

Mrs Sarah Ann Hunter

# Assisted Home Living

## Inspection report

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### 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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We carried out an announced inspection of the service on 7 February 2018.

The service is managed by the registered provider, so does not require a registered manager. Registered providers are 'registered persons' who have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults. Not everyone using Assisted Home Living receives 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.

Assisted Home Living supports people with a variety of needs to live independently in the community. At the time of our inspection 16 people were receiving personal care as part of their care package.

At the previous inspection in November 2016 we identified some improvements were required in four key areas we inspected; 'Safe', 'Effective', 'Responsive' and 'Well-led'. This resulted in the service having an overall rating of 'Requires Improvement'.

At this inspection we found the registered provider had not made all the required improvements and the service was rated again 'Requires Improvement'.

Staff were aware of their role and responsibilities of how to protect people from abuse and avoidable harm. Risks associated with people's needs had not always been fully assessed to enable staff to have the required information to manage known risks.

Staff recruitment checks were found to be insufficient in protecting people from the risk of unsafe care and support.

Staff had not received up to date training in the safe administration of medicines. Where people required support to manage their medicines, their needs had not been fully assessed and planned for.

Staff were aware of their role and responsibilities to protect people from the risks associated with cross contamination and infection. Accidents and incidents were recorded and responded to by staff and these were reviewed to consider lessons to learn to reduce further risks.

People's needs had been assessed but their support needs in relation to any health related needs lacked detail in places. Consideration had been given to people's human rights equality and diverse needs.

Staff had received a limited induction and their training needs had not been fully met. Staff did not receive

formal opportunities to discuss and review their work, training and development needs.

Where people were supported with their nutritional needs, this was provided and staff were aware of these needs. People's health was monitored and staff took action if they identified deterioration in a person's health needs.

People's rights under the Mental Capacity Act (2005) had not always been considered. Where people had capacity they were enabled to make decisions and their choices were respected. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice

People were supported by staff who demonstrated a good understanding of their needs and were found to be caring and kind, showing empathy and compassionate in their approach. People's diverse needs, including their communication needs were known and understood by staff. People received opportunities to be involved in discussions and decisions about their care and support. People were not provided with information about how they could access independent advocates.

Staff understood people's individual needs, routines and preferences and these were respected. Where people required support to access their community and pursue their interests and hobbies this was provided.

People had access to the provider's complaint procedure however; contact details for the Local Ombudsman were not included. People's end of life wishes had not been discussed with them but this support was not required by anyone currently using the service.

Systems in place to monitor and improve the quality and safety of the service were not effective.

This inspection identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have 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 consistently safe.

Staff were aware of their responsibility to protect people from avoidable harm. Information available to staff to support them to manage known risks lacked detail in places.

Safe staff recruitment practices were not followed.

Staff had not received up to date training in the management of medicines. Where people required support with their medicines this was not always planned for sufficiently.

Staff were aware of how to manage risks associated with infection and cross contamination. Accidents and incidents were managed appropriately.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

People's needs were assessed before using the service. Support associated with people's health care needs lacked detail in places.

Staff had not received an appropriate induction, training or formal support.

Where people required support with nutritional needs this was provided. People's health needs were monitored and action was taken if people's health deteriorated.

The Mental Capacity Act (2005) had not been considered for those people who had fluctuating capacity that impacted on them making decisions about their support.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were cared for and supported by staff, who respected them as individuals and who knew them well.

**Good** ●

People and their relatives were involved in discussions and decisions about their care and support.

Staff had developed positive relationships with people and respected their privacy, dignity and prompted independence.

People did not have access to independent advocacy information.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received a service that was responsive to their needs, routines and preferences.

Where required, people were supported with social activities of their choice.

People had information about how to make a complaint but this lacked some supportive information.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not consistently well-led.

Systems in place to monitor and improve the quality and safety of the service were not effective.

People and their relatives did not receive opportunities of giving their views on how the service was run.

People who used the service, relatives and staff were positive and the registered provider was supportive and approachable.

