

London Borough of Bromley

Home Care

Inspection report

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Date of inspection visit:
22 November 2016
24 November 2016

Date of publication:
28 December 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 22 and 24 November 2016 and was announced. We gave the service 48 hours' notice of the inspection because we needed to be sure that the registered manager would be available when we inspected. At our last inspection on 28 October 2013, we found the provider was meeting the regulations in relation to outcomes we inspected.

Home Care provides a reablement service to people living in their own homes. It is a short term programme to promote people's independence and rehabilitation for up to six weeks following an illness, injury or admission into hospital. At the time of this inspection 42 people were using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

At this inspection we found breaches of the regulations in relation to safe management of medicines and good governance. This was because people using the service's medicines records were not always completed appropriately by staff in line with the provider's policy for administering medicines and the service did not have effective systems in place to monitor the quality and safety of the service that people received. You can see the action we have asked the provider to take at the back of the full version of this report.

People using the service said they felt safe and that staff treated them well. Staff understood how to safeguard people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to. There were enough staff on duty to meet people's care and support needs. Appropriate procedures were in place to support people where risks to their health and welfare had been identified.

Staff completed an induction when they started work and they were up to date with the provider's mandatory training. The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and acted according to this legislation. People's care records included assessments relating to their dietary needs and there were appropriate arrangements in place to ensure that people were receiving food and fluids. People were encouraged and supported to cook for themselves. People had access to a GP and other health care professionals when they needed it.

People were provided with appropriate information about the service. People said they had been consulted about their care and support needs, staff were caring and helpful and staff treated them with dignity and respect. People's care records provided information for staff on how to support people to meet their needs. People were aware of the complaints procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary.

The provider took into account the views of people using the service through satisfaction surveys. Staff said they enjoyed working at the service and they received good support from the registered manager and office staff. There was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

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 consistently safe.

Medicines were not always managed safely. Staff did not always follow the provider's policy for the safe management and recording of medicines.

People using the service said they felt safe and that staff treated them well.

Safeguarding adult's procedures were robust and staff understood how to safeguard the people they supported from abuse.

Appropriate procedures were in place to support people where risks to their health and welfare had been identified.

Appropriate recruitment checks took place before staff started work.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

Staff were supported in their roles through regular supervision and appraisals.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and acted according to this legislation.

Peoples care files included assessments relating to their dietary needs and preferences.

People had access to a GP and other healthcare professionals when they needed them.

Good ●

Is the service caring?

Good ●

The service was caring.

People said they had been consulted about their care and support needs.

People were supported to be as independent as possible.

People's privacy and dignity was respected.

People were provided with appropriate information about the service. This ensured they were aware of the standard of care they should expect.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care records included information and guidance for staff about how their needs should be met.

There were processes in place to ensure people received on-going packages of care if needed.

There was a complaints procedure in place in a format that people could understand.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

The service did not have effective systems in place to monitor the quality and safety of the service that people received.

The provider took into account the views of people using the service through satisfaction surveys.

Staff said they enjoyed working at the service and they received good support from the registered manager and office staff.

There was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

Home Care

Detailed findings

Background to this 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 was planned to check 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.

This inspection took place on 22 and 24 November 2016 and was announced. We gave the service 48 hours' notice of the inspection because we needed to be sure that the registered manager would be available when we inspected. The inspection team consisted of a single inspector over both days of the inspection. Prior to our inspection we reviewed the information we held about the service which included any statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

During this inspection we visited and spoke with four people using the service at their homes. We spoke with seven staff, including the registered manager and two office managers. We looked at the care records of seven people using the service, five staff files, and other records relating to the running of the service including policies and procedures, and minutes from meetings.

Is the service safe?

Our findings

People told us they received support from staff to take their medicines when required. One person said, "I can do my own medicines now. I couldn't manage it when I came out of hospital but staff helped me until I got better. They always check that I have taken my medicines." Another person said, "I take my own medicines, the staff always make sure they leave a glass of water out for me to take it with." Despite these positive comments we found that the service was not always safe in relation to the management of medicines.

The provider had a policy in place for the administration of medicines. The registered manager told us that where people required prompting or support from staff to take their medicines this was recorded on service request forms (care records) held in people's care files. They told us that the care files, kept at people's homes, held medication administration records (MAR). These detailed people's medicines, including doses and times to be taken. Where staff observed that people had taken their medicines or they supported people to take their medicines they were required to sign the MAR's confirming medicines had been taken or administered. We visited four people at their homes and noted that two people's care files held MAR that had been completed by staff confirming that the person had taken their medicines. However a third person's MAR had not been fully completed for the week previous to our inspection.

