

HLC Care agency Ltd

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Inspection report

14 The Hive
Northfleet
Gravesend
DA11 9DE

Tel: 07484040887

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

HLC Care Agency Ltd is a domiciliary care agency providing personal care to five people at the time of the inspection. Most of the people who used the service were older people.

The Care Quality Commission (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

We received positive feedback from people who used the service and relatives. Comments included, "Care staff are caring, good and they do listen to me" and "My carer is absolutely amazing; she is good and I cannot fault her at all."

The registered manager failed to have a robust record keeping system in place. Records on MAR chart seen in the office were not always accurate.

The service had a system in place to assess, monitor and improve the quality and safety of the services provided in some areas. However, this had not been effective in identifying what we found.

Epilepsy care plan for one person lacked adequate detail. There were no detailed seizure triggers and what to do in an emergency apart from calling the GP. Other care plans contained detailed risk assessments.

Risk to people's health and wellbeing were addressed and mitigated. Environmental risk assessments were also in place, which identified and reduced any environmental risks to people and staff.

Robust recruitment processes were in place. This prevented unsuitable staff from working with vulnerable adults. People told us staff were reliable and consistent. Staff were skilled in carrying out their role. The registered manager ensured staff were appropriately trained.

People's needs were assessed prior to receiving a service including their protected characteristics under the Equalities Act 2010. People told us they felt at ease with staff and staff were caring.

Staff told us there was an open culture where they were kept informed about any changes to their role.

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

Rating at last inspection and update

The last rating for this service was Inadequate (published 19 December 2019) 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.

We carried out a targeted inspection on 24, 25 and 26 August 2020 to check whether the Warning Notices we previously served in relation to regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. At that inspection, the service was not rated. We found the provider had improved the service by ensuring that medicines were managed safely. However, the provider required further improvement in risk assessment, care related guidance, effective quality auditing and contemporaneous record keeping.

This service has been in Special Measures since 19 December 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall. Therefore, this service is no longer in Special Measures.

Why we inspected

We carried out an announced inspection of this service on 24, 25 and 26 August 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, good governance and notifications of other incidents.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we 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 responsive?

The service was responsive.

Details are in our well-Led findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Requires Improvement ●

HLC Care Agency Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of two inspectors. One inspector attended the service and one collated and reviewed information we requested the provider to send us during the inspection.

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 that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. We needed to be sure the provider or manager would be in the office to support the inspection. We also needed to arrange to speak with people and for documents to be sent to us.

Inspection activity started on 05 May 2021 and ended on 10 May 2021. We visited the office location on 05 May 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought and received feedback from the local authority and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We spoke with two people and one relative about their experience of the care provided. We spoke with two care staff, an office assistant and the registered manager.

We reviewed a range of records. This included four people's care records and medication records. We looked at two 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at care related Guidance, documents and policies and procedures sent to us in a timely manner.

Is the service safe?

Our findings

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

We carried out a targeted inspection on 24, 25 and 26 August 2020 to check whether the Warning Notices we previously served in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. At that inspection, this key question was not rated. We found the provider had improved the service by ensuring that medicines were managed safely. However, the provider required further improvement in risk assessment and care related guidance. We have assessed these areas of the key question at this inspection of the service.

At the inspection in October 2019 this key question was rated as Inadequate and not rated at the inspection in August 2020.

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 was an increased risk that people could be harmed.

At our last inspection, appropriate risk assessments were not fully in place. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of Regulation 12.

Assessing risk, safety monitoring and management

- At the last inspection, risk assessments were inconsistent. At this inspection, enough improvements had been made. For example, we looked at four support plans and found that appropriate risk assessments and guidance were in place. These had been reviewed when required.
- Although we found epilepsy care plan for one person, it lacked adequate detail. For example, it stated 'grand mal, black out and can't remember what happens, don't get any warnings. Trigger is high temperature, need someone to put me in recovery position, they don't happen due to medicine. Action to put in recovery position and call GP for further instructions'. A "grand mal" seizure is now known as tonic-clonic seizure. Further, there were no detailed seizure triggers such as stress, a lack of sleep, waking up, drinking alcohol, other related factors and what to do in an emergency apart from calling the GP. This is an area for improvement.
- People's care plans contained detailed risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met appropriately. For example, guidance was provided to care staff to identify if a catheter was not working correctly and what action to take to ensure people's safety. One person confirmed this and told us that staff emptied the bottle every time it is full, and staff had supported them to contact the GP about the catheter in the past. Care staff had been appropriately trained on catheter care.
- Since the last inspection, care related risk assessments and guidance for areas such as catheter care had

been put in place. People who used equipment to help them mobilise or transfer had been appropriately assessed to evidence safe systems of work for the staff to follow. Staff we spoke with were aware of these risks and could tell us how they acted to keep people safe in line with these guidelines.

