

## East Riding Quality Homecare Limited

# East Riding Quality Home Care

### Inspection report

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Date of inspection visit:  
24 September 2018  
25 September 2018  
26 September 2018  
02 October 2018

Date of publication:  
15 November 2018

### 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?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This announced inspection visit activity started 24 September 2018 and ended 2 October 2018. We gave the provider four days' notice of our visit. We did this as we wanted to make sure the provider was available on the day of the inspection, and visits to people in their own home could be arranged (with consent). The inspection was completed by two inspectors.

This service 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.

Not everyone using East Riding Quality Home Care receives the regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. There were 37 people using this service at the time of our inspection, 25 people were receiving a regulated activity.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager, who had been the previous provider, was not present at the time of inspection. Since the last inspection they had sold the service to a new provider and the service was in a period of transition. The new provider was present at the inspection.

People told us they felt safe, however staff had limited knowledge on safeguarding procedures. Risk assessments had not always been carried out when people had an identified need.

People received their medication safely although there were some issues with recording and auditing medication records.

It was unclear from people's care records if they had the capacity to consent to their care plans.

Staff received training although we identified gaps in subjects meaning we could not be assured staff had the knowledge to meet people's needs. Some staff had not received training in first aid, infection control, mental capacity act 2005 and equality and diversity. We were unable to see evidence for some staff of induction records.

Staff were not receiving appraisals, or meeting with the provider regular as stated in their policies. The provider showed evidence they had systems in place where they were in regular contact with staff and staff could raise any concerns.

Person centred detail was not always included in people's care records. People's care records did not always say how they like to receive support. The new provider informed us they were updating all care plans across the service. However, this work had not been completed when we inspected the service. The provider carried out regular reviews with people.

People and relatives told us staff were caring. We saw that staff knew people well and had good relationships. People's privacy and dignity were respected, and they were encouraged to be independent.

The provider used technology to monitor people's calls and ensure calls were not missed. The system in place alerted the provider if staff were fifteen minutes late. The system ensured no calls were missed.

The provider had not operated a robust quality assurance system. Audits carried out had not identified the shortfalls which we found during this inspection. Where audits had highlighted improvement areas action had not always been taken to address them.

People and staff spoke highly of the new provider who had recently taken over the service. Records had not always been completed fully.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 during this inspection. You can see what action we told the provider to take at the back of this report.

## 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.

Risk assessments were not always carried out when a risk was identified, to ensure that potential risks to people were minimised.

Staff were not aware of their responsibilities regarding safeguarding people.

People were recruited safely.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff had not received induction and essential training and support needed to carry out their role. Staff were not receiving regular supervision and appraisal.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People we spoke with were consistently positive about the staff and how caring they were.

We observed positive interactions between staff and people who used the service.

**Good** ●

### Is the service responsive?

The service was not always responsive

People were happy with the care they received, but care plans did not always include person centred detail.

The accessible information standard was met.

**Requires Improvement** ●

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Quality assurance audits were ineffective and did not pick up the short falls we identified at inspection. Records were not always completed fully

People who used the service and staff told us the provider was approachable.

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# East Riding Quality Home Care

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 24, 25, 26, September and 2 October 2018 and was announced. We gave the service four days' notice because it is small and we needed to be sure people who used the service and staff were available to speak with us. Inspection site activity started on 24 September 2018 and ended on 2 October 2018. On 24 September, we spoke on the telephone with three people who used the service, three relatives and six staff members. On 25 and 26 September we visited two people in their own homes and visited the office location and spoke with the provider and business manager. On the 2 October 2018 we visited one person in their home. The inspection team consisted of two adult social care inspectors.

Prior to the inspection, we reviewed all the information we held about the service. This included notifications the provider had sent us. A notification is information about important events which the provider is required to tell us about by law. We contacted the local authority safeguarding team and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services. We used their feedback to plan the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at a range of documents and records related to people's care and the management of the service. We looked at four care plans, four staff recruitment files, supervision and training records and minutes of staff meetings. We also looked at quality assurance audits, complaints and a selection of policies

and procedures.

