Optalis Limited

Care At Home - Berkshire

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 12 and 13 June 2017 and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. This was the first inspection carried out at this location since the provider registered this service as a new location on 23 June 2016.

Care At Home - Berkshire is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection 49 of the 80 people receiving a service were living in their own flats in extra care housing. Thirty one people were living in their own homes in the community.

By extra care housing, we mean purpose-built (or purpose adapted) single household accommodation that is owned or occupied under an occupancy agreement. The accommodation is in a building or campus of similar households specifically designed to facilitate the delivery of care to people, either now or when they need it in the future. There are three extra care facilities where the service provides personal care to those who need it. The provider also staffs each of the three extra care facilities with a 24 hour care worker presence in case people require additional help outside their scheduled call times. This 24 hour staffing arrangement is between the provider and the local authority and is outside our regulatory remit. The accommodation and any other additional services provided at the facilities are also outside the remit of the Care Quality Commission. Only the provision of personal care is registered and inspected.

Up until 22 June 2016 the three extra care facilities were registered as separate locations. On 23 June 2016 the management of the provision of personal care at all three extra care facilities moved to the provider's head office and became one service. The provider also had a separate service providing personal care in people's own homes in the community, called Care In The Home. The management and provision of personal care to the people using that service was transferred to Care At Home – Berkshire on 20 February 2017. Care In The Home was inspected in November 2016 and achieved a rating of Good before merging into Care At Home – Berkshire. This part of the service was not inspected at this inspection as it was only six months since they were inspected as a separate service. The report from that inspection is available on our website.

The service had a registered manager as required. A registered manager is a person who has registered with the CQC 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 was present and assisted us during this inspection.

People were treated with care and kindness. They were consulted about their support and could change how things were done if they wanted to. People were treated with respect and their dignity was upheld. This was confirmed by people we spoke with and relatives who provided feedback.

People were protected from the risks of abuse. Some staff recruitment issues were identified by us during the inspection, but were dealt with by the registered manager immediately following the inspection. People and their relatives confirmed people were encouraged and supported to maintain and increase their independence.

People received effective care and support from staff who knew them well and were mostly well trained. We have made a recommendation about ongoing staff training.

People received effective health care and support. Medicines had not always been handled correctly and safely with a number of medicine errors over the past 12 months. The provider was aware of the issues and agreed to take further action to improve the safety of the handling of medicines. We have made a recommendation about the management of medicine errors.

People's rights to make their own decisions were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's diversity needs were identified and incorporated into their care plans. People's right to confidentiality was protected and they received support that was individualised to their personal preferences and needs.

People and their relatives knew how to complain and knew the process to follow if they had concerns. They confirmed they felt the staff and management would act upon any concern raised.

Staff told us they were happy working for the service and people benefitted from staff who felt well managed and supported. People and their relatives thought the service was well-led, which was also stated by health and social care professionals.

The service was mostly managed well but there was no effective system for the registered manager to ensure the service was fully compliant with the fundamental standards (Regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). You can see what action we have asked the provider to take in the full version 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?

Requires Improvement

The service was not always safe.

Recruitment processes were in place, but not always followed, to make sure, as far as possible, that people were protected from staff being employed who were not suitable. The manager planned to introduce a system to ensure the final sign off of recruitment was carried out by him in future.

Medicines were mostly handled well but the manager was undertaking additional actions in an attempt to reduce the number of ongoing medicine errors.

There were sufficient numbers of staff to carry out all personal care calls without people or staff feeling rushed. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

Is the service effective?

Good

The service was mostly effective. People received effective care and support from staff who knew them well and were mostly well trained. Actions were being taken to ensure staff training was brought up to date in line with the provider's training policy.

Staff promoted people's rights to be involved in and consent to their care. The registered manager had a good understanding of the Mental Capacity Act 2005 and staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted.

People were supported to eat and drink enough where this was a part of their care package. Staff made sure actions were taken to ensure their health and social care needs were met.

Is the service caring?

Good

The service was caring. People benefitted from a staff team that was caring and respectful.

People received person centred care from staff who knew people's individual wishes and preferences.

People's right to confidentiality was protected. People's dignity and privacy were respected and people were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive. People received care and support that was personalised to meet their individual needs.

The service provided was responsive in recognising and adapting to people's changing needs.

People knew how to raise concerns and felt the service would listen and take action on what they said.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. However, the systems were not always effective in identifying non-compliance with the fundamental standards. Where non-compliance was identified by the provider's care governance team, actions taken at the service to reduce risk and deal with concerns were not always effective.

