

Home Is Where the Help Is Ltd

Home is where the help is

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Home Is Where The Help Is Ltd is a domiciliary care agency. It provides personal care and support to people living in their own homes. It provides a service to a range of people including those living with a dementia and physical disabilities. 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. At the time of inspection there were 12 people using the service and 11 people were receiving the regulated activity of personal care.

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

At our previous inspection we found a breach of regulation 7, 9, 11, 13, 17, 18 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was due to the accuracy of care records, medicines not being safely managed, risks to people were not identified, people's needs not being fully assessed or reviewed, the suitability and training of all staff, the provider not delivering personalised care, safeguarding incidents not being shared with the local authority, and there were no systems in place to allow for the monitoring of the care provided to people. At this inspection we found improvements had been made to all areas apart from the quality and assurance systems in place. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The quality and assurance systems in place were not fully effective in monitoring the safety and care provided to people. Risks had not always been fully identified and mitigated. Some people's records did not fully detail the support they were being provided with or contained documented reviews.

Medicines were not always safely managed. Some records were not fully accurate and people's care plans did not include all support provided with medicines. We have made a recommendation about this.

People were positive about the care they received from staff. Staff knew people well and delivered personalised care which met their needs. Staff worked in partnership with other health and social care agencies to provide responsive and continuous care to people.

Staff received training appropriate to their roles. All staff had their suitability checked and were safely recruited before delivering care to people. A full induction was provided before staff began supporting people.

People told us that staff were respectful of their privacy and dignity. Staff spoke caringly about people and knew their personal preferences.

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.

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 (report published 05 March 2019).

At our previous inspection, we identified multiple breaches regulations. At this inspection we found a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made to all other areas.

This service has been in Special Measures since our inspection in March 2019. During this inspection, the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified one breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 in relation to the governance of the service. Details of action we have asked the provider to take can be found at the end of this report.

Follow up

We will continue to monitor the service through information we receive from the service, provider, the public and partnership agencies. As part of our process we will be requesting an action plan to be completed to address the issues identified. We will re-visit the service in line with our 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 effective.

Details are in our effective findings below.

Good ●

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 ●

Home is where the help is

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 was carried out by two inspectors.

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 28 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.

What we did before the inspection

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 reviewed the information we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law.

We sought feedback from the local authority and safeguarding adults' teams and reviewed the information they provided. We contacted the local Healthwatch for their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We looked at a range of records. This included staffing rotas, training records, meeting minutes, policies and procedures, and information relating to the governance of the service.

We spoke with four people who used the service, one relative and five members of staff including the registered manager.

We reviewed the care records for five people, medicine records for four people and the recruitment records for four members of staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staffing information and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as 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 was an increased risk that people could be harmed.

At our last inspection the provider had failed to robustly assess the risks relating to the safety and welfare of people, medicines management, staff had not received safeguarding training, safeguarding incidents were not escalated to the local authority or notified to the Commission and there were insufficient numbers of skilled staff available to support people. This was a breach of regulation 12 (Safe Care and Treatment), regulation 19 (Fit and proper persons employed) and regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, action had been taken to improve and the provider was no longer in breach of regulation 12, 13 or 19.

Using medicines safely; Assessing risk, safety monitoring and management

- Some people's medicine records did not fully document the support provided by staff. For example, one person's administration record showed they were receiving a medicine, but this was not detailed in their care plan.
- We found there were gaps in the recording of one person's medicine administration record.
- Not all risks to people had been identified, for example we found one person did not have a risk assessment in place for staff leaving medicines for them to self-administer.

We recommend the provider ensures that there are regular checks of people's medicine records and risk assessments to make sure they are accurate and fully completed.

The provider responded immediately during the inspection. They confirmed all the issues relating the administration records and care plans were now addressed. The registered manager fully audited everyone's care records and carried out medication competency checks with staff.

- Staff had received training around medicines and had their competencies checked regularly.
- People told us staff knew what medicines they needed and provided a good safe level of support. One person said, "They sort out my medication."
- Where there were risk assessments in place for people they were detailed and provided staff with the correct processes to mitigate the risks identified.

Learning lessons when things go wrong

- All accidents and incidents were reviewed by the registered manager and actions from these were

documented for follow up actions.

- We did find that not all actions were followed up or completed. The registered manager provided further information after the inspection to show that all outstanding actions had been completed.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training around identifying abuse and could tell us what action they would take.
- There were safeguarding policies and procedures in place at the service.

Preventing and controlling infection

- People told us that staff wore gloves and aprons whilst providing personal care to people. One staff member told us, "Gloves and aprons are all there in people's properties."
- Staff had received training around preventing and controlling infection.

Staffing and recruitment

- Staff were recruited safely. Since our last inspection the provider had robustly recruited new staff. All pre-employment checks were completed.
- There was enough staff to safely support people. People told us they liked the consistency of the staff and knew who would be visiting them.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to provide staff with an induction or training prior to delivering care and some people had not been fully assessed or consented to the care they were receiving. This was a breach of regulation 11 (Need for consent) and regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, action had been taken to improve and the provider was no longer in breach of regulation 11 or 18.