# Is the service safe?

## Our findings

People told us they felt safe with the staff in their homes. One person said, "Care staff respect my home I wouldn't have them otherwise. I feel safe with them in my house." We asked staff how they kept people safe. One staff member told us, "I always make sure there's no hazards, that they have their walking frame."

Staff had limited knowledge of their responsibilities in relation to safeguarding people and who they would report any concerns to outside the organisation. For example, not all staff could tell us the different types of abuse people may be at risk of and who they could report abuse to if their concerns were not listened to. All staff we spoke with knew they had to report abuse to their line manager. One staff member told us, "I would report to the manager, I would expect it would be dealt with, I'm not sure who else I could report to, I have never been in that situation." We discussed these concerns with the provider who arranged for all staff to attend additional safeguarding training. There was a safeguarding policy in place and information on safeguarding in the employee handbook which staff received at the start of their employment.

A risk assessment tool was completed for each person which included moving and handling, physical and verbal abuse from client, safe access to house and administration of medication. These records did not contain information about the specific risks identified to ensure staff provided safe care. For example, one person's care plan identified they were at risk of skin breakdown. However, no risk assessment was in place. Another person's care plan indicated they had poor balance and they required the use of a walking aid. Their risk assessment did not reflect this. We discussed this with the provider who assured us they would review people's care needs and put in place the appropriate risk assessments. Staff were able to tell us about people's care needs so we concluded that this was a recording issue and had not impacted on the care people received.

The service had a business continuity plan and contingency risk assessment in place. The business continuity plan was based on relocation to adequate accommodation for the people who used the service. However, the service does not provide accommodation for people. The risk assessment covered flood, fire, computer failure and power failure. The provider was in the process of updating their business continuity plan.

People received their medication safely. One person told us, "Yes I get my medication on time, they make sure I take them." We observed medication being given and saw staff following the guidance on the medication administration record. Staff told us they had received medication training. Records showed four staff had been spot checked, but there was no written evidence to demonstrate staff had been assessed as competent to administer medications.

Staff were recruited safely and were suitable to work with vulnerable people. References and a satisfactory Disclosure and Barring Service (DBS) check had been obtained. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff were aware of the importance of wearing personal protective equipment (PPE) to reduce the risk of cross infection. Staff told us PPE was always available.

## Is the service effective?

### Our findings

We found that staff had not always received an effective induction. One staff member told us about their induction. They said, "I watched a video which covered aspects of care, then filled in a questionnaire but the answers were in the book there for you, that was it really." The provider told us that staff shadowed experienced members of staff as part of their induction. Although we could see evidence of this on the rota system, there was no documented evidence of what the member of staff had completed as part of this shadowing process, or that they were assessed as competent to work alone. One staff member told us, "I just did one morning call and one afternoon call shadowing as I have previous work experience." Staff completed a checklist at the start of employment confirming receipt of their contracts and some of the company's policies. The provider informed us any staff employed would receive their induction programme which includes all mandatory training.

Staff were not receiving regular training. One staff member told us they had not had First Aid training, and two staff told us they had not done Equality and Diversity training. When we reviewed the training records we found that staff had not received training on Equality and Diversity, First aid, Mental Capacity Act 2005 and Infection Control. The risk assessment documentation in people's care records indicated staff would have Infection Control training. We were unable to see any recent evidence of ten of the 11 employed staff having completed this training at the time of inspection. Out of 11 staff we could only see evidence that one had completed First Aid. The staff we spoke with had very limited knowledge of the Mental Capacity Act and were unable to tell us about how they would be gaining people's consent if they people lacked capacity. One staff member told us, "I am not aware that I have had Mental Capacity Act training."

The provider's policy stated that at least 50% of staff should complete their NVQ qualification. We saw evidence that one staff member had completed NVQ level 2 but no further evidence to show staff were completing the care certificate or any NVQ qualification's, this meant the provider was not following their own policy.