- People were protected from risks from the environment. Potential risk and hazards within people's homes had been identified and appropriate risk assessments were in place.
- COVID-19 risk assessments continued to be in place for all the people using the service and staff according to government guidance.

Using medicines safely

- People told us, "Staff have been consistent with giving me my medicines" and "I take the medicine myself. Carer prompts me, which helps."
- Medicines administration records (MARs) were not always completed by staff each time medicines were given. For example, we found a MAR chart that was only signed for on 01 March and 08 March 2021. The registered manager explained that the medicine was given 'as required' (PRN). However, this was not written on the MAR chart we saw in the office but copy in the person's home had been updated as PRN. This is an area for improvement. There were protocols in place for 'as required' (PRN) medicines such as pain relief medicines.
- Medicines continued to be safely managed and administered. People that required support to manage their medicines received them safely.
- Suitably trained staff followed arrangements in place to ensure people received their prescribed medicines. Staff competency was checked once a year.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe using the service. A relative said, "[Name] is very safe with the carers." One person said, "Yes, I feel safe with the staff."
- Safeguarding processes were in place. Risks of abuse had been minimised because staff were aware of safeguarding policies and procedures. Policies included information for staff on what to do if they felt that someone was at risk or had concerns about poor practice. Staff understood their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally, where appropriate.
- Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries.

At our last inspection, the registered manager failed to appropriately check to ensure that staff were recruited safely into the service. This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of Regulation 19.

Staffing and recruitment

- The provider ensured staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. DBS checks help providers make safer recruitment decisions. The registered manager had appropriate DBS risk assessment in place to mitigate any potential risk to people. The registered manager also had regular supervision with staff involved and records confirmed this.
- Staff were recruited safely, and checks were completed. Where concerns had been identified during recruitment, such as DBS and references, these had been followed up and appropriate risk assessment and supervision had been put in place to mitigate any risk to people. The provider's recruitment policy and

processes were followed to minimise risks. This protected people from new staff being employed who may not be suitable to work with them.

- People's needs, and hours of support were individually assessed. We reviewed the staff rota and found there were enough staff employed to meet people's needs. People and the relative we spoke with confirmed this and told us staff had never missed a visit to them and always arrive on time.
- People and staff had access to an out of hours on call system, manned by senior staff, for advice outside office hours. This meant that people and staff were provided with continuity of care and support whenever required.

Preventing and controlling infection

- We were assured that the provider was adhering with government guidance on weekly Covid-19 testing for staff. We confirmed this through the automated email received from the government upon submission of a test kit. In example, records sent to us showed that were consistently carrying out weekly testing according to the revised government guidelines in April 2021. We saw automated email received, which showed staff carried out weekly testing from April 2021. Care staff we spoke with confirmed that they carried out their weekly testing. One care staff said, "I test myself twice a week and send it."
- There were effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment such as gloves, mask, hand sanitizer and aprons were used by staff to protect themselves and people from the risk of infection.
- Staff were trained in infection control and coronavirus.

Learning lessons when things go wrong

- Staff maintained an up to date record of all accidents and incidents. The registered provider monitored these, so any trends could be recognised and addressed.
- The registered provider used the information to make improvements to keep people safe.

Is the service responsive?

Our findings

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

At the last inspection in October 2019, this key question was rated as Required Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

At our last inspection in October 2019, people's records lacked personalised information and people were at risk of not receiving personalised care. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, improvements had been made and the provider was no longer in breach of Regulation 9.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- A relative said, "There is care plan at home and the care staff are doing a good job according to the care plan." One person said, "I have a care plan and I know what is inside. I read it and okay with it."
- Care plans included people's individual preferences and interests, personal history and staff understood these. A care staff said, "I read the care plan in people's homes at every visit." Another said, "When [One person] tells me what they wants for example, I present them with two meals and they choose one as stated in their care plan".
- Each person had a designated care staff who covered all their daily needs. Staff were matched with each person they supported. A relative said, "The same carers have been coming here and they are good."
- Detailed daily records of visits were kept by staff. Records included personal care given, well-being, concerns to note and fluids taken. These records ensured good communication between staff, benefitting the care of the person. Care plans were reviewed with people at least every twelve weeks but may be more frequent based on people's needs. One person said, 'I am so happy to be with this company, they are caring and friendly and my carer is amazing'.

Improving care quality in response to complaints or concerns

- People knew who to contact if they were concerned about anything. One person said, "I can contact the registered manager and they will sort out any issues straightaway."
- The service had received one formal complaint in the last 12 months, and this had been investigated and satisfactorily resolved.
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.
- People were given a copy of the service's complaints procedure, which was included in the service users' guide.

Meeting people's communication needs

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

- The registered manager told us that they made documents available to people they supported in different formats such as large print if needed. The registered manager confirmed that one person's care plan font in their home was printed in larger font based on their need.
- People's communication needs had been assessed and staff knew how to communicate with people based on the assessment. The assessment asked people how they would like to be communicated with, such as verbally, in writing, in person or to be translated into another language. This gave people the choice of how to be communicated with.

