the pandemic, communication with staff had moved to electronic messaging. Office based staff continued to have regular briefings to share information and review the data as to the reliability and punctuality of the service.
- The registered manager understood their legal obligations. CQC had been informed about events they were required to by law, and we saw that the provider had displayed the last inspection rating on their website and within the service as required.
- The provider had a business continuity plan in place, which detailed how people's needs were to be met in the event of an emergency. A Covid-19 contingency plan had been developed in response to the pandemic, which outlined the provider's actions to ensure essential care continued to be provided.

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

- The provider's quality assurance policy and procedure for seeking people's views had been revised this year due to pandemic. This meant surveys had not been sent to people or staff. This was to reduce the risk of spreading Covid-19. People's views had continued to be sought by phone, and records showed most people were happy with the service they received. We were told by the management team that an electronic survey for staff would be considered.
- People told us they had in the past completed a questionnaire, however they had not always received a response. Individual responses were provided where required. We were told the provider is looking in the future to provide an overall report, providing overall feedback, which will be shared with all parties.
- People's concerns and complaints, which were submitted via letter or e-mail, were recorded and investigated. The outcome of the complaint was shared with the complainant via letter, and included any action taken by the provider.
- Most people told us they would recommend the service to others. A person said, "Of course I would recommend them as they do what it says on the tin, they are an excellent company." A second person told us, "I would recommend them. I was thinking I would have to go in to a retirement home, but since I've had the carers in, it's alright."

Continuous learning and improving care

- The provider had in place a policy and procedure for quality assurance. The policy outlined how the provider would ensure people experienced high quality care, based on good practice guidance and to ensure compliance with regulations. The policy referred to this as a quality standards framework. All aspects of the service were monitored, and action plans to address areas for improvement were in place.
- As part of the provider's commitment to bringing about improvement, and in response to internal audits which had identified areas for improvement, the provider had set up 'field care supervisor clinics.' These were used to gather field supervisors together, to discuss how improvements could be made, and their role in bringing about improvement. Recent clinics had focused on mental capacity assessment, care planning and risk assessment.
- The provider had invested in a new electronic monitoring system, which was implemented in September 2020. The system enabled staff to have access to people's records, and provided staff with the ability to record the care and support being delivered as and when it occurred onto the system, which was monitored by office-based staff.
- Some people and some staff raised concerns with us that office-based staff sometimes contacted staff by phone when they were in a person's home providing personal care. We shared the feedback with the registered manager, who took immediate action and held a meeting with office-based staff to address the issue.

Working in partnership with others

- The provider worked with key stakeholders, which included the local authority. Professional relationships had been developed to enable commissioners to refer people whose care was funded, and to monitor the safety and wellbeing of people. This was achieved through the effective implementation of safeguarding protocols, policies and procedures and the implementation of guidance in response to the Covid-19 pandemic.