

Hillingdon And Uxbridge Homecare Limited

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Inspection report

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Date of inspection visit:
04 February 2020

Date of publication:
16 April 2020

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hillingdon and Uxbridge Homecare Ltd is a domiciliary care agency providing a range of services including personal care for people in their own homes. The people using the service were either privately funding their own care or using direct payments. At the time of our inspection the provider was supporting 20 people who were receiving 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.

In this report, 'care giver' is the name the provider uses to describe the staff giving direct care to people.

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

The provider did not always take appropriate action to investigate safeguarding concerns and if potential concerns were identified the provider could not demonstrate they had followed their safeguarding policies and procedures and in making sure the necessary statutory agencies were informed.

The provider did not always follow their complaints policy and procedures. They did not always respond to complainants in a timely manner.

The provider's quality assurance processes had not identified the above shortfalls so these could be addressed and action taken to prevent reoccurrence.

Family members told us their relatives were safe. Care givers were recruited safely. Care givers received an induction and shadowed more experienced colleagues before they supported people on their own. Care givers received regular supervision and appraisals in line with the provider's policy. People received their medicines in a safe way. Care givers were provided with personal protective equipment to help prevent the spread of infection. Risks to people's health and well-being were identified and managed appropriately by care givers.

People's needs were assessed before they received care from the agency. 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. People were supported to eat their meals according to their preferences.

Care givers had developed caring relationships with people and respected their dignity and privacy and promoted their independence. People were supported to remain independent. Care givers supported people to participate in activities which were important to them.

Care givers attended team meetings and they had regular supervisions and appraisals in line with the

provider's policy so they were appropriately supported in their role.

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

Rating at last inspection

The last rating for this service was good (published 24 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to safeguarding people from abuse and improper treatment , receiving and acting on complaints and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Hillingdon and Uxbridge Homecare Ltd

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 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 or 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

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection:

We reviewed information we received about the service from the provider since the last inspection, such as notifications. Registered providers must send us notifications about certain events and incidents that affect their service or the people using it. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what

they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

During our inspection, we spoke with three people who used the service and eight relatives. We spoke with six members of staff including the registered manager, the managing director, care coordinator, quality assurance manager and two care givers. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We received evidence of information relating to safeguarding and complaints. We contacted external professionals and we received feedback from one person.

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 good. At this inspection this key question has now deteriorated to 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.

Systems and processes to safeguard people from the risk of abuse

- Some systems to protect people from abuse were not robust enough, as there was the potential for people to be at risk of financial abuse. After the inspection, we received information from a relative that a care giver had been loaned money by a family member person. A second member of staff had also tried to enter into another financial arrangement with the person.
- The provider was aware of these concerns and we saw evidence of correspondence by the relative raising these concerns with the service. However, the provider had not taken appropriate action to address these matters or considered the risk of possible financial abuse, knowing that employees should not be entering into personal financial arrangements with people using the service. As a result, they had not considered the possibility of financial abuse and raised an alert with the local safeguarding adults' team.

These examples show that the provider had not implemented robust procedures and processes to ensure people were protected from the risk of abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered manager and the managing director understood our concerns and sought to provide us with assurances following the inspection. The registered manager sent through a notification for the safeguarding concern.
- Notwithstanding the above, care givers we spoke with knew what to do if they thought people were at risk of abuse. One care giver said, "I have to report it and I have to call my manager and tell them." Care givers received safeguarding training as part of their induction and safeguarding was an agenda item at some team meetings.

Staffing and recruitment

- Care givers were recruited safely. The provider carried out a range of recruitment checks including checking references from previous employers. This helped to show us people were protected from the risks of unsuitable staff being employed.
- People told us they normally had the same care givers providing care, which meant they could build relationships with them.
- People spoke positively about care givers usually arriving on time and staying for the agreed length of time.

Learning lessons when things go wrong

- The registered manager understood the importance of learning when incidents happened. We saw evidence of care plans and risk assessments been updated when incidents happened. This information was discussed at team meetings and care givers received regular updates via emails.
- The managing director told us they were committed to learning and improving the service. The provider was reviewing their policies and updating them in response to the issues we found after our inspection.

Assessing risk, safety monitoring and management

- People's care records contained detailed information about potential risks. There were suitable risk assessments in place with regular reviews taking place.
- The provider completed detailed information about environmental risks. If a risk was identified the provider took appropriate action. In one person's file we saw evidence of a referral made to the London Fire Brigade as a person's home did not have appropriate fire alarms in place.
- Within people's files there were photographs of equipment and environment with detailed information on how to operate equipment to help ensure people were kept safe. There was photographs of a person's hoist and sling and information recorded on when it was last serviced.
- The provider supplied live in care givers. In these cases they had comprehensive risk assessments in place for people to take account of their circumstances. These assessments recorded information on how to support people to keep them safe.