End of life care and support

- The service was not supporting anyone at the end of their life.
- The registered manager told us that they had in depth conversations with people and their relatives about end of life plans. Care plans contained these conversations and people's preferences for end of life care.

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.

We carried out a targeted inspection on 24, 25 and 26 August 2020 to check whether the Warning Notices we previously served in relation to regulations 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met. At that inspection, this key question was not rated. We found the provider had improved the service by ensuring that medicines were managed safely. However, the provider required further improvement in effective quality auditing and contemporaneous record keeping. The provider failed to notify the Care Quality Commission (CQC) of a serious incident, which was a breach of Regulation 18 (Notification of other incidents) Care Quality Commission (Registration) Regulations 2009. We assessed these areas of the key question at this inspection of the service.

At the inspection in October 2019 this key question was rated as Inadequate and not rated at the inspection in August 2020.

At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure robust quality assurance and monitoring systems were in place. This was a continued breach of regulations 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 17. However, further improvements were required.

- At the last inspection, quality assurance systems and some records relating to the care and support of people were ineffective. At this inspection, we found that record keeping was poor. For example, we found a MAR chart that was only signed for on 01 March and 08 March 2021. We asked the registered manager about this and they said that the medicine was 'as and when required' medicines (PRN) medication. The registered manager later sent us a copy of the MAR chart retrieved from the person's home which showed PRN written on it. This meant that the record we saw in the office was different from the record later sent to us. In another example, one person's care plan was very disorganised. It was difficult to find up to date information. Risk assessments and care plan and all documents were mixed up. Some records were on the computer and had not been printed to the file we looked at. This is an area for improvement.
- The systems to review and check the quality of the service had improved. Checks now included reviewing care plans, incidents, daily records, medicine, recruitment, infection control and personal protective

equipment. Where actions were needed these were recorded and completed. However, the audits failed to identify the lack of adequate records about the MAR and care files. This is an area for improvement.

- At the last inspection, the registered manager used a diary that contained diarised information and not a comprehensive audit as their audit system, which was not robust and effective enough in identifying the concerns we found. At this inspection, the registered manager had introduced an improved audit system on the computer. This had enabled an improved system of monitoring the service. For example, recruitment audit carried out on 10 March 2021 identified the need for a risk assessment for what was on their DBS. This was put in place by their specified deadline of 10 April 2021.
- The provider had oversight into staff performance and practice. Due to Covid-19 pandemic, telephone spot checks were being completed and had been effective in monitoring, auditing of staff timekeeping or call length.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A relative said, "I am happy with the management of the agency. They have been working with us a long time."
- We found in one person's care plan described as 'rude'. This word meant offensively impolite, which was disrespectful to the person. This showed that the registered manager required to review care records, which would promote positive culture. This is an area for improvement.
- Staff told us the registered manager encouraged a culture of openness and transparency. A member of staff said, "I do have contact with the registered manager. However, due to Covid-19, we have not been meeting face to face. We speak on the phone regularly. I do receive all the support I need from the registered manager."
- People and their relatives told us they were fully involved in both the development and review of care and support. One person said, "I have a care plan and There is one or two things I asked to be amend and it has been amended. I am involved in my care plan."

Continuous learning and improving care; Working in partnership with others

- The management team had not kept up to date with best practice and developments. For example, the reference to 'grand mal' seizure, which was outdated and now known as tonic-clonic seizure and the use of the word 'rude', which was impolite. These showed that the management team needed to update themselves with up to date practice. This is an area for improvement.
- There was a system in place for undertaking spot checks of staff. This was for staff delivering care as detailed in people's care plans and seeking feedback from people on the quality of care provided.
- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's care. For example, care staff were signposted to government guidance on Covid-19 regularly.
- The management worked with funding authorities and other health professionals such as the Clinical Commissioning Groups and NHS to ensure people received joined up care.

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 our last inspection, the provider failed to notify CQC of a serious incident. This was a breach of Regulation 18 (Notification of other incidents) Care Quality Commission (Registration) Regulations 2009.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 18.

- At this inspection, we found that where relevant, notifications had been sent to CQC appropriately. For example, in relation to any serious incidents concerning people which had resulted in an injury or any safeguarding concerns.
- The provider understood the responsibilities of their registration.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.

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

- Feedback was sought from people and relatives regularly. The registered manager told us that they asked people and their relatives about their care every time care staff visited them. Completed survey by people relatives sent to us and we spoke with confirmed this. One person wrote, 'When I had one issue, I called and the response I had was amazing. They truly listened to me and the resolved the issue very quickly. Thank you'.
- Feedback was sought from staff regularly. Staff we spoke with confirmed this and staff survey records sent to us showed all staff we spoke with were happy working for HLC Care Agency.
- Surveys had been sent to health and social care professionals to seek their views of the service. However, they had not responded. The service only worked with private service users and CCG.