

Translucence Care Ltd

Bromley

Inspection report

27 Ruskin Walk
Bromley
Kent
BR2 8EP

Date of inspection visit:
30 May 2019
07 June 2019

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25 July 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

'Bromley' is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. Two people were using the service at the time of our inspection.

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

The provider had failed to ensure that medicines were managed safely. There was no guidance in the care plans for staff to know how or when to support people to take medicines which had a specific administration process. Staff had completed online training in the safe administration of medicines. However, assessments to ensure staff were competent to handle medicines had not been completed.

The provider had not displayed the previous inspection rating on their website and in their office.

The provider had failed to maintain a record of decisions made in people's best interests. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. We have made a recommendation about ensuring the provider follows the principles of The Mental Capacity Act (2005).

The provider's quality assurance systems had failed to identify the concerns we found at this inspection.

People were supported by effectively deployed staff. One relative told us, "We have not had any missed visits. The carers turn up on time and let my [loved one] or myself know if they are delayed."

The provider carried out satisfactory background checks for all staff before they started working. However, one external consultant's recruitment checks were not available, and this required improvement.

The registered manager completed risk assessments and risk management plans included guidance for staff for people who used the service.

People and their relatives gave us positive feedback about their safety and told us staff treated them well. One relative told us, "I definitely feel my relative is safe in the hands of the carers."

The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. Staff knew the procedure for whistle-blowing and said they would use it if they needed to. The provider had a system to manage accidents and incidents to reduce the likelihood of them happening again.

People were protected from the risk of infection. One person told us, "They [staff] wear aprons and gloves." One relative said, "I know the carers wear protective gloves."

People and their relatives confirmed staff obtained consent from them before delivering care to them. People's needs were assessed to ensure these could be met by the service.

The provider trained staff to support people and meet their needs. One relative told us, "The carer is very good and very professional." Staff supported people to eat and drink enough to meet their needs. People were supported to maintain good health.

Staff supported people and showed an understanding of equality and diversity. One relative told us, "They [staff] contacted the priest for us who now visits. I did not know could be done, and it has made me very happy." People's care plans included details about their ethnicity, preferred faith and culture. People and their relatives had been involved in making decisions about their care and support. People were treated with dignity, and their privacy was respected.

The provider had a policy and procedure to provide end-of-life support to people. However, no-one using the service required end-of-life support at the time of our inspection.

We saw some good practice at the service, they had an on-call system to make sure staff had support outside office working hours and staff confirmed this was available to them. One person told us, "I can recommend the company because they [staff] are kind and not intrusive." One relative said, "I think the service is good and well managed." There was a positive culture in the service, where people and their relatives' opinions were sought to make service improvements. The provider remained committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 29 November 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, enough improvement had not been made and the provider was still in breach of regulations. This is the second time the service has been rated as requires improvement.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement:

We have identified continuous breaches in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 at this inspection. The systems and processes for managing people's medicines were not always safe.

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

Follow up

We will request an action plan for 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 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Bromley

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

One inspector and a member of CQC's medicines team visited the service on 30 May 2019, and on 7 June 2019, one inspector returned to complete the inspection. One Expert by Experience made phone calls to people to seek their views about the service. 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 and flats.

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

Notice of inspection

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

What we did before the inspection

We looked at all the information we held about the service. This information included the statutory notifications the service sent to the Care Quality Commission. A notification is information about important events the service is required to send us by law. 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. We also contacted

the commissioners and the local authority safeguarding team for their feedback about the service. We used all this information to plan our inspection.

During the inspection

We spoke with one person, two relatives, and two members of field staff on the phone. We spoke with the registered manager. We looked at two people's care records, and three staff records. We also looked at records related to the management of the service, such as the complaints, accidents and incidents, medicines management, safeguarding, policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence we found. We requested additional evidence to be sent to us in relation to medicines management, staff recruitment checks, fire risk assessment, business insurance and quality assurance. This was received, and the information was used as part of our inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There were an increased risk people could be harmed. Regulations were not always met.

Using medicines safely

At our last inspection we found the provider had not acted to ensure medicines were managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, not enough improvement had been made and the provider was still in breach of regulation 12.

- The systems and processes for managing people's medicines were not always safe.
- We could not be assured that staff were competent to administer medicines. Although staff had completed online training in the safe administration of medicines, assessments to ensure staff were competent to handle medicines had not been completed.
- Staff prepared handwritten medicines administration records (MARs) for them to record when people took their medicines. However, charts were not checked by a second member of staff for accuracy and there was no signature to know who had prepared the chart. This was against best practice guidance and increased the chance of an error being made and not being identified.
- Some medicines, such as creams, were prescribed on a 'when required' basis and other medicines had very specific administration processes. However, there was no guidance in people's care plans for staff to know how or when to support people to ensure these were administered as required.
- Some prescribed medicines required administration at times outside of their visit. There were no details in the care plans about how people would receive support to take their medicines at other times of the day, or if advice had been sought from the GP or pharmacist whether the medicines could be given safely at times when staff did visit. This meant people may not receive their medicines as prescribed by health professionals.
- Staff did not have the guidance they needed to help manage people's medicines safely. People's care plans did not include details of any allergies, what medicines people were prescribed or how the person preferred to take them. One person was prescribed medicine that required them to be monitored by their GP. However, there were no records to show that this had happened. This meant there was a risk the person may not be taking the optimum amount of medicine to manage their condition safely.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were safely managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staffing and recruitment