Using medicines safely

- People received their medicines in a safe way and as prescribed. People's medicines' needs and the risks associated with these were recorded correctly. People had Medicines Administration Record (MAR) charts and the care givers recorded when they administered people's medicines.
- The provider was supporting people who required specialist medical equipment. Care givers received the appropriate training to provide care in a safe way. Three times a year, care givers were assessed for their competencies and if they required further training this was arranged. This was in line with the provider's policy.
- The registered manager completed audits of people's medicines to help ensure people received these as prescribed. Where concerns were identified, this was used to improve practice. For example, we saw evidence of the registered manager discussing with care givers, "Not to scribble over their mistakes but to draw a line through."

Preventing and controlling infection

- Care records contained detailed risk assessments for preventing and controlling infection. The provider ensured care givers had the relevant personal protective equipment (PPE) which was stored in people's home. The registered manager told us, "To help maintain infection control we store individual PPE equipment in people's homes as this helps manage infection control."

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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 care was planned and delivered based on national guidance and standards. The care coordinator or the registered manager visited people in their homes to conduct the initial assessment. This assessment was used to develop people's care plans. Care plans were reviewed every three months or if people's needs changed.
- The registered manager spent time understanding people's day to day activities and how they would like to receive care and support. At the time of our inspection the provider was not asking questions about people's sexuality, however during our inspection we saw evidence of the provider starting to update their assessment forms so that these questions would be answered for the needs assessments of new people being referred to the service.

Staff support: induction, training, skills and experience

- Care givers received a thorough induction which helped to ensure they had the appropriate skills to care for people in a safe way.
- The provider had recently introduced a new training software package which was individualised to each care giver's training needs. One care giver told us, "There is good training and I find it helpful for my job". The registered manager told us they ensured all care givers were given the correct training and recently the registered manager had delivered more moving and handling training in relation to using a hoist as care givers had requested it.
- Care givers told us they felt they received appropriate support on a day to day basis. Care givers also received an annual appraisal and supervision every six months.

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

- People were supported to maintain good nutrition and hydration. At the time of our inspection nobody had specific nutritional needs.
- People and their relatives told us they felt they were supported to eat and drink. One relative told us, "We went through the food list, likes, dislikes with the manager at the beginning, and my relative has maintained good weight, this indicates to me that [Person] is eating well."
- All care givers received food safety training as part of their induction and each person had a food risk assessment which was updated in line with the provider's policy.

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

- People were supported to access a variety of health services dependent upon their individual needs. All relevant information was recorded in people's files.
- Where people had complex healthcare needs, the registered manager was proactive in working in partnership with healthcare professionals to help ensure people received the appropriate care and support.
- People were supported with good oral healthcare. The registered manager told us "Oral healthcare is covered as part of the induction when care givers are learning about how to deliver good personal care."

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 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's consent to care was recorded within their care plans and care givers told us they asked each person how they would like their care and support to be delivered and they respected their wishes.
- We found the provider had incorporated the principles of the MCA into policies within the service and care givers received training on the MCA as part of their induction and annual refresher training.
- The registered manager had checked whether people's representatives had a Lasting Power of Attorney (LPA) where they were signing records or were making decisions on behalf of people using the service. The relevant information was stored in people's files. An LPA is a legal document that lets a person (the 'donor') appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to 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's family members felt people were treated well and were cared for. Some of their comments included, "The care workers are friendly, gentle and very sensitive towards my relative", and "Care workers are very respectful and always kind and caring towards my relative. "
- The registered manager told us that care givers were matched with people based upon interests, hobbies and personal preferences. Before anyone was matched the registered manager devised a one-page profile which helped people pick their care giver. People's religious and cultural beliefs were identified at the assessment stage and this was used as a way to help ensure care givers were matched correctly.
- People received good and personalised care which considered their rights to equality and acknowledged diversity. People and their relatives told us they were grateful for the consistency of care givers which meant a lot to them as people liked to be able to know who was coming each day.

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

- People and their relatives told us that they were encouraged to be involved in decisions about their care and support. One person told us, "They review the care plan periodically- with both me and my relative and we are involved in all decisions about my care."
- Care plans contained information about people's personal preferences, life history and daily routines and people were supported and encouraged to express their views and make decisions about the care and support they received. One relative told us, "Yes, they always respect the choices my relative has made, they have a good understanding, they know what [Person] likes and dislikes are and where [Person] can be independent and where she cannot."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected and promoted. One person was supported to attend their local place of worship however, the care giver ensured the person was supported to remain as independent as possible during this time and if care was required care givers did this discreetly to help ensure the person's dignity was maintained.
- The provider was supporting one person who was finding it difficult to accept they needed care in their home. The family wished to ensure the person was supported to remain as independent as possible, so the provider worked with the person to agree a package of care which helped keep the person safe but also supported their independence.
- One person was supported to access the internet each week, so they were able to talk to their relative who lived overseas, and this helped the person to remain independent and connected with their family.

