Axe Valley Home Care Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Axe Valley Home Care Limited provides personal care and support to people living in their own homes in towns and villages in East Devon; this includes Seaton, Honiton, Exmouth, Sidmouth and Axminster. At the time of our inspection there were 190 people receiving a service. The provider has a main office in Seaton and a sub-office in Sidmouth. Visits are planned by staff in the Seaton office.

At the last inspection in June 2015, the service was rated Good overall, although the Responsive domain was rated as requires improvement as we found a breach of regulations. We asked the provider to submit an action plan of how they would address the breach.

This inspection took place on 22 and 25 May 2017 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. At this inspection we found the service remained good in the Safe, Caring and Well-led domains and had addressed the breach of regulation in the Responsive domain.

The inspection team consisted of two adult social care 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 domiciliary care services. The expert by experience and one inspector spoke by telephone with people and their relatives following the second day of inspection.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers and nominated individuals, 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 understood their responsibilities and worked with other senior managers and staff to maintain and improve the quality of the service. This included undertaking quality assurance checks and audits to monitor the service.

At this inspection the service remained Good overall. However, the service was not fully effective as most staff had not completed regular training updates. However the registered manager had recognised that this was an area where improvement was required. Staff received some supervision, although not all staff had had the supervisions described in the organisation's supervision policy. Where staff were not performing to the standards required, there was evidence that this was addressed with them and support was given for them to improve.

Staff were recruited safely and were provided an induction when they joined the service. This included undertaking training as well as work shadowing colleagues.

The service had recognised they needed to improve their responsiveness to changes in people's care needs. A new electronic care record system had been introduced which allowed care records to be revised and updated during a visit by staff. This meant that people received care which met their needs more fully. The

service was able to respond more quickly where a visit did not occur at the right time.

People were supported to have choice and control of their lives by staff who were kind and caring. Feedback from people was mainly very positive and included comments such as "They're always chatty, cheerful, happy", "They make you feel they would do anything you ask them" and "Very kind, very very very kind."

Staff supported people to take their medicines safely and also ensured that where required, people were supported to access health and social care professionals as well as have sufficient to eat and drink.

Staff understood their responsibilities in terms of safeguarding vulnerable people. Staff also understood and worked within the requirements of the Mental Capacity Act (2005).

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 remains Good

Is the service effective?

Requires Improvement

Although most aspects of the service were effective, staff had not completed refresher training in some areas. Staff were also not up to date with supervision.

Staff had an understanding of the Mental Capacity Act (2005) and what they needed to do to work within its principles.

Staff supported people to maintain good health.

People were supported to have sufficient to eat and drink.

Is the service caring?

Good

The service remains Good

Is the service responsive?

Good

The service is responsive to people's needs.

Care plans were kept up to date and reflected people's risks, needs and preferences.

People knew how to complain and where complaints had been received, they had been investigated and responded to.

There were systems to get feedback from people, their relatives and professionals.

Is the service well-led?

Good

The service remains Good

Axe Valley Home Care Limited

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 checked 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 over two days on the 22 and 25 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that we were able to meet with the registered manager and senior staff.

The site inspection was carried out by one inspector. A second inspector and an expert by experience conducted telephone interviews after the visits to the provider's offices. 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-by-experience had knowledge and experience of supporting older people and people living with dementia.

Prior to the inspection we reviewed information we held on our systems. This included reviewing whether any statutory notifications had been submitted to us. A notification is information about important events which the service is required to tell us about by law. We had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider had completed this in April 2017.

During the inspection we spoke with six care staff, as well as the registered manager and four support staff who worked in the provider's office. We also contacted all staff by email and received two responses.

At the time of this inspection, 190 people were receiving personal care from staff at Axe Valley. We spoke with 17 people and also spoke with two relatives. We looked at a sample of records relating to the running

of the service and to the care of people. We reviewed five care records, including risk assessments, care plans and three medicine records. We reviewed four staff recruitment records as well as records of supervisions and training for all staff. We were also shown policies and procedures and quality monitoring audits which related to the running of the service.

After the inspection we contacted five social care professionals. We did not receive any responses. We contacted the GPs and other health professionals at two local GP surgeries but did not receive any responses.

Good

Is the service safe?

Our findings

The majority of people said they felt safe. One person said "All (staff) good … Let's put it this way, the carers I have on a regular basis are magnificent…They go up and beyond what they should do." Other comments included "Oh fine, very good", "Yes I do (feel safe)" and "I feel quite safe, no worries there." A relative said "I think she feels fairly safe, she doesn't complain that she doesn't." However, some people commented that they did not always know the care workers who arrived to support them and this caused them some concerns. For example one person, when asked if new staff were introduced to them, said "They're not, they just come, and it's a bit off putting. They put in someone, I don't know them and it's for personal care." Another person said they felt "occasionally very uncomfortable" with having a care worker they did not know in their house.

