

Mrs Margaret Fryer

Meadowsweet Home Care

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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was announced and took place on the 26 and 27 April 2016. The service was previously inspected in October 2013 when it was found to be meeting all the regulatory requirements which were inspected at that time.

The office for Meadowsweet Home Care is located in Knutsford, Cheshire. Meadowsweet Home Care is a domiciliary care service that is registered for the regulated activity of personal care. The service provides care and support to people in their own homes. At the time of inspection there were 22 people using the service.

At the time of the inspection there was a registered manager at Meadowsweet Home Care. 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.

During this inspection we found three breaches of the Care Quality Commission (Registration) Regulations 2009 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take as the back of the full version of the report.

Risk assessments were in place but were not always robust in identifying what control measures were in place or what action staff should take to minimise potential risks.

Management of medicines was inconsistent and staff did not always follow the provider policy in the recording of medicines. Records of medication administration were not always fully completed and there were inadequate systems to audit these records, to highlight any errors or omissions.

The staff and registered manager had not received training on the Mental Capacity Act 2005 and lacked awareness of this protective legislation.

The service lacked governance systems to assess, monitor and improve the quality of the service. There were shortfalls identified during this inspection that had not been identified by the provider or registered manager.

Staff had been recruited safely to the service and had undergone the correct pre-employment checks before commencing work with the service.

There were sufficient numbers of staff on duty to meet people's needs.

People told us they felt safe when support workers were in their homes and that they were treated with kindness and compassion.

Staff we spoke with were able to tell us about ways in which they protected people's privacy and dignity whilst undertaking personal care tasks. We spoke with people who used the service and their relatives about their experience, they confirmed that care workers were respectful.

The registered provider did not have a whistleblowing policy available to provide staff with guidance if they ever needed to raise concerns about their organisation. The registered provider has not yet introduced the Care Certificate new minimum standards to new and existing staff. The registered provider would benefit from developing a clear overview of complaints received, action taken or outcomes. A business continuity plan had not been developed to ensure an appropriate response would be followed in the event of an emergency. Contemporaneous records were not accurate and completed to provide a clear record of what support has been provided. We have made recommendations about these areas in the 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?

Requires Improvement ●

The service was not consistently safe.

Risks to individuals were not always identified or managed appropriately.

There were not always effective systems in place to manage the administration of medicines.

There was enough staff to meet people's needs. Staff had been recruited safely.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Staff did not have access to training in the Mental Capacity Act and did not have a good understanding of this protective legislation.

Staff received training and support from the provider, to enable them to develop their skills and knowledge.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was respected.

People were supported to make choices about their care and staff respected people's preferences.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Care records viewed contained minimal information and lacked a clear record of the support provided by staff to the person.

Staff knew people well, and had a good understanding of them and their needs.

Is the service well-led?

The service was consistently not well led.

The provider did not notify us without delay of significant events that occurred while providing the service.

The provider did not have a quality assurance system in place, so checks were not made on the safety or quality of the service.

Feedback from people and their family members was encouraged by the service, to help ensure improvements could be made.

Requires Improvement 

Meadowsweet Home Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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.

The inspection took place on the 26 and 27 April 2016 and was announced. The provider was given 48 hours' notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies.

The inspection was undertaken by two adult social care inspectors.

It should be noted that the provider was not requested to complete a provider information return (PIR) prior to the inspection. This is a form that asks the provider to give some key information about Meadowsweet Home Care. We also looked at all the information which the Care Quality Commission already held about the provider. This included previous inspections and any information the provider had notified us about. We invited the local authority to provide us with any information they held about Meadowsweet Home Care. We took any information provided to us into account.

During the inspection we spoke to the registered manager and office manager at Meadowsweet Home Care. We encouraged people using the service to communicate with us using their preferred methods of communication, and we attempted to speak with all people using the service, or their relatives. We undertook two home visits, by invitation, to people who received a service from Meadowsweet Home Care. On the second day of the inspection we spoke by phone with two relatives and ten people who received the service. We also attempted to speak with nine staff (support workers) employed by Meadowsweet Home Care, however only four staff were available to speak to us.

