

HW Homecare Ltd

HW Homecare

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

HW Homecare is a domiciliary care agency. At the time of our inspection, they provided personal care to 9 people living in their own homes. It provided a service to older adults, some who required moving and handling support or to manage health conditions.

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

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

Although a person and relatives told us they felt people were safe, we found risks to people were not always identified or recorded to ensure people's safety. Staff did not always demonstrate knowledge of how to recognise concerns or report them to appropriate others. We received mixed feedback about the use of personal protective equipment (PPE) used by staff and staff competency had not been assessed in this area. Medicines had not always been given safely and there were no contingency plans for an emergency event. Staff recruitment checks were not consistently made before employment.

We found areas for improvement regarding staff knowledge and training. Staff were not adequately supported in their roles. There was minimal staff supervision and checks to ensure training had been effective.

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. However, we found staff did not always understand their legal responsibilities regarding documentation under the mental capacity act.

People's care documentation was not person-centred nor reflective of their current support needs. Where risks had been identified to people's health and wellbeing, assessments had not consistently been completed to detail support needs or when to seek further professional advice. There was a lack of oversight on incidents, complaints, training, medicines and safeguarding which meant the provider had not reflected on themes and trends. We also found that the provider had not always reported incidents to us that they were legally required to do.

The culture of the service was not always open and positive. Some feedback included unprofessional behaviour from staff, with reluctance to raise concerns or confusion on who to complain to. People, their relatives and staff had not been asked to provide feedback about their experiences of care.

People had assessments of need completed before they received support and involvement from professionals when required. A professional gave positive feedback about how staff worked with them to

support a person.

Despite the concerns we found, a person and relatives were happy they received support from the same staff every day. The provider demonstrated a willingness to work with others and improve the service. The branch manager responded immediately to some areas of improvement during the inspection.

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 requires improvement (published 24 February 2022). The service remains rated requires improvement.

Why we inspected

We received concerns in relation to poor governance and minimal improvements from the previous inspection. As a result, we undertook a focused inspection to review the key questions of Safe and Well-led.

We inspected and found there was a concern with staff training and understanding of mental capacity, so we widened the scope of the inspection to become a focused inspection which included the key question of Effective.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained Requires Improvement. However, the key question of effective has changed from Good to Requires Improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-led sections of this report.

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

Enforcement

We have 4 identified breaches of regulations in relation to risk management, staff recruitment, staff training and leadership at this inspection.

We identified concerns about staff knowledge of mental capacity. We have made a recommendation regarding this.

Please see the 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?

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 well-led?

The service was not well-led.

Details are in our well-led findings below.

Requires Improvement ●

HW Homecare

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 Health and Social Care Act 2008.

Inspection team

The service was conducted by an Inspector and an Assistant Inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 not a registered manager in post. The nominated individual was the responsible person with support from the branch manager to manage day to day running of the service.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 that the provider or registered manager would be in the office to support the inspection. We also needed to gain consent from people to call them for feedback.

Inspection activity started on 30 May 2023 and finished on 23 June 2023. We visited the office on the 30 May 2023. We spoke with people and their relatives, staff, and the branch manager up until 23 June 2023 and had a conversation and email exchanges with the provider.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who was receiving care. We spoke with 4 relatives and 1 health and social care professional about their experience of the care provided. We also spoke with 4 members of staff including the nominated individual, the branch manager and 2 care staff.