# Assisted Home Living

## 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 comprehensive inspection took place on the 7 February 2018 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 the registered provider and their staff would be available.

The inspection team consisted of one inspector and one Expert-by-Experiences (EXE). This is a person who has had personal experience of using or caring for someone who uses this type of care service.

Before the inspection we asked the provider to send us their 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. However, the provider had failed to return this information.

We also reviewed information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about and the last inspection report.

At the provider's office we spoke with the registered provider and reviewed the care records for nine people who used the service. We also looked at a range of other records relating to the running of the service such as policies and procedures, complaints, eight staff files and the staff training plan. We spoke with the registered provider about the action they took to check on quality and safety.

As part of the inspection we contacted by telephone, a total of 16 people who used the service for their feedback about the service they received. We managed to speak with four people who used the service and five relatives.

## Is the service safe?

### Our findings

At our last inspection, concerns were identified in how staff recruitment checks were completed. At this inspection we found continued concerns. Robust processes were not in place to ensure that staff were recruited safely. We looked at the recruitment files for eight staff. From the information viewed it was evident checks on staff's identity was not always completed. Proof of identity is important to check staff are who they say they are. We saw no evidence of staff interviews; however staff did confirm they had completed face to face interviews with the registered provider.

There were inconsistencies with reference checks. Staff had given two referees but for some staff, only one reference was on file, with no record of action taken to obtain a further reference. One staff member recruited in 2017 had no references on their file. Checks were not undertaken in relation to criminal records through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions. The registered provider had relied on DBS checks staff had completed prior to them starting with Assisted Home Living. This meant that the necessary steps had not been taken to ensure people were protected from staff that may not be fit and safe to support them.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities).

At our last inspection we identified people who used the service received support to take their medicines from staff who had not been assessed to be competent to do so. At this inspection we identified staff had not received training, refresher training or competency assessments on the safe administration of medicines. Staff confirmed they had not received training. However, during discussion, were able to describe the action they took to support people to manage their medicines safely and this followed best practice guidance. It was also noted staff had information that related to the safe administration of medicines as described in the 'The Five Rights of Medicine Administration'; right person, right drug right dose, right route and right time. This reminded them of the requirements of safe practice.

Where people required support with their medicines, staff had medicine administration records (MAR)'s that confirmed what medicines people had been prescribed. We noted handwritten entries of people's prescribed medicines were not signed by two staff. This is part of best practice guidance to ensure the medicines have been recorded correctly. People's preferences of how they wished to take their medicines were not recorded. Some people's care records stated the person managed their own medicines but there was no risk assessment or written agreement to confirm this. Some people's care records stated they administered their medicines independently but MAR's were in place with some staff signatures confirming medicines had been administered. The registered provider said this was because the person had requested support on these days. Without clear written instruction, guidance and confirmation from the person of the exact support they required, it was difficult to be assured people received their medicines appropriately.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities).

People who used the service and received support with their medicines told us staff supported them to

manage their medicines well. People also told us they felt staff were trustworthy and felt confident with the staff that supported them. Relatives were equally positive about staff providing safe care and support. A relative said, "With living quite away from [family member] I need to be sure they are safe and all the staff make me confident that they are, it's the way they treat them and speak to them that installs confidence. "

Staff had not received safeguarding training or refresher training. However, in discussion with staff they demonstrated an awareness of the different categories of abuse and what action they would take if they suspected a person was experiencing any form of abuse. This included reporting direct to external organisations such as the local authority safeguarding team. Staff were also aware of a whistle-blowing policy. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Where safeguarding concerns had been identified, the registered manager had taken action to report these to the local authority and the Care Quality Commission.

From viewing people's care records we identified a person who was living with mental health needs that affected at times their mood and behaviour. From the information available for staff about how to support this person during periods of heightened anxiety, this was found to be limited. The registered provider was able to provide more information indicating that this was a recording issue. However, without clear documentation there was a risk staff would not have all the required information to support the person safely.