People were happy with the service they received and felt the staff were approachable and professional.

Staff were happy working at the service. They felt supported by the management and said the training they received helped them to meet people's needs, choices and preferences.

Care At Home - Berkshire

Detailed findings

Background to this inspection

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

The inspection took place on 12 and 13 June 2017. It was carried out by one inspector and was announced. We gave the registered manager 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

Before the inspection, the registered manager completed 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. We looked at the PIR and at all the information we had collected about the service. This included inspection reports from the previous location, information received and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

As part of the inspection we spoke with the registered manager and 10 people who use the service. We received feedback from 11 members of the care staff. We also received feedback from five relatives and three health and social care professionals.

We looked at six people's care plans, monitoring records and medicine administration sheets, six staff recruitment files, staff training records and the staff supervision and appraisal log. We reviewed a number of other documents relating to the management of the service. For example, safeguarding records, management audits, incidents records, concerns and compliments received and a selection of policies.

Requires Improvement

Is the service safe?

Our findings

Medicines were mostly handled safely. In instances where the service supported people with medicines we saw this was set out in their care plans. The plans contained instructions to staff on the level of support people needed with their medicines. Staff had received training to ensure the right people received the right drug and dosage at the right time. The provider's policy was that senior staff carried out competency assessments every six months with any staff who supported people with medicines. This was to ensure skills remained current and staff practice was safe. We saw that there were 10 staff who were not up to date with their medicines competency assessments. The registered manager confirmed those staff would not be handling medicines until their competency updates had been successfully completed.

However, since the service was added to the provider's registration in June 2016 there had been ongoing issues with the handling of medicines. A number of medicine errors had been reported to the provider's care governance team. In the provider's information return completed prior to this inspection the registered manager told us there had been a total of 71 medicine errors in the previous 12 months. The service's monthly medicine errors reported to the care governance team listed 62 medicine incidents from June 2016 to June 2017. Some errors related to medicines that hadn't been given, some to medicines given twice, some had been given but not signed for and some had been signed for and not given. There were no records of anyone coming to harm but there was a high potential of harm in the nature of the errors. Other measures had included medicine audits and daily medicine administration record sheet (MAR) checks by seniors. A medicines audit completed had identified that the MAR sheet audits and checks were not effective. Although the registered manager was aware of the risk and had delegated oversight of medicines to other staff members, the errors had not decreased.

We recommend that the registered person implements a process to ensure the effective monitoring and oversight of medicine handling and that this is managed by a person suitably qualified, experienced and competent to do so.

People were mostly protected by appropriate recruitment processes. Staff files included the recruitment information required by the regulations. For example, proof of identity, full employment histories, evidence of conduct in previous employment and criminal record checks. However, the system for double checking the accuracy of the information provided was not always robust. Some staff recruitment issues were identified, one applicant had a 10 year gap in employment and another had a four year gap, neither had been explained in writing or identified by staff carrying out the recruitment checks. In another file we saw the dates of employment given by the referee did not match the dates given by the applicant. The discrepancy was four years. This had not been identified or clarified by the staff carrying out the recruitment checks. We looked at the information provided by external agencies when providing staff to the service. The information provided did not confirm that their recruitment had included all the documents and checks required of Schedule 3 of the regulations. We discussed this with the registered manager who obtained the missing information by the end of the week of our inspection. Following the inspection, as well as correcting the issues we had identified, the registered manager told us, "New staff recruitment process is being updated to implement specific 'gates' for service managers to ensure checks and vetting of the candidates information

is in compliance with the Schedule 3. In the short term, all new staff files will be coming through me and we have initiated a re-auditing activity to check that all the information in our staff files are and remain compliant to Schedule 3."

People were protected from the risks of abuse. Staff had received safeguarding training and knew what to do if they suspected one of the people they supported was being abused or was at risk of harm. Staff felt confident about reporting any concerns or poor practice to the registered manager. Health and social care professionals felt the service and risks to individuals were managed so that people were protected. People mostly felt safe from abuse or harm from their care workers. One person told us about a concern they had, which we passed to the registered manager to investigate further. Relatives told us they felt their family member was safe when with the staff. One relative added, "I have complete trust in the carers provided by Optalis at [name of extra care facility]."