We looked at a range of records including three care plans belonging to people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs, as well as how any risks to people's health and well-being are managed. Examples of other records viewed included: policies and procedures; four staff files; complaint and

safeguarding logs; rotas and / or visit schedules; staff training and audit documentation.

Is the service safe?

Our findings

People told us that they felt safe when staff provided support. "I do feel very safe in my own home, I cannot mobilise very well, so I heavily rely on the staff to ensure my home is locked up after they leave, this reassures me greatly."; "It is extremely satisfying to know I can count on the staff, I know who they are." And "I trust the carers in my home, that's vital when you live alone."

The provider had a medication policy. This policy set out how medicines were to be safely managed and administered. We viewed example medication administering records (MAR) that the provider had developed. We found the MAR did not allow space to record the balance brought forward of the medicines received and the MAR did not capture the medicines the person was taking. For example, we saw on one MAR no details of the medication, dosage and route of administration. The MAR only stated the times when the person received their medication. On the same sheet, staff had not recorded the time when the medication was given. Other MAR records viewed had a mixture of printed and hand written information. Handwriting was not always legible, and areas had been crossed out, resulting in the information being unclear or not easy to follow. This placed people at risk of being given the incorrect amount, type or route of medication. Staff were also placing themselves at risk by not following the providers medication policy of recording medication accurately.

We looked at the medication training matrix and found all of the staff had completed this mandatory training. However, we noted that the registered provider did not have a system in place to monitor the competency levels of staff to administer medicines safely.

This was a breach of Regulation 12 (1) and (2) (g) and of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered provider did not have effective systems in place for the safe management of medicines

The provider had generic risk assessments in place for people using the service, but detailed risk assessments for specific issues were not in place. We looked at the support records for three people and saw each person had a generic risk assessment document, which covered day to day living. There were also a number of issues that had been identified in individual support plans that were specific to each person. Possible risks were identified, but an assessment had not been carried out, therefore guidance was not available for support workers about how reduce any identified risks. For example, one person had limited mobility and required assistance with their personal care needs. There was no personalised guidance to demonstrate how this person should be safely transferred using mobility aids. This person had a progressive long term condition that could affect the level of care they required; again this was not included in the person's risk assessment. In the second care record we viewed, we noted that the person had a history of falls and required a personal aid to maintain their mobility and reduce the risk from falling. The risk assessment developed by the registered provider did not take into account this person's level of mobility, nor did it explore how the registered provider would manage the risks of this person falling.

One member of staff we spoke to said, "We know there are risk assessments available in people's file, but we

don't tend to look at them because we know what we are doing already. I tend to just ask the person receiving the support what they require."

This was a breach of regulation 12 (1) and (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). The registered person did not have a process in place to assess the specific risks to the health and safety of services users and do all that is reasonably practicable to mitigate any such risks.

We checked the safeguarding records in place at Meadowsweet Home Care. We noted that a tracking tool had not been developed to provide an overview of incidents of safeguarding and care concerns. We were informed by the registered manager that the service had one safeguarding concern in the last 12 months. The registered manager provided evidence to demonstrate that they ensured this care concern was responded to appropriately. The registered provider informed the local authority of this care concern, however, the registered provider failed to notify CQC of this concern.

During the inspection we asked to view the registered provider's 'Safeguarding Adults and Children' policy and procedure. We were informed by the registered manager that the service did not have a policy in place. The provider did have the local authority safeguarding policy available on their office computer. After the inspection the registered provider provided the inspection team with a safeguarding policy which they had recently developed, dated April 2016.