Staff support: induction, training, skills and experience

- The provider ensured all new staff received a comprehensive induction and shadowing period before supporting people.
- Staff received on-going training and were given the opportunity to attend additional training.
- Staff received regular supervisions.

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

- Some people were supported by staff with their meals. People were encouraged to make choices about what they ate and drank.

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

- People's care records detailed advice and guidance from other healthcare professionals, for example GPs and the district nursing team. One staff member told us, "I interact with the district nurses, they are very helpful and there's no issues."
- Staff told us that if they saw a change in the person's needs they would refer or contact the correct agency.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

- People had their care needs assessed and delivered in line with current national best practice standards and guidance, such as the National Institute for Clinical Excellence (NICE) guidance.
- People and their relatives consented to their care.
- People and their relatives were involved with their care planning and were part of regular reviews. Daily logs showed what support each person had received. One person commented, "Timing (for visits) is excellent, chosen by me. They're always on time."

Is the service caring?

Our findings

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

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 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

- People were very complementary about the staff who supported them. One person said, "I couldn't do without my carers, they are wonderful. They are all very good."
- Staff thought highly of people and spoke very kindly about them. Staff were able to tell us what each person's preferences were. One staff member commented, "We are very personal with people, we know them, they know us. They trust us, and we see them every single day. The same people. We are more like family not a service user and a staff member."
- There were equalities and diversity policies in place at the service and staff had received training around this.

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

- Staff worked with people, relatives and professionals to make sure all their needs were met.
- Records showed people were involved in their care.
- Staff told us that they reviewed people's needs regularly and asked them if they needed anything additional. One staff member said, "Everyone gets what they need and well cared for."

Respecting and promoting people's privacy, dignity and independence

- Care plans were person-centred and reflected the individual.
- People told us they felt respected by staff. One person told us, "They are lovely (the staff), very pleasant, definitely respectful. I wouldn't like to change them."
- People were supported to remain as independent as possible within their own homes.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as inadequate. 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 the provider had failed to fully assess, or review people's needs, and care plans were not in place for staff to follow. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, action had been taken to improve and the provider was no longer in breach of regulation 9.

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

- Care plans detailed people's choices for their support, for example time of calls, who supported them and how they wanted to be supported.
- People and staff told us that they regularly discussed their care needs. One staff member told us that they had recently requested additional time for supporting one person as their needs had changed between reviews.

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 service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported with social inclusion by the staff. People told us about the staff taking time to have conversations with people whilst supporting them. One person said, "When they are finished they always ask if there is anything else they can do for you."
- Staff told us they had time to talk to people whilst supporting them and that they did not feel rushed during visits.

Improving care quality in response to complaints or concerns

- No complaints had been received by the service since our last inspection.
- There was a complaints policy in place and the registered manager told us they would use this if any concerns were received.

- People we spoke with knew how to raise a complaint and had this information as part of their service user guide. One person told us, "They have given me a mobile number to get in touch."

End of life care and support

- At the time of our inspection no one was receiving end of life support.
- There was an end of life policy in place at the service and staff had received training in supporting people with this type of care need.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. 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.

At our last inspection the provider had failed to ensure that the registered manager was fully aware of their responsibilities, and there were no quality and assurance systems in place. This was a breach of regulation 7 (Requirements relating to registered managers) and regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, action had been taken to improve in some areas and there was a continued breach of regulation 17.

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

- The quality and assurance systems in place were not fully effective. The provider did not have full oversight of the service.
- Some audits in place were not fully effective and actions from these were not always followed up.
- Records were not always accurate and did not fully reflect support provided by staff.
- The quality and assurance systems in place did not highlight issues we found during the inspection process.

The provider failed to have a fully effective quality and assurance system in place to monitor, assess and improve the care provided to people. This demonstrated a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager acknowledged the systems in place needed to be improved and during our inspection they began looking at ways to improve. The issues we identified during the inspection were immediately addressed by the provider and the risks to people were removed.
- There was a registered manager in post. Staff spoke positively about her leadership. A new deputy manager had been appointed to support the registered manager.
- Feedback and outcomes from incidents were used to improve the service.

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

- The service asked for feedback from people, relatives and staff to help improve the service.
- Staff told us that they discussed lessons learned from incidents and improvement ideas during supervision and team meetings.

Working in partnership with others

- The service worked in partnership with external agencies to deliver a high standard of care to people to help them stay as independent as possible in their homes.
- Care records showed involvement from the local nursing teams, GPs and other health and social care professionals.

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

- People were positive about the service and staff. One person told us, "I have the highest praise for [care worker]. I have good carers, I am well looked after."
- If things did go wrong apologies were given to people and relatives, lessons were learned, and these were used to improve the service.
- A member of staff told us that one person required additional support and the service had escalated this so that they could receive care that met their individual needs.
- Staff were positive about their peers. Staff and people told us they saw each other as family.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The quality and assurance systems in place did not effectively monitor, assess or improve the care provided to people.</p> <p>Regulation 17(1)(2)</p>