Risk assessments were carried out to identify any risks to individual people when providing their package of care. Identified risks were incorporated into the care plans and included guidance to staff on what to do to minimise any potential or actual risk. For example, risks to people related to moving and handling.

As part of the initial assessment the service assessed the environment and premises for risks to the safety of staff when providing the package of care. For example, slip and trip hazards inside and outside people's homes. These assessments also included other risks related to staff lone working and lone travelling.

There were enough staff employed to ensure people received the care they needed in line with their packages of care. Two of the three health and social care professionals thought the service made sure there were sufficient numbers of suitable staff to keep people safe and meet their needs, one felt they could not comment. People and their relatives told us staff completed all of the tasks they should do during each visit. We received one complaint that night staff were vacuuming during the night. We saw from the team meeting minutes dated 9 May 2017, held at one of the extra care facilities, that night staff were expected to vacuum overnight as part of their duties. Whilst this complaint did not relate to the provision of personal care, we passed the concern to the registered manager to investigate whether it is acceptable for noisy tasks, such as vacuuming, to be carried out at night.

People told us staff had never missed a call, apart from one person who said, "Twice in three years, not too bad, I'll forgive them that!" Other comments from people included, "I feel as safe as houses, they are lovely, nice. They have a joke, take a joke and give a joke.", "I feel safe, it's nice to see them." and "I get on famously with all of them."

Good

Is the service effective?

Our findings

People received effective care and support from staff who were mostly well trained and supervised. People and their relatives said the care workers had the skills and knowledge needed when providing their care and support. Comments from people included, "Oh yes, I should say so, definitely.", "They're alright." and "They are very good, I've never had any problems with any of them." Health and social care professionals thought the service provided effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

Staff received training in topics related to their roles. Training records showed they had received induction when they first started employment with the company. Staff had received training in topics such as health and safety, food hygiene, infection control and moving and handling. Other training routinely provided included medicines, mental capacity, and safeguarding adults. Staff said they had received an induction which prepared them fully for their role before they worked unsupervised. They also told us they had been provided with the training they needed that enabled them to meet people's needs, choices and preferences.

We saw from the training matrix that, although they had received their initial training during their induction, some staff had not received all the training updates the provider considered mandatory. On the whole, dates had been booked to bring staff training up to date. However, the training matrix showed some staff training updates had not always been arranged where refresher courses were overdue. For example, the training matrix provided to us showed, of the 93 total staff, 26 were in date with their 'mandatory yearly knowledge refresher' and two had been booked on the course for September 2017. The mandatory yearly refresher training was newly introduced and included safeguarding, medicine theory and moving and assisting theory. Of the remaining 65 staff showing as needing this training in the next year, there was no evidence to show the training had been booked. We saw the monthly audit report for staff training which showed that for April 2017, the compliance for mandatory training was 54.25%. This had not improved since the month before, which was recorded as 55%.

Up until our inspection the oversight of training had been provided by the provider's head office staff. The registered manager was not able to access up to date details of staff training and was not aware of the current statistics. There was no effective system within the service for the registered manager to monitor and ensure that all staff training was up to date and planned for. The team meeting minutes for May 2017 showed some training deficits had been identified and in one extra care facility the registered manager had reminded staff to make sure their training was up to date. Following our inspection the registered manager told us, "…the system that manages our training is being changed so that all Service Managers [registered managers] can manage their own service training records/requirements."

The training provided to staff at the service was not in line with the current best practice guidelines for ongoing social care staff training. For example, the provider's practice was to update staff training in fire safety and first aid every three years. Whereas current best practice guidelines say both these topics should be updated annually. Other topics recommended for social care staff were not included in the provider's

training curriculum. Those included: person centred care, recording and reporting, and fluid and nutrition. The training lead had started to amend the training provision to be in line with the latest guidance but this was in the early stages and not all training had been sourced or developed, such as person centred care. There was no detailed plan in place at the service to systematically provide the new training and update training to all staff over a given timescale.

We recommend that the provider bring the staff training provision fully in line with the current best practice guidance on ongoing training for social care staff, ensuring staff receive their training within the recommended timescales.

Staff had one to one meetings (supervision) with the registered manager or one of the senior staff once every six to eight weeks. They also had competency assessments every six months for medicines and moving and handling. Direct observational sessions took place every six months. Direct observational sessions are where a manager observes a member of staff working with a person using the service to ensure they are working to the provider's expectations. The log of supervision showed staff were mostly up to date with their supervision meetings. Staff said they had regular supervision meetings which enhanced their skills and learning. Staff had annual appraisals of their work and records showed these were scheduled to take place annually.