At our last inspection, we found the provider did not have enough staff available to cover staff absence. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- People were supported by effectively deployed staff. One relative told us, "We have not had any missed visits. The carers turn up on time and let my [loved one] or myself know if they are delayed."
- The registered manager explained when staff were running late for more than 15 minutes they followed up by calling people using the service and if required they arranged replacement staff. However, there had been no instances when staff had been delayed over 15 minutes. Care records we saw further confirmed this.
- People were supported in line with their care and support needs. One relative told us, "At present there is enough time to do the care tasks: they [staff] have an hour to do things like washing, dressing, breakfast and medications with an extra thirty minutes twice a week for a shower." Call records showed staff had spent the full allocated time at people's homes.

At our last inspection, we found the provider's recruitment procedures were not operated effectively to ensure staff were of good character. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

- The provider carried out satisfactory background checks for all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history, consideration of any gaps in employment, references, criminal record checks and proof of identification. This reduced the risk of unsuitable staff working with people who used the service. However, recruitment checks were not available for one external consultant who went with the registered manager for a spot check. The registered manager was chasing this as the consultant was travelling outside the UK, and this required improvement.

Assessing risk, safety monitoring and management

At the last inspection we found risks to people had not always been assessed. The provider had not done all that could be reasonably expected to manage risks safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12

- The registered manager completed risk assessments and risk management plans included guidance for staff for people who used the service. At this inspection people did not have complex health needs. However, identified risks included those in relation to bathing, eating and drinking, mobility and the home environment.
- Risk assessments were reviewed as and when people's needs changed. Staff told us these records provided them with the relevant information they needed to understand how to reduce risks occurring.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives gave us positive feedback about their safety and told us staff treated them well. One relative told us, "I definitely feel my relative is safe in the hands of the carers."
- The provider had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. This included reporting their concerns to the registered manager and the local authority safeguarding team.
- Staff completed safeguarding training. There had been safeguarding concerns since the previous

inspection in October 2018.

- Staff knew the procedure for whistle-blowing and said they would use it if they needed to.

Preventing and controlling infection

- People were protected from the risk of infection. One person told us, "They [staff] wear aprons and gloves." One relative said, "I know the carers wear protective gloves."
- Staff understood the importance of effective hand washing, using personal protective equipment (PPE) such as aprons and gloves and disposing of waste appropriately, to protect people and themselves from infection and cross-contamination.
- The service had infection control procedures in place and records showed staff had completed infection control training to ensure they knew how to prevent the spread of diseases.

Learning lessons when things go wrong

- The provider had a system to manage accidents and incidents to reduce the likelihood of them happening again. Staff completed accident and incidents records. These included the action staff took to respond to and minimise future risks, and who they notified, such as a relative or healthcare professional.
- The registered manager monitored these to identify possible learning and discussed this with staff to improve the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence 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 requires improvement. At this inspection this key question has now remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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.

Where people may need to be deprived of their liberty to receive care and treatment in their own homes, the Deprivation of Liberty (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- The service was not always working within the principles of the MCA. One person's relative had signed their consent form when they had started using the service. No capacity assessment had been completed to show if the person had capacity to make this decision themselves.
- The registered manager had told us they spoke with the family member and was informed they had a power of attorney (PoA). However, the provider was unable to show us a copy of the PoA and this was not noted in their care plan. The provider had failed to maintain a record of decisions made in their best interests, in line with the Mental Capacity Act 2005.

We recommend the provider consider current guidance on recording 'best interests decisions' in line with the Mental Capacity Act 2005.

- People and their relatives confirmed staff obtained consent from them before delivering care to them.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to ensure these could be met by the service. The registered manager carried out an initial assessment of each person's needs to see if the service was suitable to meet them. This looked at people's medical conditions, physical and mental health; mobility, nutrition and social activities.
- Where appropriate, the registered manager involved relatives in this assessment. The registered manager used this information as a basis for developing personalised care plans to meet each person's needs.

Staff support: induction, training, skills and experience

- The provider trained staff to support people and meet their needs. One relative told us, "The carer is very good and very professional."
- Staff told us they completed comprehensive induction training and a brief period of shadowing experienced staff, when they started work.
- The registered manager told us all staff completed mandatory training identified by the provider. Staff training records confirmed this. The training covered areas such as basic food hygiene, health and safety in people's homes, moving and handling, administration of medicines, infection control and safeguarding adults.
- Staff told us the training programmes enabled them to deliver the care and support people needed. The provider supported staff through regular supervision and onsite spot checks.
- Staff told us they felt supported and could approach the registered manager at any time for support.