We discussed with the manager that some people said they did not like having staff they did not know coming into their home without being introduced. The registered manager said they checked with people when they first started the service, what they would be happy with. They said this included whether they preferred female or male care workers. They also checked whether in exceptional circumstances such as staff sickness, they would be prepared to accept a care worker they did not know, including one of a different gender to their preference. The registered manager said they recorded this and took this into consideration when arranging staff visits. They said that if there was no alternative, and the person had expressed an absolute preference, they would call them and discuss what their options were. This included not providing the visit or if possible, trying to rearrange the time.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure people were suitable to work with vulnerable adults. The DBS is a criminal records check which helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However some staff had work-shadowed other staff before their DBS checks had been completed. We discussed this with the manager as there were risks that even though they were accompanied, new staff would get to know people which could put them at risk. The registered manager said they would discontinue the practice of allowing new staff to work-shadow other staff before all the checks were complete.

People were protected by staff who had received training in how to safeguard vulnerable people. Staff were able to describe what actions they would take if they thought someone was being abused. The registered manager and senior staff understood their roles and responsibilities in safeguarding adults including working with the local authority and other organisations to reduce the risks.

There were sufficient staff to support people. Most people said they had not experienced any missed visits. Three people said they had had a missed visit in the past but, added this was very unusual. Some people said staff were at times late arriving. Most added that this was usually less than 30 minutes. For example one person said "They are very seldom that late, you're supposed to give them half an hour' 'They have been

later a couple of times, then they have rung up." Staff said that they called people if there was going to be a delay of over 30 minutes.

Risks to people had been assessed and care plans had been written to support them in ways to minimise the risks identified. Care plans referred to the outcomes that were expected to occur if staff did the activities described. For example to ensure one person remained well-hydrated (the outcome) staff had to provide refreshments when they visited (the task). Each time a person was visited, staff would complete an electronic log which showed whether the task had been completed or not. Where it was not completed, or only partially completed, support staff would review the entry and decide whether further action was required to support the person. Environmental risks in people's homes had been assessed.

People were supported to take risks to remain as independent as possible. Care plans described the support people needed to keep them safe and also how much they were able to do for themselves. For example where a person needed support with bathing, the care plan described how they needed help to wash their back but were able to wash other parts of their body themselves.

Staff had been trained to administer medicines. Records showed that all staff currently working at Axe Valley had received medicine administration training in the last 15 months. People said that where staff did support them to take medicines, they were confident in their ability. For example one person said, "I get them to check I have taken the right thing, it's the first thing they do when they get here." Where a medicines administration error had occurred there was evidence that the incident had been reviewed and lessons learned which had reduced the risk of recurrence.

There were policies and procedures in place to reduce the risks of infection. Staff said, and people confirmed, that they used protective personal equipment including disposable gloves and aprons when providing personal care.

Requires Improvement

Is the service effective?

Our findings

The registered manager said care staff were expected to receive a minimum of four supervisions each year. Supervision is an opportunity to have a dialogue which allows a supervisor and the member of staff to reflect on how the member of staff is doing in a role; provide an opportunity to discuss what is going well and what is not going so well; and identify whether there is training or support needed to enable the member of staff to do their job more effectively. One of the supervisions took the form of an annual appraisal and another was a practice observation. A third supervision consisted of feedback from telephone interviews or people and their relatives. The telephone interviews were conducted by office staff. The registered manager described the fourth supervision as a paper questionnaire sent to staff asking them whether they had any particular issues and wanted to have face to face supervision. We discussed this with the registered manager as records showed most staff had declined to have face to face supervision or had not even returned the questionnaires within a month of receiving them. This meant that most staff had not had four supervisions in 12 months. Although records showed staff had had at least one supervision, most staff had only had one or two supervisions in a 12 month period. The registered manager said they would review their supervision policy to ensure that staff received adequate supervision throughout the year.

Where supervisions had taken place, there was evidence that feedback had been given to the member of staff about how to improve their performance. Where issues such as complaints had been received about the member of staff, these had been discussed when providing feedback. There was also evidence that where staff had not improved sufficiently, further support and, if necessary, disciplinary action was undertaken.

Staff were supported, when they first joined Axe Valley, to undertake an induction which was aligned to the nationally recognised Care Certificate. The Care Certificate was developed by Skills for Care. It is a set of 15 standards that all new staff in care settings are expected to complete during their induction. The registered manager said senior staff monitored new staff's progress during their probationary period. The registered manager signed to show when the induction training was completed. Training included duty of care, equality and diversity, working in a person centred way, communication, privacy and dignity, fluids and nutrition, awareness of mental health, dementia and learning disability, safeguarding adults and children, basic life support, health and safety, handling information and infection control and prevention.

