Roche Homecare Ltd

Roche Homecare (Community)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Roche Homecare is a domiciliary care agency providing support and personal care to people in their own homes. The service provides support to adults who have a range of physical, cognitive, or mental health needs. At the time of the inspection, the provider told us 76 people were receiving support with personal care from the service.

People's experience of using this service and what we found
The providers quality assurance and governance systems in place to assess, monitor, and improve the quality and safety of the services provided had failed to identify the issues we found during this inspection. The provider had not ensured all staff were appropriately trained and received regular supervision to support their learning and development. People and their relatives knew how to complain however, not all complaints had been recorded to show what actions had been taken.

Risk assessments did not always include information about specific risks, were not detailed and some risk assessments had not been completed. Medicines were not always managed safely. Staff did not always record when topical medicines such as creams were given, and time specific medication was not always given correctly.

Staffing levels were sufficient to meet people's needs however, staff were not always recruited safely due to pre-employment checks not being satisfactory and gaps in employment not being recorded. We made a recommendation about safe recruitment within the service.

Systems were in place to safeguard people from the risk of abuse and people said they felt safe. Incidents and accidents were reported, investigated and measures taken to mitigate future occurrences. However, we did identify one incident which was not reported to CQC.

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 and their relatives told us they felt safe and were mainly happy with the support they received. Most people and their relatives told us they were engaged and involved in the service and asked for their feedback.

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 25 October 2018).

Why we inspected
This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations
We have identified breaches in relation to the management oversight, medicines, and risk at this inspection. We have made a recommendation about the provider's recruitment systems.

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

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Roche Homecare (Community)

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection team was made up of 2 inspectors and 1 regulatory coordinator.

Service and service type
Roche Homecare is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a domiciliary service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. 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 reviewed information we had received about the service since the last inspection.

During the inspection
We spoke with 7 people about their experience of the care provided and 2 relatives. We spoke with the nominated individual, registered manager, and 6 members of staff.

We looked at written records, which included 6 people's care records and 7 staff files. A variety of records relating to medicines and the management of the service were also reviewed.

Requires Improvement

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 the rating has changed 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
• Risk assessments did not always include detailed information about specific risks such as diabetes and catheter care. For example, one person required support to wash and had a catheter in place. There was no detail as to how staff should wash the site area to prevent infection and how often this should be carried out.
• Risk assessments were generic and not person centred. We looked at 7 people's risk assessments and most had the same recorded outcomes. This was not person centred to individual risks. We saw two risk assessments for people with diabetes however, there was no details about how staff should manage the risk if they experienced hypoglycaemia.
• Risk assessments were not completed for people who had bed rails. The registered manager said they plan to complete these. Checks of bed rails had also not been recorded to ensure they were safe to use.
• Accidents and incidents were recorded and investigated. Lessons learnt from incidents were recorded and actions taken. However, we did identify one incident which had not been reported to the CQC.
• Staff were not always trained to support people with specific needs including catheter care, diabetes and learning disabilities. Some staff had not updated or completed their moving and handling training which was due to be completed annually.

Using medicines safely
• Medicines were not always managed safely. For example, for one person time sensitive medicines were not given as prescribed.
• Staff did not always record when topical medicines such as creams were given. For example, one person was at risk of pressure sores and required daily creams to prevent sores occurring however, we could not be assured these creams were applied daily as not all records were completed.
• Guidance protocols on the use of medicines to be taken only when required, (PRN) were not always completed by staff. For example, one person required a medication to assist with their bowel movements daily however, staff did not always record if this had been administered.
• Medication audits had been completed; however, these were not effective as we continued to identify issues with medication records. We have addressed this further in the well led key question.

The provider failed to ensure proper and safe management of medicines and failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

• Staff were not always recruited safely. Pre-employment checks were completed however these did not follow the provider's policy. For example, some staff only had either one employer reference or some references were not satisfactory as there was no detail of who completed them.
• Gaps in employment records had not always been followed up to show thorough employment checks had been carried out.