The risks to people's health and safety had been discussed with them or their relative if applicable prior to the person receiving support from staff. For example, an assessment of the environment had been completed for the safety of the person and the staff supporting them. A generic risk assessment was in people's care records to cover areas such as mobility, eating and drinking and sleeping. However, information lacked detail. For example some people had a life line pendant to use in the event they required emergency support. The risk assessment did not remind staff to ensure before they left the person that they had easy access to their lifeline. Additionally, where people had specific health conditions an associated risk assessment was not in place. For example, if a person had a catheter in place or diabetes, there was no risk assessment that informed staff of the indicators of an infection or what action was required if they were unwell. However, this risk was mitigated to an extent by information factsheets that staff had access to that gave information about these conditions to support staff's knowledge and awareness.

People told us they received their calls on time, if staff were running late they received a call to inform them. One person said, "I can only remember the staff being late once and I believe I did get a phone call to let me know." Another person said, "If there aren't enough care staff I am not aware of it, as everything runs smoothly for me I couldn't be happier with my care."

The registered provider told us that by keeping the number of people they supported low, they were able to maintain a small but consistent team of staff to support them. This also meant staff worked flexibly, were able to cover shifts when people were ill or on leave. Staff confirmed that on the whole they supported a regular number of people and this consistency supported them to provide a safe and effective service. One staff member said, "It's important to people they have regular staff, they get to feel comfortable and relaxed and we can spot any changes in a person because we know them so well."

Staff had not received training in infection control measures or had not received refresher training; however they were knowledgeable about how to reduce the risk of cross contamination and told us they had a supply of aprons and gloves. Staff were also aware of good food hygiene practice required to reduce any risks to people.

The registered provider said any accidents and incidents were recorded by staff and reviewed by themselves to ensure appropriate action was taken and to consider if a person's care package needed reviewing or amending.

## Is the service effective?

### Our findings

At our last inspection we identified some concerns with staff training. At this inspection we found continued concerns. The staff training plan showed six staff had completed training or refresher training in 2014. The registered provider said further refresher training was completed in 2017 by staff completing work books in areas such as basic first aid, fires safety, medicines, safeguarding, and infection control. However, the training provider used at the time had not sent certificates to confirm staff had passed their training. The registered provider said that the training provider ceased trading before training certificates were received. Two newer staff had not completed any training; the registered provider said that because these staff already had the diploma in social care formally known as NVQ they felt this was sufficient. At the time of our inspection the registered provider had signed up with a new training provider and following our inspection, they forwarded us information confirming new staff were in the process of being enrolled on an induction course and other staff would be completing their refresher training.

Staff had not received formal opportunities to meet with the registered provider to discuss their work, training and development needs. The registered provider confirmed this to be correct but said they regularly spoke with staff via the telephone and provided any support and guidance as required and staff confirmed this to be correct.

The registered provider had failed to provide staff with the required induction programme, training and support. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities).

People who used the service told us they felt staff were sufficiently competent and knowledgeable about their needs. Relatives agreed and were positive about staff. One relative said, "The staff really know my [family member]'s needs and nothing is a trouble to any of them."

The registered provider said staff had received moving and handling training and hoist training and staff confirmed this to be correct. We saw an email from an occupational therapist that confirmed some staff had received hoist training as described to us. This is training in using equipment to move people.

The people we spoke with did not raise any concerns in relation to staff supporting them without their consent. People's records showed before they commenced using the service, the care and support to be provided had been agreed with them, with some people signing their care records to say they agreed. A person who used the service said, "Of course, all the staff never do anything without asking me first."

The staff we spoke with were able to explain how they supported people to make decisions for themselves and respected the decisions they made. One staff member said, "We always give choices, explain what we are doing and respect people's decisions."

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

The registered provider told us people who used the service had the mental capacity to consent to their care and support. From further discussion and reviewing people's care records, it was evident that one person had mental health needs that could fluctuate impacting on their capacity to consent at times to some decisions about their support. The registered provider had not considered this or had completed an MCA assessment to discuss with others what was in the person's best interest in relation to the support they received. The registered provider told us they would revisit the MCA legislation for further guidance and complete the required action to ensure the person's rights and needs were appropriately protected.