Staff were expected to undertake refresher training from time to time. However, the registered manager said this was an area where they recognised they needed to do further work to ensure staff remained competent with all aspects of their role. The registered manager described how they had drawn up a list of training to show how frequently staff needed to refresh each training course. They said they were expecting to increase the levels of compliance across all refresher training over the coming year. Staff had completed safeguarding vulnerable adults, Mental Capacity Act (2005), medication administration and manual handling training in the last 12 months. Staff were also supported to undertake nationally recognised qualifications in care.

People were supported to maintain good health as staff would discuss with them, or their relatives if

appropriate, when they identified health concerns. For example, during the inspection we heard care workers speaking to support staff in the office about a concern relating to the health of a particular person. Staff called the person's GP who agreed to visit the person. This showed that staff responded to people's health needs and took action where they identified a concern. Staff worked with health and social care colleagues to ensure people received the right level of care. For example, staff had contacted social care staff to request additional support for a person who required it.

Staff understood the importance of working within the requirements of the Mental Capacity Act (MCA) (2005). They were able to describe what was meant by a person having capacity and what they would do if they thought someone did not have capacity. This included reporting their concerns to the office, who would then take action to get a person's mental capacity to make a decision assessed. Staff understood the importance of ensuring that people consented to care and treatment before supporting them. Staff described how they always asked people before helping them, for example one care worker said "I always check with what they want to happen, sometimes they refuse and that's ok." When people were asked whether staff helped them do as much for them for themselves, comments included "Yes. Because I can't feed myself I terribly shake, I try to feed myself the little bit I can." and "They do what they can." Records showed that staff were working within the requirements of the MCA. For example the records contained information about how staff had worked with families and professionals to ensure they were working in the person's best interests.

People were supported to have sufficient to eat and drink. Comments included "They come in and they say 'what do you want honey or marmite?' The choice is there they get on with it", "…Make nice sandwiches, especially egg mayonnaise." Another person commented care workers always made sure they had tea and water nearby before they left.

Good

Is the service caring?

Our findings

Most people and their relatives said they were treated with kindness and compassion. Comments included "No problems, they're always chatty, cheerful, happy."; "They are all good and very caring … Happy to have all of them in my home."; "All very nice."; "Ooh very helpful. They do what they can to make me happy" and "Very kind; very, very, very kind." One person who is usually supported by regular care workers described them as "My fabulous four."

However, some people said they found it difficult to communicate with some care workers who did not have English as their first language. Comments included "At times it can be difficult to understand what they say, one Eastern European (care worker) we have is not easy to understand … I couldn't understand them and they couldn't understand me." However we also received positive comments from people such as "A lot of them are foreigners but speak English well. No problem."; "Oh yes, People from different countries, interesting talking to them."

The registered manager said everyone they employed had been checked to see that they could understand and be understood in English. Supervision records showed that where there was an issue with the communication skills of one member of staff, action had been taken to address the concerns. People said they were able to feed back if they found they did not want a particular member of staff and this was usually acted upon.

People had formed positive caring relationships with the care workers and felt that their care workers were "More like a friend, they really care, they talk to you." Other comments included "We have a good rapport between us… a nice little joke." A relative commented "They're very good, they're always talking and laughing … [Person] seems ok, seems happy enough …It's nice for her to have someone to talk to every day."

Records showed how one care worker had, in their own time, checked to see a person had got home when they were concerned to find they were not at home when expected to be.

People's privacy and dignity was respected. One person said "I have a shower every morning; they wrap a towel around me so I'm not on show to everybody. They're not rough they do it very well". Staff described how they always checked with people about the care being delivered and made sure that people's dignity was respected. When asked if staff listened to them and acted on what they had said, people said "They just do it quite happily, do it with a smile. They ask if there is anything else" and "They do, they are bendable."

People's care records were maintained securely and confidentially on an electronic system accessed via smart phones. Care staff downloaded their number of visits at the beginning of each shift. The system was encrypted and staff had to enter a password in order to access the data. The data was also available to staff in the provider's offices. The registered manager said they had also provided access for people, and where appropriate their relatives, to view the information held on the system about them. They said not many people had taken up this option but those that had had provided positive feedback, as it allowed them to

look at the information even if they were not in the person's home.

Good

Is the service responsive?

Our findings

At the inspection in June 2015, we found a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014 as care was not always person centred. Risk assessments and care plans had not always been updated when people's needs had changed. At this inspection we found that the provider had changed the system for risk assessments and care plans and was now meeting this regulation.