We reviewed a range of records. This included 7 people's care records and 1 person's medicine records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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;
Using medicines safely;
Preventing and controlling infection;
Systems and processes to safeguard people from the risk of abuse;

- People's records did not always identify or assess risks. At the previous inspection, we identified that risk assessments lacked detail to support people safely. At this inspection, we found little improvements had been made.
- For people that had specific health conditions, there was limited information about how this impacted on their lives and how staff should support. Other people required support with moving and handling, managing anxiety or emotional outbursts and there was minimal information in how to support them.
- There was minimal impact on people because staff knew them, and they received the same staff support every day. However, the provider had expressed their plans to expand which meant there was a potential risk that new staff would not have the information they needed to support people safely.
- We identified in the previous inspection that there was no contingency planning to support people in the event of an emergency. This could be in relation to adverse weather or staff sickness. This had still not been done. The branch manager completed a table of risk for prioritising people's care during the inspection.
- People did not always receive their medicines as prescribed or in line with current legislation.
- We were initially informed that no-one was being supported with medicine. We reviewed 2 people's care notes and found staff were administering medicines. One person's medicines were being given irregularly but not recorded on a medicine administration record (MAR). The service had recently taken on another person's medicines, but we found they were not following prescriber's instructions correctly.
- Although this had no impact on people, staff were not aware of these incidents until we notified them during the inspection. Staff told us they had received medicines training, however regular spot checks, supervision and competencies to check their knowledge and understanding had not been completed.
- We were not assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We received mixed feedback from a person and relatives about staff wearing appropriate personal protective equipment (PPE). One person said, "Staff wear a uniform, never seen them with gloves on." Other

relatives fed back that staff did not always wear full PPE when supporting people with personal care.

- Some people were at higher risk of infection should this not be managed safely. The provider said they would improve this by, "Implementing rigorous training programmes to address this concern comprehensively. We aim to enhance our staffs' knowledge and skills in applying PPE correctly and consistently." They told us this would include the use of monitoring techniques such as spot checks and competencies.

- People were not always protected from the risk of abuse, because staff lacked confidence and knowledge in safeguarding processes.

- We identified several incidents that could potentially involve safeguarding, but this had not been recognised by staff. They were not aware of their company's whistleblowing policy or their roles and responsibilities regarding raising concerns. Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation, they work for is doing something illegal or immoral.

- Similarly, to concerns raised above, there had been minimal spot checks and no checks of competencies to ensure staff had the skills and knowledge in this area.

The provider had not ensured that risks regarding people's support needs, medicines, safeguarding and infection control were consistently recorded and monitored to keep people safe. They had not ensured staff understanding in wearing PPE or reporting concerns. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Despite the concerns we found above, a person and relatives told us they felt people were as safe as possible. A relative said, "They (staff) are trustworthy, and (person) does have good moments of laughter with them."

Staffing and recruitment

- Staff were not always recruited following best practice, to ensure that people remained safe.

- The provider had not ensured that relevant safety checks such as DBS were consistently sought prior to employment. 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.

- Staff documentation also lacked records such as suitable references, for example from previous employers on suitability of work. Gaps in employment history had not always been identified and explored and not all staff had photographic identification to prove who they were.

- Interviews provide information about staff knowledge and understanding of caring for people. We were provided with no evidence that staff interviews had occurred and were effective.

- The provider advised us these checks had been done but did not provide evidence of these. They immediately sought new DBS checks for 2 staff and said, "We want you to know that updated documentation will be readily available to view in future inspections."

The provider had not ensured that best practice guidance was consistently followed to recruit staff safely. Without the required checks, people could be at risk of being supported by unsuitable staff. This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014

Learning lessons when things go wrong

- When incidents or areas for improvement occurred, these were not consistently reviewed, or action taken to improve. For example, minimal actions had been taken to rectify concerns raised at the previous inspection.

- Some incidents were not identified as potential concerns; these had not always been reviewed and the opportunity for learning lessons was missed.
- Despite the concerns raised above, some relatives fed back that when issues occurred, staff responded immediately. One relative said, "There was an issue once about time keeping but we sorted that out straight away. If things need to be changed then we talk to the staff about it, and it gets sorted."

