

Morepower Limited

# AQS Homecare - Hampshire East

## Inspection report

5 The Potteries  
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Fareham  
Hampshire  
PO16 7ET

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service:

- AQS Homecare-Hampshire East is a domiciliary care agency that was providing personal care to 112 people at the time of the inspection.

People's experience of using this service:

- People told us the service had improved since the last inspection. A person's relative said, "Everything is personalised for my Mum, we have been with AQS for 2 years now and things have definitely improved in the last 6 months to a year." Another relative said, "I have been with the service for 3 years and things are 'turning around' especially during the last year-we used to get calls saying that no one could come as they had no available staff-but that seems to be getting sorted now."
- People told us they received a safe and effective service. People's needs were met by kind and caring staff and care plans described the care people required to meet their needs.

- The provider had acted to make improvements to the service and to meet their regulatory requirements. An effective system was in place to monitor and assess the service, including feedback from people and staff, and this had been used to drive continuous improvement and deliver a good quality of care.

Rating at last inspection:

- At the last inspection the service was rated Requires Improvement (18 July 2018). Following the last inspection, we met with the provider to confirm they had completed their action plan to improve all the key questions to at least good. At this inspection the overall rating has improved to Good.

Why we inspected:

- This was a planned inspection based on the previous rating.

Follow up: we will continue to monitor and inspect this service based on the information we receive.

- For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# AQS Homecare - Hampshire East

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- This inspection was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert for this inspection has personal experience of caring for an older person living with dementia.

Service and service type:

- AQS Homecare-Hampshire East is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults and younger adults including people living with dementia, a sensory impairment and a physical disability. Not everyone using AQS Homecare-Hampshire East received the regulated activity; 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 take into account any wider social care provided.

- 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 48 hours' notice of the inspection visit because the manager is responsible for two services and we needed to be sure that they would be available.

Inspection site visit activity started on 11 March 2019 and ended on 14 March 2019. We visited the office location on 13 March 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

Prior to the inspection we met with the provider, operations manager and registered manager on 16 January 2019, to discuss the actions they had taken because of the repeated requires improvement rating at last inspection. We reviewed any notifications we had received from the service. A notification is information about important events which the service is required to tell us about by law.

During the inspection we spoke with 28 people and 6 relatives, the registered manager, the operations manager, the senior care coordinator and 12 care workers.

We looked at the following records;

- Ten people's care records and Medicine Administration Records (MAR)
- Records of accidents, incidents and complaints
- Audits and quality assurance reports,
- Four staff supervision records and four staff files,
- We looked at the provider's training matrix, supervision, appraisal and spot check matrix and training certificates in staff files.

Following the inspection, we asked for and received additional information from the registered manager and the operations manager.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- At our previous inspection on 12 and 13 April 2018 we found that not all risks to people had been assessed or plans developed to mitigate these risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we saw risk assessments and plans to mitigate risks to people were in place. The registered manager told us, and records confirmed, all risk assessments had been reviewed.
- Staff we spoke with confirmed there was adequate guidance in people's care plans to support them to provide safe and appropriate care and people told us they were cared for safely. A person said, "Of course I'm safe, I would recommend them, especially the carer that comes for me, she is excellent!"

### Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise abuse and protect people from the risk of abuse. Staff gave us examples of when they had raised concerns and these had been acted on.
- The provider had reported abuse to safeguarding when it was identified.

### Staffing and recruitment

- At our previous inspection we received feedback from people and their relatives that they did not always receive a reliable service at the time they preferred. The provider had subsequently made changes which enabled them to offer a more consistent service for people. At this inspection we found whilst there were improvements some people were still dissatisfied that they did not always know who would be coming and when. A person said, "AQS don't inform us of who and when people are coming and this is a big bone of contention for me and I have complained many times. Bring back the client visit sheets so that we all know where we are." We spoke with the operations manager and registered manager about this, the provider was introducing a new system which would enable them to make this information available to people. However, in light of this feedback and following the inspection the operations manager reinstated 'client visit sheets', these are sent to people to inform them of which care staff will be attending and when.
- Sufficient staff were available to meet people's needs. There were no missed calls reported.
- Appropriate checks were undertaken before staff began work to ensure staff were of suitable character to work with vulnerable people.