People were involved in decisions about their care, as a senior care worker met with them prior to receiving the service. They discussed what they wanted and how this could be delivered. For example, they were asked what times of day they wanted visits to occur, whether they had a preference for female or male staff, and how they liked their care delivered. Care records showed detailed information for staff to follow, including where items were in the home, how they liked their tea and who they wanted to contact in the event of an emergency.

Since the introduction of the electronic system, which was called PASS, the registered manager said staff did not use the paper care plan, but would update the information electronically. However, the registered manager said they always sent a paper copy of the care plan to people. They also said these were updated and resent after regular reviews and when a significant change in people's risks or needs occurred. They described how the new system allowed staff to provide real time feedback about changes to people. Where this feedback was received, staff in the office then followed it up and where necessary updated the care plan to reflect the change in care. Staff said this meant they were better informed and therefore able to meet the change in people's needs when they next visited them.

The PASS system care plan was designed to record what the desired outcomes for people were and the tasks that staff needed to carry out to achieve these outcomes. Each time a care worker visited a person, they would indicate whether they had been able to carry out each task fully, partially or not at all. Where they had been able to carry out the task, either only partially or not at all, they recorded why this had been the case. This created an alert on the system. Support workers in the office monitored these alerts and took action, when needed, to address the issues. For example, if care staff indicated that they had not been able to help someone get dressed, they would record that this had not happened and why. The support worker would see a red alert which they then took action to address. At the end of each visit, staff also had to complete a task which asked whether the visit had gone well. They were able to add information to explain any changes that might be required. Staff said this meant that they were able to respond to people's needs more quickly and more appropriately. We observed how this information was responded to by staff when a red alert was received. Staff took immediate action to respond and with the issue, for example calling health professionals where someone was unwell. For example records showed that a relative had complimented a care worker '…for being so conscientious and contacting the [district nurse] to check [family member].'

People knew how to complain. For example, one person said "Oh definitely, I have once or twice, I phone up and say this is not good." Another person commented "I just pick up the phone say what the problem is… Probably they would react to it…Big things they would send someone round." When asked if they had

complained the person said "Only that I don't get details of who is coming." When asked if they had received a response they said "It's [the rota] supposed to be given by the carers…It is good, nothing is perfect."

37 complaints had been received by the provider in the previous 12 months. The registered manager said they took all complaints seriously. Complaints included times of visits, lateness of arrival and some concerns about particular members of staff. Records showed that complaints had been investigated and responded to appropriately. There was also evidence that where necessary, the provider had reviewed the system for other people and made changes to reduce the risk of similar concerns. A review of a satisfaction survey in 2015 had identified that people felt their complaints were dealt with, although not always to the complainant's satisfaction. To address this, the provider had introduced a named complaints manager role. They had also undertaken a complaints action survey to collate evidence on the level of satisfaction with the ways complaints were handled.

There was also a log kept of compliments which showed that there had been 40 compliments paid to the service in the last year. ' for example, one person had called to say they were "so thankful of [care worker]…stayed for an hour to make sure everything was sorted and ok, wouldn't have been able to manage yesterday without [care worker].'

Good

Is the service well-led?

Our findings

There was registered manager, who was one of the directors of the provider organisation. 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 understood their responsibilities to provide information to the local authority and the CQC when required.

The registered manager had a clear vision of how the service could be improved. They had implemented a new electronic care record system in the previous 12 months. They explained that they had reviewed the system over the months since it had been introduced to ensure that it provided the care record system needed. They said they had identified an area where the system could be improved and had introduced an additional task for staff to complete at the end of a visit. This asked whether the care worker had been able to complete all aspects successfully. Staff could enter additional notes if they had had any problems. This showed that the provider was looking for continuous improvements to the service they delivered. The registered manager also described how they were now working on improving other areas of the service. This included identifying a list of all the training staff needed to do and how frequently this needed to be refreshed. As part of this they were introducing policies and procedures for updating and monitoring staff training.

The registered manager was supported by a team of senior staff who were responsible for ensuring that visits were not missed, staff were doing what was expected of them and people were happy with the care they received.

There were quality assurance systems in place which helped the managers and staff identify areas where there were issues. These included observing staff undertaking care for people; follow up phone calls to people to see if they were happy with the care they received; service user feedback surveys and audits of the electronic care record systems. Feedback from a 2016 survey identified where the service had improved from the previous year's survey. It also identified areas where the service needed to improve. There was evidence where improvements were identified, actions were put in place to address the issues.

People felt the office was generally easy to contact and the office staff were usually helpful. When asked if the office was approachable, comments included "Yes very good", "Oh they seem to be very nice" And "Occasionally I've had a need to [contact the office], they are very nice people."

The service worked in partnership with other agencies including social care and health professionals.

Staff understood their responsibility to raise concerns and knew that there was a whistleblowing policy they could use if they felt they were not being listened to.