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not always have the skills, knowledge and training to support people in meeting their needs.
- We received mixed feedback from a person and relatives regarding staff knowledge. Some were positive about the quality of care provided. One relative said, "I think it's pretty good. Good thing about it is it's the same staff all the time."
- Other relatives told us they had to tell staff what to do. One relative said, "Some of the staff I think don't understand what they are supposed to do. Only 2 weeks training and then off they go." Another told us, "They are not trained. One staff member didn't even know what dementia was. They do have 1 or 2 nice carers who need training and support. There are some lovely people who come through here who just don't have the experience to do the job."
- We were unable to view 2 out of 3 staff training records as we were informed records had been accidentally deleted. When we spoke with staff, they did not always demonstrate an understanding of tasks related to their role, such as recognising types of abuse or reporting concerns to professionals other than the branch manager.
- Staff lacked confidence and understanding regarding their responsibilities under the mental capacity act. This included the need for legal documentation to determine a person's power of attorney. We also identified an incident where a person had not received their medicines as prescribed and medicine policies were not followed.
- Staff told us they had not received regular support in their roles in the form of supervisions and appraisals. There was no evidence of competency checks to check staff understanding of their roles and responsibilities, such as with medicines management and moving and handling. One staff member had received a spot check, which included observations of their practice, however none of the other staff had.
- When we spoke to the provider, they were unable to provide evidence of staff support and training in these areas. However, they told us how they planned to improve. The nominated individual said, "To ensure comprehensive staff development, we will conduct a thorough assessment of the training needs of all our staff members. We will actively monitor compliance through regular supervision and feedback sessions."

The provider had not ensured that staff had the skills and knowledge to support people. They had not monitored staff practice to ensure they were competent. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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 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 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, 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.

- People were given choice and control over the support they wished to receive on a day to day basis. One relative said of staff, "They usually ask the person what colour they want to wear that day and do they want a shave. They usually get consent but if not, they leave it."
- A staff member said, "Best interest means what is best for my client...to lead as normal life as possible... respect and dignity to give them best choices in life." Another staff member said, "If I support (person) with food I show them a tin of ravioli and a tin of beans, and they pick."
- A professional told us staff had been involved in a best interest meeting for a person. They said, "Best interest decisions they have been involved with and they have formed a care package to meet the person's needs."
- We found some areas for improvement with regard to staff understanding of MCA legal requirements and documentation. We have discussed this further above, under staff training and in the well-led section of the report.

We recommend that the provider sources a reputable training in mental capacity to improve staff knowledge and understanding.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had their needs and choices assessed before they received support from the service.
- We saw examples of assessments completed with people and their relatives, that gathered information regarding personal choices. One person had a detailed support plan completed by a professional which was included in their care plan.
- Although a person and relatives we spoke to generally supported people to their own appointments, staff advised that they had worked with occupational therapists and nurses to support people in the past.
- One staff member said, "One person had serious pressure sores, but we managed to get rid of them and keep them away. There was a community nurse involved but as soon as we got on top of the pressure sores, the person was discharged."
- A professional gave feedback about staff and keeping them updated with changes to people's needs. They said, "I do find them quite responsive, willing to attend meetings. I find the branch manager responsive to emails when I require updates. They also reach out to make contact with me regarding any concerns."

- We saw that staff had started to implement Malnutrition Universal Screening Tools (MUST) to assess people's needs regarding nutrition. These still required some improvements and we have addressed this further in the safe section of the report.

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

- At the time of inspection, people only required support with maintaining a healthy diet when relatives were not present. Therefore, this support was not provided regularly by staff.
- For one person, we saw that a professional had raised concerns about them being underweight. Staff had implemented a food monitoring chart to complete when family were unable, to monitor what the person was eating.
- The branch manager said, "The person is small, but they eat very well. We record on the chart and in our notes when we support with food."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

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

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;

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;