### Using medicines safely

- At our previous inspection on 12 and 13 April 2018 we found that people's medicines were not safely and properly managed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found actions had been taken to improve the management of people's medicines.
- Medicines systems were organised and people were receiving their medicines when they should.

Improvements had been made to ensure the recording of medicine administration was accurate and that staff were trained and assessed as competent to administer people's medicines.

#### Preventing and controlling infection

- Staff completed training in managing infection control in line with the provider's infection prevention and control policy. The staff we spoke with on this subject were aware of their responsibilities and of its importance.

#### Learning lessons when things go wrong

- It was evident action had been taken by the provider and registered manager to address shortfalls in the service which impacted on people's safety. For example; introducing tests for staff on medicines management and having unused medicines removed from MAR charts. This helped to reduce medicine errors and check staff competency.
- Incidents and accidents continued to be logged and monitored to address safety issues and prevent a reoccurrence.

# 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

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

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

- At our previous inspection on 12 and 13 April 2018 we found that people's care was not always provided with the consent of the relevant person in line with the Mental Capacity Act (2005). This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 with appropriate legal authority.

- At this inspection we found improvements had been made and this included staff training. We asked staff about issues of consent and about their understanding of the MCA. The staff members we spoke with had undertaken recent training in this area. They could tell us the implications of the Act for the people they were supporting. Staff were also clear on people's rights to make their own decisions whenever possible and for people with capacity to take risks and make potentially unwise decisions. One staff member said, "I have done training on that [MCA]. It was really useful".

- In the care plans we reviewed we saw evidence that people had consented to their plan of care. Where people had a legal representative, the service checked this person's authority to act on their behalf.

Staff support: induction, training, skills and experience

- At our previous inspection we found staff had not always completed the training required of them by the provider. At this inspection we spoke with the registered manager about staff training and they told us the provider had introduced a new training system. This had been introduced in January 2019. The provider had employed a trainer who delivered training to staff by a live feed video link which enabled staff from across the provider's services to participate. Moving and handling and basic life support training were delivered face to face. We saw that training sessions were booked to enable staff to complete the required training so they were up to date with all subjects. Staff with out of date training were being prioritised. The registered manager told us all training would be up to date within four to six months. We saw this was being progressed. New staff completed training in line with the care certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of new care staff.

- People and their relatives told us staff were well trained, comments included, "They (staff) are very well trained...they are very, very good and caring" and "Very well trained, they do everything that we ask of them, they dress and shower her and keep her dignity whilst doing so whilst also keeping her to be independent."

- Staff received regular unannounced 'spot checks', carried out by senior staff. On these occasions, staff were assessed regarding appearance, attitude and knowledge of the person they were caring for.



- Staff told us they received supervision and records confirmed this. It was evident from the supervision records that staff were able to raise issues important to them in a confidential setting. Issues raised were acted upon in a timely fashion. The staff we spoke with were happy with the process. One staff member told us, "It's completely confidential. I think I'm very well supported".

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

- People's needs were assessed prior to them using the service and they were asked about any protected characteristics during this process. People's needs in this respect were considered as part of their planned care.
- Care provided was supported by policies and procedures which were based on current legislation and best practice guidance.

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

- People who were supported to eat and drink told us they were satisfied with the support they received. A person said, "They make certain that I have enough food and drink as the carer`s are here for my personal care and give me a choice from the freezer."
- Peoples care plans included information about their dietary needs and the support they required from staff, including any risks associated with this and how to mitigate them.

