

Care At Home Services Limited

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Inspection report

Sabichi House
5 Wadsworth Road, Perivale
Greenford
UB6 7JD

Tel: 02087997416

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23 February 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Care at Home Service is a domiciliary care agency providing a range of services including personal care for older people in their own homes. At the time of our inspection the provider was supporting 6 people who were receiving personal care. All the people had their care funded and organised by the local authority.

People's experience of using this service and what we found

The provider had a robust process for the recruitment of new staff. People told us they felt safe when they received care in their own home from staff. The provider ensured medicines were managed safely and administered as prescribed. There were processes in place for the investigation of safeguarding concerns and incidents and accidents which enabled lessons to be learned to reduce the risk of reoccurrence.

People felt the staff supported them in a kind and caring manner and respected their privacy and dignity. The provider ensured complaints were investigated and responded to in a timely manner. The provider recorded Information related to the discussion with people about their end of life care wishes. People's communication support needs were identified in their care plan and were met.

People received care in a person centred manner. Care plans identified people's support needs and their wishes as to how they wanted their care provided.

The provider had developed a range of quality assurance processes to monitor the quality of the care being provided. People were happy with the care they received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 April 2020).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider reviewed best practice in relation to recruitment, the management of medicines, end of life care and support and responding to complaints. At this inspection we found the provider had acted on all the recommendations we made and had made improvements.

Why we inspected

We carried out an announced comprehensive inspection of this service on 3 March 2020. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care at Home Services Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Care At Home Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 3 days' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 23 February 2023 and ended on 27 February 2023. We visited the location's

office on 23 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people using the service and we contacted 3 care workers via email. We met the registered manager and an improvement consultant supporting the service. We looked at a range of records which included the care records for 3 people, 2 care worker's files and a range of records including those used for monitoring the quality of the service, such as audits and policies.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we recommended the provider consider current best practice when recruiting staff and take action to update their practice accordingly. The provider had made improvements.

- The provider had a robust process for the recruitment of new staff which enabled them to identify if applicants had the appropriate skills for the role.
- We reviewed the recruitment records for 2 staff members who had been recruited since the previous inspection. The checks included two references, if the applicant had a right to work in the United Kingdom and a Disclosure and Barring Service (DBS) check for any criminal record. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People we spoke with confirmed the staff arrived on time and stayed for the full length of the visit. They also told us that there were enough staff visiting them to meet their care needs.
- Staff we contacted confirmed they had enough time allocated for them to travel to the visits and they have enough time during the visit to provide the care required by the person.

Using medicines safely

At our last inspection we recommended the provider follow national guidance for supporting people to take the prescribed medicines and take action to update their practice accordingly.

- People's medicines were safely managed, and they were given the level of support required.
- Where a person managed their own prescribed medicines a risk assessment had been completed. This included a list of the person's prescribed medicines, the dosages and the frequency they were taken. The risk assessment also identified when a prescribed cream was administered by staff.
- When a person had been prescribed a medicine to be administered as and when required (PRN) there was guidance for staff indicating how and when it should be administered.
- Staff we contacted confirmed they had completed training for the administration of medicines. Staff had their competency assessed in relation to the administration of medicines.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems for the reporting and investigation of concerns raised about the care being provided. There were also policies in place for safeguarding adults and children.
- Staff we contacted confirmed they had completed safeguarding training.

- At the time of the inspection there had been no safeguarding concerns raised since the previous inspection.

Assessing risk, safety monitoring and management

- Risks in relation to people's wellbeing and safety were assessed. There were a range of risk assessments which included mobility, skin integrity, falls and nutrition. An environmental risk assessment was also completed in relation to the person's home.
- Risk assessments and management plans were also completed for medical conditions the person was living with. Information was provided for staff on each medical condition the person was living with so they understood the condition and how it might impact the person and the care they receive.
- A risk assessment was completed if the person had been prescribed an emollient cream which could be at risk of being flammable. If a person smoked a risk assessment had been developed to identify any possible risks.
- People we spoke with told us they felt safe when they received care from the staff. One person said, "I am looked after well and I feel safe when they help me."