Medicines were not managed safely because medicine administration records were not always completed. For example, one person's care record indicated they required support with their medicines. We saw a MAR dated week beginning 9 October 2016. The record indicated the person had taken their medicines on the 9, 11 and 12 October 2016 however nothing was recorded on the MAR for 10, 13, 14 and 15 October 2016 to indicate whether or not they had taken their medicines as prescribed. Another person's care record indicated they required assisting and prompting with medicines. We saw a MAR for week beginning 17 October 2016. This recorded the person had taken their medicines on the 19, 21 and 22 October 2016 however nothing was recorded on the MAR for 17, 18, 20 or 23 October 2016 to indicate whether or not they had taken their medicines. We saw that staff had recorded information in both these people's daily notes indicating they had received their medicines. However people could be placed at risk of not receiving their medicines as prescribed by health care professionals because staff were not always following the provider's policy for recording on the MAR when people using the service had taken or been administered their medicines. Records showed that all staff had completed training on medicines administration; however none of the staff had been assessed by the provider as being competent in administering medicines to people using the service. These issues meant that the provider could not be fully assured that people were receiving their medicines safely as prescribed by health care professionals.

These issues were in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

During the inspection the provider took immediate action to address the concerns. They contacted all staff and reminded them of their responsibilities regarding the recording of administration of medicines to people using the service and advised staff of upcoming training on the completion of MAR's. Following the

inspection the provider sent us a training plan confirming that all staff would receive training on recording of medicines administration within three weeks of this inspection. They told us that once the training had been completed by staff the provider would carry out on-site observations of staff administering medicines to ensure they were safe and competent to do so and we will check on this at our next inspection.

People told us they felt safe. One person told us, "I think I am safe with them. I get the same staff most of the time and they do a good job looking after me." Another person said, "I feel safe with the staff, they wear their uniforms and carry their identification cards when they come so I know who they are."

The service had policies in place for safeguarding adults from abuse. The registered manager and staff demonstrated a clear understanding of the types of abuse that could occur and the signs they would look for and what they would do if they thought someone was at risk of abuse. Staff said they would report any concerns they had to their line managers and the registered manager and if needed the provider's safeguarding team. The registered manager told us they would report their concerns to care management and the safeguarding team. They told us they and all staff had received training on safeguarding adults and training records confirmed this. Staff said they were aware of the provider's whistle-blowing procedure and would use it if they needed to.

Appropriate recruitment checks took place before staff started work. We looked at the personnel records for five staff working at the service. We saw completed application forms that included references to the staff's previous health and social care work experience, their qualifications and full employment history, two employment references, proof of identification and evidence that criminal record checks had been carried out.

People using the service and staff told us there was always enough staff on duty to meet people's needs. The registered manager told us staffing levels were arranged according to the needs of people using the service. If extra support was needed to support people to attend health care appointments, additional staff cover was arranged. One person told us, "My care worker always comes when I expect them." Another person said, "The staff always come on time and do what they need to do for me."

Action was taken to assess any risks to people using the service. The provider's occupational therapist and physiotherapist told us they carried out assessments in people's homes to make sure that the environment was safe and they had the equipment they need to keep safe. Where people using the service were at risk of falls or required support with moving and handling we saw that risk assessments had been completed prior to them receiving a service. Where appropriate people were provided with pendants linked to a community alarm call centre to use in an emergency. One person told us, "I have the folder they gave me. It's got the office number on the front so I can call them if I need any help." Another person said, "I know how to contact them if I need to. I also have a pendant I wear on my wrist. I just have to press it and someone will call me to make sure I am ok." A third person said, "I feel safe enough even when there's nobody around. I called the call centre once for help and they called me back on the phone right away." We saw that the provider's contact details were clearly displayed on the front of care folders kept in people's homes.

Is the service effective?

Our findings

People told us staff understood their care and support needs. One person told us, "My carer is great; they know what they need to do for me and they do everything very well." Another person said, "The physio came to see me and got me walking again. The carers are helping me to get better."

Records showed that all staff had completed training that the provider considered mandatory. This training included medicines administration, manual handling and safeguarding adults from abuse. All staff held an NVQ qualification in adult social care. Staff had also completed training on the Mental Capacity Act 2005 (MCA). The registered manager told us that staff would not be permitted to support people with specific care needs or medical conditions unless they had received the appropriate training. We saw that some staff had received training, for example, on dementia awareness and diabetes.

The registered manager told us that all new staff completed an induction period when they started work during which they received mandatory training. In addition new starters were enrolled onto an NVQ program. New staff were also required to shadow experienced members of staff for two or three weeks before being permitted to support people using the service by themselves. One member of staff told us, "I completed an induction when I started work, the training was very good. I also went on shadowing visits with experienced members of staff. This really helped me to understand people's needs." Staff received appropriate supervision and appraisal. All of the staff we spoke with told us they received regular supervision and an annual appraisal. Records confirmed that staff were receiving regular supervision and an annual appraisal of their work performance.