People's rights to make their own decisions, where possible, were protected. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People told us they were involved in decision making about their care and support needs, and that staff asked their consent before they provided any care.

The registered manager was aware that applications must be made to the Court of Protection where people were potentially being deprived of their liberty in their own homes. At the time of our inspection, the registered manager told us no people were being deprived of their liberty.

Where providing meals was part of the package of care and/or where there was a concern, daily records included how much people had eaten. In one file we saw there had been goals for the person to put on weight. However, there were no clear goals as to how much the person needed to increase their weight and over how long a period. After discussion, the registered manager told us he would seek advice from, or a referral to, a dietitian. That way a care plan could be drawn up and monitored that was based on professional advice.

Health and social care professionals thought the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. Compliments seen included, "Wow, what a service. My mum only arrived here a couple of days ago from hospital. The care she has received from you is BETTER than she had in hospital. Thank you!" and "I must say your team have been excellent at providing this service. Unfailingly cheerful and generally doing an extremely good job."

Good

Is the service caring?

Our findings

People told us their care workers were caring when they supported them. Compliments paid to the service in the past 12 months included, "The staff at [name of extra care facility] provide the most excellent service in their entire fields.", "To all the staff, carers and nurses, I just want to thank you for everything you have done for my sister.", "Very pleased with the help I received. The staff are lovely and kind.", "I am very pleased with the care team looking after my mother. Caring is what these folk do, the salt of the earth!" and "Many thanks for your care and support for my mother over the last few years. We really appreciate how you tended to her needs and made her as comfortable as possible."

People and their relatives told us they had been involved in planning their care and that staff knew how they liked things done. Staff told us the time allowed for each visit meant they were able to complete all the care and support required by the person's care plan at the person's own pace.

People said they usually received care and support from familiar, consistent care workers, although three people and two relatives said they were not always introduced to new staff or agency workers. This information was passed to the registered manager so that people's comments could be explored and addressed.

People said staff always treated them with respect and dignity. Additional comments included, "I can't fault them.", "They are very respectful…. They are very good about putting a towel around me.", "I have never felt uncomfortable with any of them." and "They are ever so polite." Health and social care professionals thought the service promoted and respected people's privacy and dignity and was successful in developing positive caring relationships with people who use the service.

Staff had received training in equality and diversity and the service took steps to meet people's individual needs where needed. People's needs related to equality and diversity were assessed prior to their care package starting and, where identified, guidance to staff was included in the care plan.

People were supported to be as independent as they could be. Staff told us they encouraged people to do the things they were able to. The care plans gave details of things people could do for themselves and where they needed support. This helped staff to provide care in a way that maintained the person's level of independence. People told us the support and care they received helped them to continue doing things they could and confirmed staff encouraged them to be as independent as possible. One person told us, "They do their best, they let me carry on as much as I can and intervene if I can't manage it."

People's right to confidentiality was protected. Staff received training in people's rights to confidentiality in their induction training and they were aware of the provider's policy on confidentiality. All personal records were kept in a lockable cabinet in the office and on the service's computer system, only accessible by authorised staff. In people's homes, the care records were kept in a place determined by the person using the service.

Good

Is the service responsive?

Our findings

People received support that was individualised to their personal needs. All people said they were happy with the care and support they received from the service. People and their relatives felt they received the care and support they needed, at the times that suited them. Health and social care professionals said the service provided personalised care that was responsive to people's needs. One professional commented, "They do take individual needs and circumstances into consideration when putting together a care plan."

People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. Their usual preferred daily routines were also included in their care plans so that staff could provide consistent care in the way people wanted. The assessments and care plans captured details of people's abilities and wishes with their personal care. People told us staff knew how they liked things done and that staff followed their wishes.

People's needs and care plans were regularly assessed for any changes. People's changing needs were monitored and the package of care adjusted to meet those needs if necessary. Staff reported any changes in people's health or needs to their senior or registered manager so that the care plans could be updated. The daily records showed care provided by staff matched the care set out in the care plans.

People benefitted from a service that was responsive to their needs. One relative wrote to the service complimenting one particular member of staff and saying they believed that staff member had saved their father's life that morning. They went on to describe what had happened, "Through remaining calm and collected during [name's] collapse, [staff member's name]'s efficiency and professionalism in putting [name] into the recovery position saved his life. Please pass on the family's gratitude."