Discussion with the registered manager and staff, together with a review of training records confirmed that all staff had completed 'Safeguarding vulnerable adults and / or children' training. Staff were able to describe how they would report concerns and felt confident that the management team would ensure referrals to the local authority safeguarding team would be made immediately if abuse was suspected.

The Care Quality Commission (CQC) had received no whistleblowing concerns since the last inspection in October 2013. Whistleblowing takes place if a member of staff thinks there is something wrong at work but does not believe that the right action is being taken to put it right. We spoke to staff about the principles of the whistleblowing policy and many were not clear who they would notify if they had concerns. We noted the registered provider did not have a whistleblowing policy available for staff to refer to.

We recommend that the registered provider implements a whistleblowing policy, which will provide staff with guidance if they ever needed to raise a concern about the organisation.

We saw that the person's home environment was assessed to make sure it was safe for the person and for staff. This included checking that the property was accessible and that there were no trip or slip hazards.

Systems were in place to record any accidents and incidents that occurred within the service. We discussed the benefit of developing a log to help maintain an overview of incidents and actions to minimise / control potential risks. The registered manager informed the inspection team that they have not had any accidents and incidents in the last twelve months.

Personal Protective Equipment (PPE) was stored in the office and staff collected it from there. We saw that staff working in areas could collect stocks to distribute to colleagues. One member of staff told us, "We always have a supply of gloves and aprons."

We received a breakdown of the support hours for each person and viewed staffing rotas for the service. We noted that the provider was deploying staff resources in accordance with the needs of people using the

service.

We looked at recruitment processes and found the service had recruitment policies and procedures in place.

The service followed safe recruitment practices. The staff recruitment process included; completion of an application form; a formal interview; previous employer reference and a Disclosure and Barring Service check (DBS); which was carried out before staff commenced employment. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

We viewed three staff recruitment files which detailed that the relevant checks had been completed before staff began work; these included two suitable references, interview record and a check for any criminal records. This meant that checks were carried out on new staff to ensure they had the appropriate skills to provide the care required by the people using the service.

Is the service effective?

Our findings

We asked people who used the service or their relatives if they found the service provided by Meadowsweet Home Care to be effective.

People told us they felt the service was effective. One person told us that they felt their needs were fully met by the staff. Comments included: "I can rely on the staff, I know the times they visit and if they are late they will phone me."; "There was one carer I didn't like due to their personality, I informed the manager and she made sure the carer didn't work with me again, I was very happy they listened to me."

The provider did not act in accordance with the requirements of The Mental Capacity Act 2005 (MCA).

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 Meadowsweet Home Care service was working within the principles of the MCA. We noted that the provider did not have policies and procedures in place, to provide guidance for staff on the MCA; adult safeguarding and the independent mental capacity advocate and best interest decision making.

People could not be assured that staff understood their role in acting in accordance with the Mental Capacity Act 2005 (MCA 2005) or their rights to have choice and control over their day to day life, care and support.

We noted that the management and staff did not have access to training in the Mental Capacity Act and did not have a good understanding of this protective legislation. The registered manager did not maintain a record of people who may lack capacity; however the registered manager was confident that decisions were not being made on people's behalf without their consent.

Staff we spoke to also displayed a lack of understanding about mental capacity when questioned. They could not explain the principles of MCA and said they had not received training in this area. This meant that staff may not ensure that people's rights were supported because they had not received appropriate training, as is necessary, to enable them to carry out the duties they were employed to perform.

This was a breach of regulation 11 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). The registered provider did not ensure staff were aware of the principles and codes of conduct associated with the Mental Capacity Act 2005.

Examination of training records confirmed that staff had completed key training in subjects such as: first aid; moving and handling; fire safety; food hygiene; safeguarding; medication; control of substances hazardous

to health; infection control; and health and safety.

Additional training courses such as: national vocational qualifications / diploma in health and social care; record keeping; falls and nutrition and dignity training had also been completed by the majority of staff.