- The registered manager supported another person who wanted to administer their own medicines. In order to do this safely, the registered manager requested for their medicines to be dispensed by the pharmacist in blister packs which meant the person was able to self-administer these which helped them to remain independent.
- Care givers understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any information needed to be passed on was done so by working in partnership with office staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- The registered manager could not always demonstrate the service was always responding to people's complaints in line with their policy. During our inspection, we reviewed three complaints and we found the provider was following their complaints procedure. After our site visit, we were contacted by a relative as they had raised complaints with the provider, and they told us they had not always received a response to their complaint.
- When we looked into the issues we saw that the complaints were initially recorded but we could not see what action the management team had taken to investigate and resolve the complaints and how they had responded to the complainant.
- For example, we could see a relative had made a complaint about a staff member. The provider's action had been to remove the staff member from the call. The registered manager had not contacted the relative who had made the original complaint to make them aware of the outcome of their complaint. We saw other evidence of complaints being made but we saw no response letters to the complainants. There was also no information recorded within the complaints records to explain the outcomes or if the complaints had been substantiated.

Complaints were not always responded to appropriately by the provider. This was a breach of Regulation 16 of the Health and Social Care Act 2008) Regulations 2014.

- After the inspection the managing director took appropriate action and confirmed management will receive training in the management of complaints as part of a refresher training programme. The provider told us they would also be updating their complaints policy.

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

- Care plans were in place which told care givers how people liked to receive support in a personalised manner. This enabled care givers to get to know people better, so they could deliver a person-centred service. Within people's file there was a one-page profile which detailed people's daily activities, and this helped care givers to plan care accordingly. The registered manager was committed to ensuring, if people's needs changed, they could provide the necessary care. For example, if people needed to attend a hospital appointment the provider would arrange for care givers to attend. Care plans were subject to regular reviews which meant they were able to reflect people's needs as they changed over time.
- In another person's file we saw they were about to be discharged from hospital and the registered manager organised for care givers to provide emergency care to avoid the person being admitted to emergency respite care which they didn't want to do.

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 had communication plans in place. These described how best to communicate with people and what specific support they needed. The registered manager had a clear understanding of the AIS standard, and if people needed support the provider had access to tools which could be used to improve people's access to information. For example, when a person could not read their care plan the provider had ensured consent was recorded in a more suitable way.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care givers supported people to participate in a wide range of activities that were relevant to their interests and backgrounds. One person was supported to visit their relative's grave on a weekly basis. Other people were taken to local clubs where they could socialise with their friends. The registered manager told us they were committed to ensuring people were supported to attend activities which were important to them.

End of life care and support

- At the time of our inspection, no one was receiving end of life care. However, people's wishes about end of life care were documented, and the registered manager told us they would work in partnership with palliative care nurses where necessary to support people at the end of their lives.
- We reviewed one person's end of life care plan and saw the provider had recorded all the information which was important to the person.

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 good. At this inspection this key question has now deteriorated to 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; 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

- While the provider had a number of quality assurance processes, checks and audits in place these were not always effective.
- We found the provider had not always identified that some concerns could have been associated with the financial abuse of people. Therefore, they had not always taken appropriate action to address such concerns. They had also not demonstrated they had followed their own safeguarding procedures.
- The provider did not have effective and comprehensive quality assurance systems in place as there was not enough oversight to check that complaints, concerns or expression of dissatisfaction were adequately acknowledged, investigated and responded to according to their complaints procedures.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider took prompt action following our inspection by updating their complaints policy and providing management with training on complaints and safeguarding.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider conducted an annual survey and spot checks for people using the service and people were positive about the care they received. Comments included, "This service is very good, they are so respectful" and "It is an excellent service I would recommend the service anytime." People were always satisfied and pleased with the service provided.
- People felt the service was well managed and we received positive feedback about the registered manager. Comments included, "The manager is very nice, [they] listen and [they are] actually brilliant", and "The registered manager is wonderful, she always comes out to see my relative, we are able to contact her anytime."
- The registered manager held staff meetings every three months. During the meetings they discussed policies and care practices. Care givers attended team meetings, and these were used in a constructive way to address concerns and support them.

- Care givers told us they felt listened to and the management team was approachable. Care givers felt able to raise concerns and they felt the management team would proactively address these.
- The registered manager and the management team kept themselves up to date with current legislation and best practice guidelines through, amongst other things, attending further training and events organised by head office as well as sharing information within the organisation with other managers. For example, the registered manager had recently completed further leadership training.

Continuous learning and improving care; Working in partnership with others

- The registered manager received regular information from the quality assurance manager on a wide variety of best practices from organisations such as CQC and the National Institute for Clinical Excellence (NICE). This showed us the provider was responsive to changes in practice and legislation.
- The provider had built positive relationships with a range of partners such as health professionals from Hillingdon and Buckinghamshire, discharge teams and local GP practices.

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 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider did not have robust arrangements to safeguard people from the risk of abuse and improper treatment.</p> <p>Regulation 13(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The Provider did not demonstrate that the service was responding to people's complaints according to their complaints process.</p> <p>Regulation 16</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not always operating effective systems and processes to assess, monitor and improve the quality and safety of the service.</p> <p>Regulation 17 (1) (2)(a)</p>