- At the previous inspection we identified that there was a lack of oversight and leadership regarding documentation and audit processes. At this inspection, we found little improvement had been made.
- There had not been a registered manager at the service for 13 months. The provider had a leave of absence due to ill health and had not been in the service for 3 months prior to our inspection. The provider did not provide evidence of auditing since our previous inspection. Areas such as training, complaints, medicines management or safeguarding had not been reviewed. Therefore, areas of improvement had not been identified.
- People's documentation lacked detail and person-centred information regarding risks and how they liked to be supported. Staff documentation did not contain consistent recruitment checks, nor had staff received supervisions, appraisals, competency checks or spot checks. The provider could not be assured staff were delivering care and support that reflected people's needs.
- Some people had Do Not Attempt Resuscitation (DNAR) forms. It was unclear in people's documentation whether they had this in place and where it could be found. The branch manager clarified this information and wrote it in people's home care plans during the inspection.
- One person had a Malnutrition Universal Screening Tool (MUST). Although it had been identified there was a level of risk, there was no assessment to explain how to mitigate this risk.
- Some relatives fed back that they had received late calls and staff seemed 'rushed', however there was no oversight of this. No audits had been completed to review this or improve.

- As identified at the previous inspection, feedback had not been sought from people, relatives, staff or professionals to involve people and improve care. A person and relatives told us they had not been asked for their views on care, nor had they been involved with regular reviews.

- The provider confirmed they had not asked for feedback. They said, "We are committed to implement regular surveys and questionnaires to gather feedback from individuals and their relatives. These feedback mechanisms will enable us to promptly address any concerns and continuously enhance the quality of our service."
- We found that a positive culture was not always maintained or encouraged.
- We received mixed feedback regarding staff and the provider. Some relatives told us staff could be unprofessional or intimidating and this stopped them from raising concerns. One relative said, "I have never experienced anything like it." Another relative said they had tried to raise concerns with the nominated individual but never been able to get hold of them. A person had contact details for the previous registered manager and was not aware they had left.
- Although we were told no complaints had been received, we saw that allegations from people of staff bullying had been discussed in a staff meeting. There was no other evidence to show that this had been managed.
- We also observed one staff member using inappropriate language to describe others. The provider said, "We take the concerns raised about professionalism and inappropriate language very seriously. It is imperative to foster a work environment characterised by respect, professionalism and appropriate communication." They advised they would closely monitor going forwards.
- We saw that concerns had been raised in a staff meeting about staff feeling rushed and stressed. One staff member said "We work long hours with not much help. There is a shortage of staff to cover calls so taking time off is difficult." We were told the provider was aware of this and was looking to recruit more staff.
- The nominated individual and management team did not always understand their responsibilities regarding reporting incidents.
- Providers are required to notify CQC of any incident of abuse or allegation of abuse in relation to a person, incidents reported to the police and other incidents and events. This enables CQC to monitor types and numbers of incidents at the location and take appropriate action as needed. The provider had not reported all notifiable incidents to CQC.
- The provider recognised this as an area for improvement. They said, "We sincerely apologise for the oversight and any confusion it may have caused. Because of this, we will thoroughly investigate the incidents mentioned on inspection. Our primary objective is to ensure we comply with incident reporting and notification obligations from now on."

The provider had not ensured good governance had been maintained and records were not up to date and accurate. These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others; Continuous learning and improving care

- Although we identified numerous concerns on inspection, the provider demonstrated a willingness to improve. They were working closely with the Local Authority Market Support Team to learn and improve on documentation.
- The provider said, "Our utmost priorities are addressing the concerns raised during the inspection and continuously improving our services safety, quality and effectiveness."

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that risks regarding people's support needs, medicines, safeguarding and infection control were consistently recorded and monitored to keep people safe. They had not ensured staff understanding in wearing PPE or reporting concerns.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Staff recruitment checks were not consistently made before employment.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had not ensured that staff had the skills and knowledge to support people. They had not monitored staff practice or supervised staff to ensure they were competent.</p>

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People's documentation lacked detail and person centred information in how people wished to be supported.</p> <p>Staff documentation lacked recruitment checks, spot checks, supervisions and appraisals.</p> <p>There was no auditing system in place.</p> <p>We had feedback that the culture at the service was not always positive.</p> <p>Some incidents had not been reported to us.</p>

The enforcement action we took:

We have issued a warning notice