We noted that the registered provider did not have systems in place for new staff to complete the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standards which should be covered as part of induction training of new care workers. The registered manager and the office manager were not aware that the Care Certificate should be covered as part of induction training.

We recommend that registered provider ensures all new and existing staff are enrolled on to the Care Certificate qualification, to ensure the new minimum standards are met as part of induction training.

Staff supported people to maintain their nutritional wellbeing by assisting with shopping, food preparation and providing support to eat and drink where necessary. Care files we viewed showed that people had plans of care in place to inform staff about their nutritional needs where applicable.

Staff we spoke with confirmed that they promoted healthy eating and monitored any changes in the wellbeing and needs of people they cared for on an on-going basis. Systems were also in place to liaise with family members and to arrange GP call outs, as well as initiating referrals to health and social care professionals when necessary.

Is the service caring?

Our findings

We asked people who used the service or their relatives if they found the service provided by Meadowsweet Home Care to be caring. Feedback received was positive and confirmed people were treated in a dignified and caring manner.

For example, comments received included: "The staff are marvellous, I can rely on every single one of them"; "The service is very caring. The staff are lovely, I know them all very well." And "The carers have been coming to my home a very long time; they are more like friends than carers to me."

Relatives of people using the service told us that they were happy with the staff and described how well they communicated with people. For example, one person asserted: "The staff treat my wife with the utmost respect and care." Another relative said, "I am confident my family member is being looked after in a caring manner."

Care plans included information about people's previous lives prior to using the service. We observed that regular staff knew people well and that people receiving care spoke comfortably about what was important to them. For example we observed people speaking openly about how the staff provided the care to them.

People told us that they were treated with dignity and respect. We were informed on our home visits by people using the service, that staff would close the curtains when they provided personal care to help maintain the person's dignity.

Staff demonstrated a good understanding of person centred values and were able to provide examples of how they promoted this in their day to day work such as: knocking on doors and waiting for permission before entering people's homes; speaking to people using their preferred name; asking people how they wished for care and support to be delivered before offering assistance and promoting independence and wellbeing.

One member of staff commented, "We have many people we care for who are unwell, and heavily rely on our service. I feel we have a caring team that communicates well, so we can provide the best care possible."

Is the service responsive?

Our findings

People told us that the service was responsive to their needs. One person told us, "I can always phone the manager if I have any problems, they are always helpful." Another person told us, "My carer has been visiting me for many years; she knows my needs very well." And "If I am ever feeling poorly the carer is on hand to make sure I see my doctor."

A relative told us, "I cannot fault the service; they have never let my family down."

We sampled three care files (information kept within each person's home) as part of the inspection. We found the care files contained minimal information and lacked a clear record of what support the staff had provided to the person. We found copies of documentation that had been developed by the provider within each file.

On our home visits, after obtaining permission by the person or their relative we viewed two care files of two people who used the service. Files we viewed were difficult to follow and contained various loose documents. We asked the people who we visited whether they were involved in planning their care. One person commented, "I cannot remember, but the staff always ask me if they are unsure." Another person said, "I have had a review of my care needs with the office manager, the carers all seem to know what they are doing."

This was a breach of regulation 17 (1) (2) (c) of the Health and Social Care Act (Regulation Activities) 2014 (Regulations). The registered provider did not maintain an accurate, complete and contemporaneous record in respect of each service user.

Staff had good knowledge and awareness of the people that they provided care for. They explained that they usually provided care to the same people, which allowed them to build a rapport and understanding of their needs. This also enabled them to provide care which met their individual needs and preferences. It was clear from talking to people and staff that they knew each other well, and that staff had a good understanding of people and their needs, however the information within care plans did not reflect this.

The registered provider had developed a corporate policy and procedure for complaints and compliments and basic principles of the complaints and compliments policy document.

The complaints file for Meadowsweet Home Care was viewed during the inspection. The registered manager stated the service had received two complaints in the last twelve months. The complaints file did not have a clear overview of complaints received, action taken or outcomes. The registered manager provided evidence about how they have investigated the two complaints in a timely manner.