We recommend the provider review their policy and guidance to ensure staff are recruited safely.

• We looked at rotas which showed appropriate staffing levels in place for the service.
• Staff told us they felt they had enough time on calls to support people; however, they stated travel time was limiting. One staff member said, "We are sometimes only given 5 minutes to get there. We are not late we do get there on time."
• Staff told us they did not always get a rota in advance. One staff member said, "No, it is the worst thing, I like to know what I am doing. I asked why it keeps changing or not received one till late. I only received today and working tomorrow, and it's not done for then yet." Another staff member said, "Yes and no, some weeks we can get it in advance, but it can be changed on the day or night prior."
• A Disclosure and Barring Service (DBS) check was completed on all staff. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met
• Systems were in place to assess people's capacity. If people lacked capacity to make specific decisions capacity assessments were completed.
• Staff had received training in the MCA and associated codes of practice and understood their responsibilities under this Act.

Systems and processes to safeguard people from the risk of abuse
• There were systems in place to help keep people safe and the provider had clear safeguarding policies and procedures.
• People and their relatives told us they felt safe. One person said, "I feel safe, relaxed and comfortable."
• Staff had received training in safeguarding and knew how to identify and report concerns. One staff member told us, "Safeguarding is protecting the people we support, human rights and making sure they are safe from harm and abuse."
• Staff were aware of the whistleblowing polity and told us they would report anything straight away to the registered manager.

Preventing and controlling infection

• We were mostly assured people were protected by the prevention and control of infection. This was due to the concerns we raised about catheter care above.
• Staff were trained in preventing infection and using PPE effectively to reduce the risk of infection.
• Staff had access to PPE as required, such as face masks, disposable gloves, and aprons.

Requires Improvement

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 was rated requires improvement. This meant the service management and leadership was inconsistent around the management of records and risk. Leaders and the culture they created supported the delivery of 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; Continuous learning and improving care

- Audits were not always effective or were not always completed to drive improvement. For example, medication audits highlighted recording issues however, issues had not improved as we continued to see medication errors whilst on inspection. Staff visits were not audited to identify trends and themes. For example, late or missed visits.
- Action plans were not detailed and repetitive. Most outcomes included sending a message to remind staff of the issues found however, this was not effective as we saw a pattern of continuous failings in medicines and daily records.
- Staff told us they completed training. However, a recent training matrix from the registered manager showed gaps in relation to some areas of training.
- Staff supervisions were conflicting in relation to information relating to mandatory training. These stated training had been completed yet the training matrix did not show this.
- Staff supervisions did not always happen in relation to the providers policy.
- The registered manager was aware of their responsibility to notify the local authority and CQC appropriately of safeguarding concerns. However, we found 1 incident where CQC had not been notified of the incident.
- We could not be assured all complaints had been followed up with appropriate actions. For example, one person we spoke with told us they had made several complaints however, there was no record or evidence of actions taken by the provider.

Systems and processes failed to adequately assess, monitor and drive improvement in the quality and safety of the services provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed the issues found on inspection with the registered manager who gave assurances they would review systems for auditing, training, supervisions, medicines, risk assessments and these would be improved and updated.

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
• Staff told us they felt supported by the management team. Comments included, "I do feel it's well run. I have worked in other areas and communication is better here. If I need them (management), they are there" and "Yes, they (management) are all lovely and support me well."
• People and relatives told us they felt well supported by the staff team. One person said, "This firm has helped me with exercise. My confidence and personal care have come on leap and bounds, I am a very independent person."
• Surveys were carried out on an annual basis for people using the service and staff to gather feedback. We saw evidence of actions taken following this feedback. One person told us, "They ask me questions a couple of times in the year and they send a service questionnaire."

Working in partnership with others
• We saw evidence of staff and the provider working closely with community health and social care agencies, to ensure people received any additional support they needed.

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 The provider failed to ensure proper and safe management of medicines and failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes failed to adequately assess, monitor and drive improvement in the quality and safety of the services provided.