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 plans showed their health care needs were being met. We noted the provider involved a range of external health and social care professionals in the care of people, such as hospital consultants, community nurses and GPs.
- The care plans we looked at, in the main, contained relevant healthcare information. For example, one person lived with a health condition. There was detailed and personalised information for staff about the condition and how it affected the person's life, such as risks associated with choking and immobility. Risk assessments were clear and well-informed; a plan of action for each was attached.
- We did find that care plans for people with diabetes required more information for staff regarding what to look out for should these people's diabetic state become unstable. These care plans were updated during our inspection to ensure the information was available to staff should this be needed.
- We reviewed records which detailed how concerns about people's health and welfare had been responded to by staff. We saw prompt action had been taken to contact other health and social care professionals to get people the support and resources they needed. We saw one social care professional had praised the service for the 'proactive, caring and professional' manner a carer had shown in supporting a person with their healthcare needs.

# 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

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 and their relatives told us staff were kind, caring and compassionate. People's comments included; "You couldn't do much better than our carer, she is lovely and puts my mind at rest. We have complete confidence in her and the service, you couldn't get better than this" and "They always cheer me up and leave me laughing I look forward to them coming." Another person said, "They are very humane and kind, they even cuddle me when I`m feeling a bit weepy, which is lovely."
- Staff spoke warmly about the people they supported and their comments included, "The clients are the best thing about this job. They have so much to tell you and you see new things every day. I feel lucky in some ways". Another staff member told us, "I'm quite lucky. I have a group of clients I visit regularly. I get on really well with them all and I love helping them". A person said, "She (care staff) understands me completely. ..., I have complete confidence in her".

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

- We looked at care plans to ascertain how staff involved people and their families with their care as much as possible. Care plans and risk assessments were devised, reviewed and signed by staff and people or their representatives. There were also regular formal care reviews should the person use the service long enough, involving people and their families.
- At our last inspection we received feedback that some people did not feel they were listened to by office staff. At this inspection we received no negative comments about people's contact with the office. A person relative said, "I think the service for my [relative] is great — we now both feel as though we are being listened to which is great".

Respecting and promoting people's privacy, dignity and independence

- At our last inspection people told us they were not always informed about who would be providing their care and when. People also said consistency of staff was important to them and this was not always met. This meant some people did not feel valued or respected by the provider. At this inspection most people told us they had regular and consistent care staff with some changes during staff holidays. People also said they valued having familiar staff at times when their regular care staff were absent. We did receive some feedback that communication about who was coming and when was still an issue for some people. The provider acted to remedy this following the inspection by agreeing to send staff rotas to people so they knew who was coming and when.
- Staff we spoke with understood the importance of providing dignified and respectful care. One person said, "They keep my dignity and respect, they certainly don't do this job for the money, you have to be Caring and they are, I haven't had a carer that I didn't like".
- The provider checked staff treated people with dignity and respect during observed spot checks.

- One person told us how important it was to them to maintain their independence and said, "Being almost blind I have a `taster session' so that I can trust them - they always ring if they are going to be late, but rarely are and do really try to keep me independent ".

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

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

- At our previous inspection we found care plans were not always sufficiently personalised to guide staff as to how to provide person centred care. Risk assessments had not always been completed to support the effective delivery of safe care.
- At this inspection we found people's choices and preferences were documented. Personal and social histories were recorded; it was possible to 'see the person' in these care plans. The daily records we looked at were person centred; an insight into people's daily lives could be obtained by reading them.
- We saw good examples of person centred care planning for people living with dementia that included details about people's communication needs, their preferences and how to reassure and support the person should they become anxious or agitated. People's care and support plans had been reviewed to check they had person centred, accurate and up to date information.
- People and their relatives told us people received the care they needed and in the way they preferred. People's relatives told us staff recorded the care given and their comments included, "Their [person] Care Plan is reviewed every nine months and they record what they do whilst I`m sitting next to them so that it is always accurate. I read it every day and check it", "They record everything and I do mean everything. I`m sitting next to them when they do it and its always accurate. My husband and myself have complete confidence in the carer`s" and, "I look at the record at least once a week, our carer`s sit and chat to my Mum, tidy up and help clean her, strip wash and change her if necessary. They have never missed a visit and deal admirably with her personal care".