We asked people using the service whether they knew how to make a complaint, if they were not happy about the service. People commented, "I have the complaints policy in my file and I wouldn't hesitate to make a complaint if I was not happy." Another person said, "I have not needed to complain, but I know I can

contact the manager I wasn't happy."

We recommend the registered provider develops a clear overview of complaints received, action taken or outcomes.

Is the service well-led?

Our findings

People told us they knew the staff well at the service and were aware of the management structure.

People told us the registered manager and staff were approachable and were always available. One person commented, "Margaret knows me very well, I can always contact her if I have a problem." Another person said, "I speak to him [office manager] regularly, he will check in on me, to make sure things are as they should be."

We asked to see the latest internal audits for Meadowsweet Home Care, however this was not provided during or after the inspection.

During our inspection, we found Meadowsweet Home Care did not have quality assurance systems available to assess the quality of the service it was providing to people. There were no audits in place for care files or other systems of safety such as health and safety, and medication management.

There was no call monitoring system in place to ensure that staff arrived on time to support people or stayed for the allotted time to provide care. People using the service commented, "Staff will always turn up, I have no concerns." And "I know when the staff are visiting me, I haven't been let down yet." The office manager told us that they contacted people using the service on a regular basis to make sure that staff were turning up on time and carrying out their duties, however this information was not recorded.

The provider did not have guidance in place for customer quality and care reviews. Annual reviews were completed by the registered manager and office manager; it was confirmed by the registered manager if people's needs changed a full review of their support would be completed. We found evidence of one risk assessment that had been reviewed due to a person's needs changing, after a short stay in hospital.

This was a breach of regulation 17 (1) of the Health and Social Care Act (Regulation Activities) 2014 (Regulations). The registered provider did not have adequate systems in place to monitor the quality of the service.

Meadowsweet Home Care did seek feedback from people using the service and their relatives in September 2015; this was in the form of a questionnaire. We noted that a summary and action plan had not yet been developed after seeking people's feedback. The office manager acknowledged this shortfall and confirmed he would implement a summary and action plan.

We viewed a sample of four supervision files, which confirmed that staff received supervision meetings once a year along with an appraisal. Staff confirmed this, one staff member said, "We have formal supervisions yearly, we can always speak to the manager earlier if you have any concerns." Another person said, "I do feel supported, I am in regular contact with the managers."

We noted team meetings were taking place bi-monthly at the registered office.

We viewed the safeguarding records for the service. We found one safeguarding concern had been referred to the local authority in the last twelve months. The record confirmed that the local authority were notified, however the provider failed to notify CQC. The regulations require the provider to report abuse or allegation of abuse in relation to a service user." The provider should report to CQC even if they know or believe the allegation has already been reported to us by the local authority. The registered manager informed the inspection team she was not aware that this was the case.

We have written to the provider regarding their failure to notify the CQC.

Information on Meadowsweet Home Care had been produced in the form of a statement of purpose to provide people using the service and their representatives with key information on the service. A copy of this document was provided to people / representatives once their care commenced. Information on the aims and objectives of the service, philosophy and strategic vision had been detailed within the documents.

A business continuity plan had not been developed, to ensure an appropriate response in the event of a major incident.

We recommend a business continuity plan is developed by the registered provider to ensure that systems have been established to respond to any major incidents.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered provider did not ensure staff were aware of the principles and codes of conduct associated with the Mental Capacity Act 2005.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider did not have effective systems in place for the safe management of medicines.</p> <p>And</p> <p>The registered person did not have a process in place to assess the specific risks to the health and safety of services users and do all that is reasonably practicable to mitigate any such risks.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider did not maintain an accurate, complete and contemporaneous record in respect of each service user.</p> <p>And</p> <p>The registered provider did not have adequate</p>

systems in place to monitor the quality of the service.