Staff told us they were not receiving regular supervision. Three staff told us they had not had a supervision since the new provider had taken over. The provider told us review meetings (supervisions) were carried out every 6 months and were due in October 2018. We saw no evidence that any annual appraisals had taken place. A supervision is where a member of care staff meets with a senior member of staff and discusses their performance and any concerns. We saw the last recorded team meeting was in April 2018. The service's monitoring of quality and service provision policy states, "Staff meet with the management team every four weeks. The aim of the staff review is to discuss current issues to ensure procedures are carried out correctly and identify any changes to current working practices. The staff training requirements and other needs are also discussed." We discussed this with the provider who confirmed that although formal supervision was not taking place there was regular communication through a mobile phone system where people could raise any concerns. The staff we spoke to also felt they were supported. We saw evidence that a spot check had been carried out for four staff members in July 2018 which included monitoring the timing of the call, communication, use of equipment and records of medication.

Staff were not receiving appropriate induction, training and supervision. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider sent evidence that they had initiated training for those areas detailed above.

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. We checked whether the service was working within the principles of the MCA.

We were told people had capacity to consent to care and treatment however this was not always recorded. The provider amended the care plan to incorporate this during the inspection. This was a records issue which is addressed further on in the well led section of the report.

Staff and the provider told us they were currently not supporting people with additional communication needs. The provider told us this would be taken into consideration when assessing people's needs and developing their care plans. Care records documented people's communication preferences and their first language.

The provider told us people were mainly responsible for managing their own healthcare needs, but staff recognised when people's needs changed. Daily records showed that when people had been unwell, staff had offered to call the GP and one staff had supported someone to attend an appointment.

## Is the service caring?

### Our findings

People and their relatives were positive about the care provided by staff. One person told us, "Two of the carers are my best friend, they're excellent." During our visits to people's homes, we observed staff spoke in a respectful manner and were kind and caring. We saw positive interactions between staff and people who knew each other well and saw staff laughing and joking with them.

Staff understood the importance of developing relationships with people and getting to know their preferences, likes and dislikes. People had developed good relationships with staff. One person told us, "I like speaking French, I am teaching one of the carers." It was evident the person got a lot of satisfaction from this and was very proud. We observed staff spending time talking to people about their families.

We considered if people's private information was being kept securely. We saw that people's records were stored securely. Some documents were stored on a computer which were password protected, and others were held in locked cabinets. The provider was aware of the new General Data Protection Regulation (GDPR). GDPR is new legislation which came into effect in May 2018 and gives people more control over how their personal data is used.

Staff we spoke with could explain how they maintained people's privacy and dignity. One member of staff told us, "I always ensure I close the door and the curtains when supporting personal care." People who used the service and relatives confirmed staff maintained their privacy and dignity.

People's independence was promoted and care plans contained information about what people could do for themselves. One staff member we spoke with told us, "I encourage them to do as much as they can for themselves, and just give them guidance." Assessments carried out included people's religion and ethnicity, the provider told us our policy is, "Whatever ability people have or ethnicity there is benefit to community."

People told us they had consistent staff teams. We saw one person had requested a certain member of care staff for their morning calls and the provider had organised this as much as possible. One person we spoke with said, "I have one main carer then just a few others who come, I love my main carer." One person told us, "My carer always lets me know who's coming next." When visiting people's homes, we also observed staff letting people know who the next staff member would be. The provider told us if people had access to a computer they could log on to the system and access their records and the rota to show who would be visiting them.

The provider carried out visits to people in their homes to check whether they were happy with the support they were receiving. This gave people the opportunity to express their views about the care and support they received.

## Is the service responsive?

### Our findings

We reviewed people's care records and found they did not consistently contain information that reflected people's needs. For example, we saw people's religions were documented in their care plan. However, we were unable to see if this had been explored further to see if people required further support. Staff we spoke with told us they supported people with religious beliefs, but were unable to explain if they had any specific needs related to their religion.