Improving care quality in response to complaints or concerns

- We noted the complaints procedure was available for people. It contained information about how, and to whom, people and representatives should make a formal complaint. There were also contact details for external agencies, should the complainant remain dissatisfied with the provider's response. The staff we spoke with were clear about their responsibilities in this area. One staff member told us, "I haven't had to deal with a formal complaint yet but the managers have discussed this with us and to come to them with it".
- At our previous inspection we found that whilst complaints were logged and monitored people did not always feel their complaints were satisfactorily responded to. The provider did not use information from complaints to identify trends and make improvements to the service people received.
- At this inspection people told us their complaints were dealt with. One person said, "Things have really improved over the last year." A system was in place to audit and monitor complaints and to review for trends monthly. One of the areas the provider had acted on was to clarify with people what the service could deliver in terms of times of calls. This had been an area of recurring complaint from people. This had resulted in a reduction in complaints, and feedback to us from people at this inspection showed a higher level of satisfaction with the management of call times and communication from the office staff.

#### End of life care and support

- No-one using the service was in receipt of end of life care during the time of our inspection. We did speak with staff who have cared for people close to the end of their lives recently. One staff member told us, "It can be tough but I've had plenty of support from the managers".
- An 'end of life' policy continued to be in place to guide staff on how people's care would be planned in these circumstances.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our previous inspection on 12 and 13 April 2018 we found the provider had failed to notify us without delay of any abuse or allegation of abuse in relation to a service user. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009, notification of other incidents. At this inspection we found the provider had put in place an effective system to monitor incidents, including allegations of abuse, so that appropriate and prompt notifications were made to enable us to monitor the safety of the service people received.
- At our previous inspection we found the provider had failed to effectively assess, monitor and improve the quality and safety of the services provided and this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the system in place to assess monitor and improve the service had been effectively used which had resulted in a safer and more effective service for people. We received feedback from people confirming the service had improved over the past year and we have reflected these improvements throughout this report.
- The registered manager told us, "We have rectified a lot, they [staff] do really try to get it all covered and I can't fault the effort of the office team. There is a willingness to correct things as they are found - what we've definitely improved on over the last year is if we find a fault with one we look at the others. They [office staff] were very disappointed about the last report. We said OK let's try our best to get it right - when we asked for more resources from [provider] and [operations manager] there was a real willingness to get it right." The service had met the regulatory requirements identified at the previous inspection.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider understood their responsibility under the duty of candour and acted on this as required.
- The provider had acted to improve the experience of people using the service to better meet people's needs. For example, the service was now being delivered to meet more people's preferred times, and when this was not the case the provider was open with people about what they could expect from the service until their preferences could be met. The provider had reduced the amount of care packages they delivered to achieve a more person-centred service. The operations manager said, "We have been clear with our service users about their expectations and realistic about what we can deliver, we have made decisions with people's best interests at heart."

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

- People and their relatives were asked their views on the service during 'service user inspection checks' and through a service user survey. The service user survey results dated 10 January 2019 showed responses had been mostly positive and feedback had failed to trigger a risk or concern. The service logged calls from people with feedback or concerns and these were responded to and monitored by the senior care coordinator with oversight from the registered manager and operations manager.
- Staff feedback dated 12 December 2018 showed responses had been analysed for actions and that these had been allocated to a responsible manager. We saw the actions identified had been taken and completed. For example, communication between staff and the office team had been addressed and improved.

Working in partnership with others

- The service continued to work with the local authority and other health and social care professionals to promote positive outcomes for people.