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

- People received the support they needed to eat and drink safely. One relative said, "My [loved one] likes to maintain independence and gets [their] own food as much as possible. The carers check my [loved one] has in fact eaten."
- People's care plans included a section on their food and drink preferences.
- Staff told us people made choices about what food they wanted to eat, and they prepared those foods so people's preferences were met.

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

- The provider worked with other external professionals to ensure people received effective care, such as the nurse and GP.
- People were supported to maintain good health. People's health needs were recorded in their care plans and any support required from staff in relation to this need.
- Relatives coordinated people's health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed.
- Staff told us they would notify the office if people's needs changed and if they required the input of a health professional such as a district nurse, GP or a hospital appointment.

Is the service caring?

Our findings

Caring – this means we looked for evidence the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same 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

- Staff supported people and showed an understanding of equality and diversity. One relative told us, "They [staff] contacted the priest for us who now visits. I did not know it could be done, and it has made me very happy."
- People's care plans included details about their ethnicity, preferred faith and culture.
- The service was non-discriminatory and staff told us they would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender.

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

- People and their relatives were involved in the assessment, planning and review of their care.
- People and their relatives had been involved in making decisions about their care and support.
- Some people had requested that they only receive support from a female staff member, and the service had ensured that this was the case.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy was respected. Staff described how they respected people's dignity and privacy and acted in accordance with their wishes. One person told us, "The carers are kind and also chat with me, they are always busy with me."
- People were supported to be as independent in their care as possible. One relative told us, "The staff make sure my [loved one] keeps their independence. They also let my [loved one] do as much as possible such as with meals."
- The provider had policies and procedures and staff received training which promoted the protection of people's privacy and dignity.

Is the service responsive?

Our findings

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

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's needs were met through good organisation and delivery.

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

At our last inspection we found people's care plans were not always up to date or an accurate reflection of the support they received. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made regarding the completeness of records and the provider was no longer in breach of regulation 17.

- At this inspection we found improvements had been made. Care plans were person centred and contained information about people's personal life and social history, their health and social care needs, family, and contact details of health and social care professionals. They also included the level of support people needed from staff and what they could manage to do for themselves.
- Staff told us, before they went to people's homes, they looked at their care plans to know how to support them.
- Staff completed daily care records to show what support and care they provided to each person. These care records showed staff provided support to people in line with their care plans.
- Staff told us they would discuss with the registered manager any changes they noticed when they visited people to ensure their changing needs were identified and met. Records we saw showed care plans were up to date and reflected people's current needs.
- The registered manager told us they would update care plans with clear guidance for staff when people's needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us whilst none of the people using the service had any specific needs in this area, they would make sure information was made available to people in a format that met their needs, for example by using large print if necessary.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and would do so if necessary. One relative said, "I would initially

speak to [the manager] if I had a complaint."

- The provider had a clear policy and procedure for managing complaints and this was accessible to people and their relatives.
- There had been no complaints since the previous inspection in October 2018.

End of life care and support

- The provider had a policy and procedure to provide end-of-life support to people. However, no-one using the service required end-of-life support at the time of our inspection.
- The registered manager told us they would ensure people received appropriate support at the end of their lives by liaising with people's GPs and relevant healthcare professionals.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence 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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found the provider did not have effective systems in place to monitor the quality and safety of the service. Records relating to people's care were not up to date or accurate. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, not enough improvement had been made and the provider was still in breach of regulation 17.

- At this inspection we found, the provider's quality assurance systems were not effective.
- The provider had not carried out audits of care logs, and medicines to make improvements as required. We found ongoing concerns regarding the management of medicines at this inspection, and the provider had not identified these through their ongoing monitoring of the service.

The provider had failed to ensure effective systems were in place to monitor the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had not displayed the previous inspection rating on their website and in their office in line with regulatory requirements.

The above issue was a breach of Regulation 20A (Requirement as to display of performance assessments) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they would contact the website service provider and ask them to update it to reflect their CQC inspection rating.

Planning and promoting person-centred, high-quality care and support with openness; 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

- We saw some good practice at the service, they had an on-call system to make sure staff had support outside office working hours and staff confirmed this was available to them. One person told us, "I can recommend the company because they [staff] are kind and not intrusive." On relative said, "I think the

service is good and well managed."

- There was a positive culture in the service, where people and their relatives' opinions were sought to make service improvements. For example, when people requested a change of visit time, this was considered and acted on.

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

- People who used the service completed satisfaction surveys, and the results showed they were all satisfied with the service.
- Care reviews were held to discuss any changes in people's needs and coordination with health care professionals.
- Staff supported people to access the local community to visit their places of choice.

Working in partnership with others

- The provider remained committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people.

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 17 HSCA RA Regulations 2014 Good governance The provider's quality assurance systems were not effective.
Regulated activity	Regulation
Personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider had not displayed the previous inspection rating on their website and in their office.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The systems and processes for managing people's medicines were not always safe.

The enforcement action we took:

Issued a warning notice to the provider.