People received an assessment of their needs before they received a care package to support staff to understand and be informed, of what support people required. The assessment considered people's diverse needs to ensure there was no discrimination in relation to the protected characteristics under the Equality Act.

Some people required support with meals and drinks and told us how staff supported them. One person said, "We (with member of staff) discuss in a morning at breakfast what I'm going to have for dinner and the staff gets it out of the freezer and the staff who comes in, cooks it for me."

Staff told us they either went shopping with or on behalf of the person. Staff were knowledgeable about any dietary needs people had and told us how they dated opened foods to ensure people were not at risk of eating out of date food. Staff also told us when leaving a person they ensured the person had drinks and snacks available and within reach. A person who used the service confirmed this and said, "When staff have finished doing everything, we usually have a cuppa together and then they leave me a drink where I can reach it, I have everything I needed at close range."

People could be assured that staff worked with external health professionals when required to ensure good outcomes for people. Staff gave examples of how they monitored people's health needs and the action they had taken such as contacting relatives or health services when concerns were identified.

## Is the service caring?

### Our findings

People told us they liked the staff who came to support them in their home and found them to be kind, caring and compassionate. One person said, "I can't fault anything that any of them do for me, we are good friends and nothing is a trouble at all I am treated with total respect all the time." Another person said, "My life has really changed since I have used the service, nothing is a trouble to any of the staff that visit me."

A reoccurring positive theme we noted was how people were supported by regular staff and how much they liked this. People also told us staff stayed for the duration of the call and that they felt the staff had sufficient time and were unrushed in their support. One person said, "I have two really great regular staff and I can't fault them, they know exactly what I need on a daily basis and if they are ever off together, whoever comes they are really good too." A relative said, "Because my [family member] has regular staff I have real confidence in them and I am happy for them to get on with looking after them without me being around."

From speaking with staff it was clear they had developed positive caring relationships with the people they supported. Staff's caring approach was picked up on by people who used the service. One person said, "I can't fault any of the staff they are all really nice and yes I do think they really care about me." For some people who used the service they had limited social contact with others and often staff were the only people they saw. Staff were aware of this and showed an understanding of the importance of their role and responsibilities.

Staff spoke about people who used the service with warmth. One staff member said, "Each client is an individual, completely different and it's important to remember that. I just love my job and being able to make a difference to people."

People felt involved in discussions and decisions about how their care was provided. People told us they were involved in an annual review of their care package but told us they could contact the registered provider at any time to request a review. During the assessment of people's needs consideration was given to their religion, spiritual or cultural preferences for staff to be aware of and to support.

The registered provider had not made advocacy information available for people but said they would source some information and make this available. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

People told us staff treated them with respect at all times and people assured us that their dignity and privacy was also maintained.

Staff gave examples of how they respected people's privacy and dignity. This included enabling and respecting people's choices and showing sensitivity when providing personal care and support. Staff also told us how they supported people to develop and maintain their independence. They said they encouraged and supported people to remain as independent as possible.

The registered provider was sensitive in respecting and managing confidential information. Staff were also aware of the importance of maintaining confidentiality and their role and responsibility in respecting information shared with them.

## Is the service responsive?

### Our findings

Prior to people using the service, an assessment was carried out to ensure their needs could be met by staff. People told us they had contributed to the planning of their care and support. One person said, "I am very happy with the times of my calls, when I started having care we discussed the time the staff could come and I was very happy with the time they offered me." Another person said how they were contacted to ask if they remained happy with their care package. This person said, "Sometimes staff just ring me to see if everything is ok and check I am happy with how things are doing."

Care plans were developed to inform staff of what people's routines, preferences and wishes were. We noted that these care plans included information about the areas of support people needed such as; their mobility, medication and their mobilising around their home. Upon speaking with people who used the service and staff, it was apparent people who used the service received the care and support they wanted in the way they wanted it.

People told us how staff had completed shadow shifts when they first started with Assisted Home Living. People also told us only care staff that were known to them provided care and that they had 'back up' care staff to cover when their regular staff was unavailable due to leave.