People and their relatives were aware of how to raise a concern. People were given details about how to make a complaint when they started a package of care. They knew who to contact at the agency if they needed to. Staff were aware of the procedure to follow should anyone raise a concern with them. People told us staff and managers responded well to any concerns they raised. One person told us, "I've had one or two minor complaints, they were dealt with instantly." A relative commented, "I just speak to the manager on duty or someone assuming that responsibility. Seems to work well."

Requires Improvement

Is the service well-led?

Our findings

It is a condition of registration with the Care Quality Commission (CQC) that the service has a registered manager in place. There was a registered manager registered with CQC to manage the service. The registered manager had notified CQC about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe.

We found the overall management of the service required improvement. The provider and registered manager had not established an effective system to check and ensure they were meeting their legal obligations and the regulations. For example, there was no effective system to ensure recruitment information was checked and complete in line with Schedule 3 of the regulations. New staff had been allowed to work at the service when required information was missing or inaccurate. Agency staff had been allowed to work at the service without confirmation from the agency that all required recruitment checks had been carried out.

Effective action had not been taken to successfully reduce the number of medicine errors taking place. For example, a medicines audit was carried out by the positive behaviour support lead for the provider at one of the extra care housing facilities in January 2017. The audit had shown that the daily checks were not always picking up errors. In the same audit one conclusion reached was that the end of shift checks of MAR sheets to be carried out by senior staff were not always taking place, although they had been signed for. The care governance meeting minutes for January and May 2017 were seen and highlighted that medicine incidents were in the top three risks being reviewed. However, in those meetings discussions related to risks at all of the provider's services, not just Care At Home – Berkshire. At the time of our inspection the registered manager had not carried out any overall analysis of the incidents occurring within the service and there were no ongoing plans to evaluate, take action and re-evaluate. The registered manager's continuous improvement plan for the service, dated 31 May 2017, did not include any of the ongoing concerns related to the continuing medicine errors. The registered manager agreed that he would undertake an investigation to identify the root cause(s) of the continuing medicine errors so that appropriate action could be taken to reduce the incidents and protect people. We saw from the staff meeting minutes at one of the extra care facilities that the oversight and management of medicine errors had been delegated to the operational leads and seniors by the registered manager.

Staff training was not fully up to date and the registered manager had no effective system in place to ensure staff training remained current and compliant with the provider's training policy, current training best practice guidance or the regulations.

A number of the registered manager's responsibilities were delegated to head office staff (training, recruitment and care governance) or delegated to team leaders and seniors within the service. Although the registered manager understood he remained accountable, he had no effective system in place to ensure delegated tasks were being completed correctly and in full.

The above was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities)

Regulations 2014. The provider and registered manager had not established an effective system to enable them to ensure compliance with regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider and registered manager had no effective system in place to evaluate and improve the practise of the service in respect of the processing of information gathered as part of the quality assurance systems in place at the service.

In a survey carried out in September 2016 the majority of responses were positive. All people said that their dignity and respect was preserved when staff provided care and all felt their support package met their needs. When asked if they knew who the managers and key contacts were 65% answered yes. In our telephone calls with people who use the service as part of this inspection we found 10% knew who the registered manager was.

People benefitted from a service that had an open and friendly culture. Staff told us they got on well together and felt the management listened to them. Staff felt comfortable raising concerns with the management. They were confident managers would act on what they said. Two of the three health and social care professional felt the service demonstrated good management and leadership, with one saying they did not have enough information to comment. All professionals felt the service worked well in partnership with other agencies. One professional added, "They worked well with me, the GP and continence service." Another said they had an, "Especially good relationship with healthcare."

Other audits carried out included the monthly quality audit covering staffing matters, tenants/customer matters, health and safety matters and office matters. A monthly health check audit had recently been introduced that required staff to check a number of areas relating to each person's health and personal care.

We received a number of positive comments during our conversations with people who use the service. Those comments included, "I'm a very lucky person to be here." and " They say things like 'are you alright?' They are really very good, all of them." One relative commented, "I believe the service and even the level of compassionate care has improved steadily over the years. We are truly blessed and grateful."

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	Regulation 17 HSCA RA Regulations 2014 Good governance How the regulation was not being met: The registered person had not established an effective system to enable them to ensure compliance with regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered person had no effective system in place to evaluate and improve the practise of the service in respect of the processing of information gathered as part of the quality assurance systems in place at the service. Regulation 17(1)(a)(b)(e)(f)