People told us that staff sought their consent when offering them support. One person told us, "My carer always tells me what they are doing for me and they ask me if it's okay to do something." Another person said, "The staff never do anything unless they ask me first, they just don't do what they want with me." Staff told us they sought consent from people before offering support. One staff member said, "I always make sure by asking people if it's okay to do something for them. I encourage people to things for themselves but it's up to them, if they say no, I won't push them to do it."

There were arrangements in place to comply with the Mental Capacity Act 2005 (MCA). 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. This provides protection for people who do not have capacity to make decisions for themselves.

We checked whether the service was working within the principles of the MCA. The registered manager told us that people using the service had capacity to make decisions about their own care and treatment. However if they had any concerns regarding a person's ability to make a decision they would work with the person and their relatives, if appropriate, and any relevant health and social care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to

make decisions about their care, their family members and health and social care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

Where people required support with eating and drinking or cooking meals this was recorded in their care files. A member of staff told us they prompted independence by encouraging people to cook for themselves. One person told us, "The staff used to help me with cooking but I can do that now for myself. They always check with me anyway to see if I need anything." Another person said, "The staff are encouraging me to cook for myself, mostly I just use the microwave to heat meals up."

Staff monitored people's health and wellbeing, when there were concerns people were referred to appropriate healthcare professionals. One person said, "I have total confidence in the staff. I know if I wasn't well they would call the doctor." A member of staff told us, "If the person wasn't coping well and I wasn't able to provide the support recorded in the service request form (care record) then I would contact the office and the service request would be reviewed." Another member of staff said they would call a GP or an ambulance if someone wasn't well. A physiotherapist told us they met up daily with office managers and they received feedback from staff about people using the service progress as well as any issues that needing urgent attention.

Is the service caring?

Our findings

People using the service said staff were caring and helpful. One person told us, "The staff are always polite, courteous and well turned out. They are very caring and always treat me with respect." Another person said, "The carers are great and so caring and kind towards me." A third person said, "I am very pleased with all the brilliant staff that help me. They are nice, caring and respectful always. They do all they need for me and are always offering to do more. I really appreciate what they do."

People said they had been consulted about their care and support needs. One person told us, "The home care team are great. I have seen the occupational therapist and the physiotherapist. We talked about everything and they put everything in place to help me. The care staff make sure I am doing everything the right way." Another person said, "The carers met with me, we went through all of the referral information from the hospital and they put a plan in place to care for me."

People were treated with dignity and respect. One person told us, "I am always treated with respect. The staff are never rude or pushy." Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. They addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. They told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat. One member of staff told us, "When I am supporting people with personal care I always make sure the doors are closed and curtains are drawn. I always explain what I am doing for them." Another member of staff said, "If a family member was at the person's home I would ask them politely to leave the room before I start providing personal care."

People were provided with appropriate information about the home care service in the form of a 'Guide to the Assessment and Re-Ablement Service'. This included the services they provided and ensured people were aware of the standard of care they should expect. People were also provided with a copy of the provider's complaints procedure. The registered manager told us these documents were given to people when they started using the service. We saw copies of the 'Guide to the Assessment and Re-Ablement Service' in people's homes when we visited them.

Is the service responsive?

Our findings

People told us staff knew how to support them. One person said, "The carers are great, they had to look after me a lot at first and they showed me what I needed to do. I can do nearly everything for myself now." Another person said, "I used to get visits in the mornings, lunch times and evenings but now they just come in the mornings. I don't need as much help now because I have got a lot better since I started using the service."

People were receiving appropriate care and support that met their needs. People were referred to the service by hospital staff upon discharge and care managers from the provider's reablement and assessment teams. All of the people using the service had undergone an initial assessment by the provider to ensure they were suitable to receive support from the service. Service request forms were developed using the referral information and included guidance for staff about how people's needs should be met. We saw that people and their relatives, where appropriate, had been involved in the assessment and planning process during initial 'meet and greet' visits. These visits were carried out by staff to establish how people preferred to be supported, for example with meals preparation, personal care and mobility needs. We saw that people's service request forms were reviewed by staff after two weeks of the start of the service to assess if there were any changes to their care and support needs. Any changes to people's needs were referred back to care managers and their service request forms were updated to reflect the persons current needs.

There were processes in place to ensure people received on-going packages of care if needed. The registered manager told us they met with care managers every fortnight. The purpose of these meetings was to assess whether people could safely discontinue using the service or if an on-going package of care was required. If a person required an on-going package of care then care managers sought support from an appropriate care provider. A care manager was also located at the service so that any issues relating to people's needs could be referred straight away back to the reablement and assessment teams.