Care plans did not contain information to guide staff on how to provide personalised care. For example, one care plan showed only that the person received, "Morning call- personal care." Another care plan recorded, "Please assist me to have a shower or full strip wash, I am able dress myself but I may need a little assistance." There was no guidance to staff on how to offer choice or how this person liked to be supported with these tasks. Care plans included a 'likes and dislikes' section and 'a good and bad day' section although these were not consistently completed. We discussed this with the provider who explained they were reviewing all the care plans and would ensure they were more person-centred. On the last day of the inspection the provider had reviewed and updated a care plan which showed details about how person-centred care was to be provided.

The provider used technology to ensure people's calls were on time and not missed. Staff members movements and the times they arrived and left calls were tracked. The system also alerted the provider if staff were fifteen minutes late to a call which ensured no calls were missed. There was an electronic rota system in place meaning staff have access to their rotas all the time. People we spoke to told us the staff turned up and stayed the allocated time one person told us, "Yes, they're always on time."

The service met the Accessible Information Standard for people. The Accessible Information Standard is a law which requires that people with a disability or sensory loss are given information they can understand, and the communication support they need. The provider stated they discussed communication when people were assessed and checked if people required information in alternative formats. The service had a specific printer for printing large text documents.

People felt confident and were aware of how to raise concerns or complaints. One person told us, "I rang them up before because I didn't like a carer and she hasn't come back since." The provider told us there had been no formal complaints. There was a complaints policy in place.

We saw two compliments had been received praising the care provided. One relative had written, "The staff are consistently caring and considerate, they treat my mum affectionately and respond well to her with humour, patience and understanding. My mum has been able to enjoy a good quality of life in her own home."

People were happy with the care they were receiving. We saw reviews with people using the service and relatives were taking place to ensure the care they were receiving was still appropriate.

## Is the service well-led?

### Our findings

Audits were carried out by the service but they had not always identified shortfalls in service delivery. Some of the areas we found at inspection had not been identified by auditing systems. For example, risk assessments were not in place where required and staff were not receiving regular induction, training and supervision.

Medication audits were not always effective at addressing areas of potential errors. For example, one person had gaps on their medication administration record. The audit had not identified these errors and indicated there was no gaps.

The service had completed a quality audit in May 2018 which identified missing information in people's care plans, but did not refer to the lack of person-centred detail. Following the audit, an action plan was developed which showed how the service was to address the shortfalls identified. One of the actions required was the service was to, "Update the overall training plan and organise for all staff to receive the new and updated training courses as soon as possible." This had not been completed at the time of inspection.

The last team meeting had been in April 2018 to inform staff of the new provider and that the new provider would be dealing with the day to day running of the business. No meetings had taken place since this date. The service's monitoring of quality and service provision policy states, "Staff meet with the management team every four weeks. The provider confirmed they were not meeting with staff every four weeks but staff did have the opportunity to raise concerns through regular phone contact with the management team.

Records reviewed were not completed fully. Although people were able to consent, this was not always recorded within care records. Record's did not always show where a Lasting Power of Attorney (LPA) had been appointed and people's relatives were giving consent on their behalf.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider sought feedback from people who used the service and their relatives. A summary of this feedback was completed and the findings shared with people. We saw evidence the provider visited people in their homes and gave them opportunity to raise issues which were addressed. Staff and people who used the service told us the provider was approachable. One staff member stated, "Yes, we have only been with the new owner a couple of months. They seem to be understanding." One person told us, "Yes I know the provider, they are very approachable."

Arrangements were in place for an on-call system for emergencies for both staff and people. Staff told us, "There is a person on call, there is always someone available if we need anything."

The provider and business manager told us they engaged in partnership working to continue to develop the

service. The provider explained they attend local forums and had joined online registered manager forums where best practice was shared. This allowed the provider to learn and keep their knowledge up to date.

The provider is required by law to notify the CQC of important events which occur in the service to protect the safety of people who use the service and how this was being done. The provider was aware of their responsibility and had submitted notifications when required.

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>Governance and record keeping processes were ineffective in monitoring and improving quality and safety of the service, assessing and mitigating risks to people who used the service and maintaining an accurate record in respect of each person using the service.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff were not receiving adequate induction, training and supervision to support them to carry out their role effectively.</p>