Some people who used the service received support with social activities, interests or hobbies. Examples were given of support with shopping, visiting a community social group, supporting a person to visit the garden centre and to go out for a coffee.

We asked the registered provider about The Accessible Information Standard. This standard expects provider's to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. People communication and sensory needs had been assessed and planned for.

People and their relatives were provided with the information they needed if they wished to make a complaint. We saw people were provided with a service user guide that explained the process for reporting a complaint. We noted the contact details for the Local Ombudsman (LO) were not included. The LO is the final stage for complaints about all adult social care providers. The registered provider told us they would address this and make the amendments to the complaints procedure.

People who used the service and relatives told us they knew who the registered provider was and that they could contact them at any time. One relative said, "I have never needed to complain but if I needed to I would ring [name of the registered provider] and I have confidence that they would deal with it if they could."

We reviewed the registered providers complaint log and saw two complaints had been received in 2017. Information recorded showed the response to these complaints had been made in a timely manner and action had been taken to investigate and resolve the issues.

People's end of life wishes had not been discussed with them. However, the registered provider told us if staff were involved in supporting people at the end of their life, their wishes in relation to their care and support would be discussed and planned for.

## Is the service well-led?

### Our findings

At our last inspection we identified concerns that the registered provider had a lack of formal systems and processes in place to check on quality and safety. At this inspection we identified continued concerns.

The lack of formal audits and checks meant the issues and concerns we identified during our inspection had not all been identified; Risks associated to people's needs had not been fully assessed and planned for. The lack of oversight and action required in the management of medicines, pre-employment checks and staff induction, training and supervision meant there was a risk people may have received unsafe care and support. Where there were systems in place such as spot checks on staff to ensure they were delivering good care, these were not documented. There was no written business continuity plan in place to support staff in the event of an incident affecting the safe running of the service. There had been no consideration of the action required if people lacked capacity to consent to their care and support. There were no quality assurance checks in place to give people an opportunity to feedback their experience about the service and identify areas for development via an annual questionnaire or survey.

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

The registered provider did not meet the minimum requirement of completing the Provider Information Return at least once annually. 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. The registered provider was unable to give an explanation for this.

The registered provider told us they acknowledged improvements were required and told us about external factors that had impacted on them making these requirements. Following our inspection the registered provider informed us of action they had begun to make to improve the safety of the service.

People who used the service and relatives spoke highly of the registered provider. One relative who lived a distance away from their family member, told us they had regular contact with the registered provider about their family member's care. They told us this was important to them and was reassuring. We were also told that the registered provider was easily contactable and if they were unable to be contacted straight away they returned the call as soon as possible.

Staff told us about the on-call procedures in place to support them out of office hours and that this worked well. Staff told us whilst there was a lack of training and formal support such as face to face supervision meetings; they found the registered provider supportive and approachable. One staff member said, "The manager does a good job, they are fair and supportive to the staff, they are easily contactable and any issues they always sort them out and deals with them."

Staff told us they worked well as a staff team and communication with the registered provider was good. Staff did not receive opportunities to meet as a staff team but staff said they sometimes saw the registered provider whilst visiting people and that they often saw the senior care worker when working. Staff were clear

about their role and responsibilities and despite some short falls with the service, told us they enjoyed their work and supporting people to live independently in the community.

The registered provider was aware of their responsibilities as part of their registration with the CQC to ensure we were informed of any reportable incidents. These include reporting serious injuries, allegations of abuse and events that could stop the service running appropriately. The ratings for the last inspection were displayed on the provider's website.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not always managed safely.</p> <p>Regulation 12 (1).</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems in place to monitor and improve the quality and safety of the service were not effective.</p> <p>Regulation 17 (1)</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Safe recruitment procedures had not been operated effectively.</p> <p>Regulation 19 (2).</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff did not always receive the appropriate support and training necessary to enable them to carry out the duties they were employed to perform.</p> <p>Regulation 18 (2)</p>