All of the staff we spoke with told us that the purpose of the service was to support and encourage people to regain their independence following discharge from hospital. A member of staff told us, "We are here to help people to improve their confidence so that they can get back to doing the things they used to do before they went to hospital or became ill. We help them to achieve the goals set for them in the service request forms. For example helping them with meals or helping them with their mobility." A person using the service told us, "When I came out of hospital my needs were assessed by the carer. They asked me about all of the things I needed. The carers are doing everything they said they would. I saw the physiotherapist too. They made a plan for me and I have to do what they said."

People told us they knew about the complaints procedure and they would tell their carers or ring the office if they were not happy or if they needed to make a complaint. One person said, "I haven't needed to complain. I would call the office if I had any concerns." Another person said, "I know about the complaints procedure so I would know what to do. I am sure if I did make a complaint they will deal with it." The registered manager told us that any complaints about the service would be made to the provider's complaints team. A member of the complaints team told us that no complaints had been received about the service. However if

they received a complaint, they would write to the person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

Is the service well-led?

Our findings

People using the service we spoke with did not comment directly about the leadership at the service but they told us they felt the service was well run. One person told us, "Everything appears to be in place, I can call the office if I need anything and the service seems to be well run." Another person told us, "The service I receive is wonderful. I think it's well organised." Despite these comments we found that some aspects of the service were not well led because the quality of the service was not always effectively monitored.

Were found there were no effective systems in place to monitor the quality of the service that people received. The registered manager told us there were no systems in place for reviewing people's care files to ensure all of the appropriate documents were in place. No audits or checks were carried out on people's medication administration records (MAR's) to ensure they were administered as prescribed, and we found that there were gaps in the recording of medicines at this inspection. There were no spot checks carried out on staff to make sure they were carrying out tasks as recorded in people's service request forms or to make sure they were competent at administering medicines to people using the service. The lack of robust quality monitoring systems meant that the provider could not be sure that people using the service were receiving the care and support they required as was assessed and recorded in their service request forms. Any improvements that might be needed to the quality and safety of the service were not identified.

These issues were a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered manager told us that office managers had carried out spot checks at some people's homes to check on MAR's and care records and to make sure that people were receiving the care and support they required. The provider told us that their quality monitoring team would in future be carrying out quality monitoring visits to the service. We were not able to assess the impact of the spot checks or quality monitoring visits on people's care as they were not in place at the time of inspection. We will assess this at our next inspection of the service.

There were some systems in place to monitor the quality and safety of the service. The service used an electronic telephone monitoring system to make sure that staff attended call outs at the correct times to support people using the service with their care and support needs. We saw office managers monitoring the system throughout the course of our inspection, making sure people received care when they were supposed to.

The service had a registered manager in post. They had managed the service for twelve years. Our records showed that notifications were submitted to the CQC as required. The registered manager told us they regularly attended provider forums where they shared and learned about best practice from other registered managers and providers. They said they used this learning to make improvements to the service they provided. For example they had attended a forum which considered the needs of people living with dementia during which they learned about an automatic medicines dispensing system that helped people with dementia to know when they needed to take their medicines. They told us they had successfully

introduced the system for some people living with dementia that had previously used or were currently using the service.

Staff said they enjoyed working for the service and they received good support from the registered manager and office staff. There was an out of hours on call system in operation that ensured management support and advice was always available when they needed it. All of the staff we spoke with had worked at the service for a many years. One member of staff told us, "We have a very well established and tight knit team and we get good support from the registered manager and office staff. Most of us have been here for a long time. It's good to have an experienced team." Another member of staff said, "It's good to have staff and managers you can rely on. We all know each other really well and we all know our jobs."

Staff meetings were held every three months. Items discussed at the November 2016 meeting included the call monitoring system, staff recruitment and meetings the needs if people using the service. A member of staff told us, "The team meetings are useful. The registered manager and office managers listen and are supportive. We talk about people's needs and about any problems we might be having and we share our learning and experiences. We talk about incidents and accidents and what we can do to stop them happening again." Another member of staff said, "The team meetings help. It's good to have that time together as a team to discuss concerns and issues relating to people's needs."

The provider sought the views of people using the service. An office manager showed us surveys completed by people using the service. These indicated that people were satisfied with the support they had received from the Home Care team. The office manager told us they used feedback from the surveys to constantly evaluate the service however they had not received any negative comments from people that had used the service. If they did receive any negative comments they said the registered manager would put an action plan in place to address the issues and make improvements to the service where required.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Staff were not always adhering to the providers policy when recording the administration of medicines to people using the service.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The service did not have effective systems in place to monitor the quality and safety of the service that people received.