Preventing and controlling infection

- The provider had an appropriate infection control process and policy in place. Staff confirmed they had completed training on infection prevention and control and the use of personal protective equipment (PPE).
- The registered manager explained staff were able to collect PPE such as gloves and masks from the office or if they could be delivered to their home if necessary.
- People we spoke with told us staff did not always wear masks when providing care. We informed the registered manager and they confirmed they would review infection control procedures being followed by the staff and ensure they complied with current best practice.
- COVID-19 risk assessments had been developed for people receiving support and for staff identifying any characteristics which could increase their risks from COVID-19.

Learning lessons when things go wrong

- A procedure had been developed by the provider for the reporting and investigation of incident and accidents.
- We reviewed 3 incident and accident records and we found there was information on the incident, what immediate action was taken and how the risk of reoccurrence was being minimised. The records included the person's updated risk assessment in relation to the incident which identified any changes in their support needs and how to mitigate risks.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

End of life care and support

At our last inspection we recommended the provider consider current best practice when considering people's end of life wishes and take action to update their practice accordingly. The provider had made improvements.

- People were asked about their wishes in relation to their end of life care. At the time of the inspection the provider was not providing anyone support with end of life care.
- People's care plans indicated if they had been asked about their end of life wishes and if they wished to discuss them at that time.

Improving care quality in response to complaints or concerns

At our last inspection we recommended the provider review their complaints procedure to ensure all issues of concern raised were appropriately recorded and responded to in line with their complaint's procedure. The provider had made improvements.

- There was a process for the investigation and response to complaints. A log sheet was completed with details of the complaint, the outcome of the investigation and any lessons learned to prevent reoccurrence.
- People we spoke with told us they knew how to raise any concerns they may have but they have never had a reason to raise any concerns.
- We reviewed the records for 3 complaints that had been received since the previous inspection. The records included information on the complaint, the outcome of the investigation, what action was required, how this was communicated to the person who complained and if they were satisfied with the outcome.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

At our last inspection we recommended the provider follow national guidance in implementing the Accessible Information Standard and take action to update their practice accordingly. The provider had made improvements.

- People's communication needs were identified in their care plan and were met. People's care plans identified if they had any specific communication issues such as wearing hearing aids and how staff should support the person.
- We saw care plans had been translated to reflect the person's preferred language. Policies were also translated to meet the needs of both people using the service and staff.
- People we spoke with told us their care plan was provided in a way they could easily understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with family and friends.
- People's care plan included a profile section which identified who was important to the individual, their background history and any likes and dislikes.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were written in a person-centred way. The care plans identified what support the person required and how they wanted their care provided. For example, care plans included information on how to keep the person safe by ensuring they wore an emergency alarm, maintain their nutrition by supporting them to choose the snacks provided and how to help the person with their oral care.
- The care plans included guidance for staff in relation to the key care tasks they needed to provide. The information sheets included how to clean a commode and how to support a person with shaving with an electric shaver.
- Staff completed detailed records for the care and support they provided during each visit and the person's experience of the care they received.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider did not have robust quality assurance processes in place to enable them to identify where improvements to the service were required. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had made improvements to their quality assurance systems since the previous inspection. All the audits which were carried out identified if there were any issues requiring action.
- Regular checks were carried out on the care plans and risk assessments of the people to identify if there was any information which did not reflect the person's current care needs and needed updated.
- Monthly audits were carried out on the administration of medicines which checked the information on people's medicines administration records was accurate and if medicines and creams had been administered as prescribed.
- The records of the care provided, which were completed by the staff following each visit, were regularly checked to ensure the information on the care reflected the care plan. If an issue was identified in the records, the supervision meeting notes were included to demonstrate the issue had been discussed with the staff member and they understood what actions were required.
- The registered manager demonstrated a good understanding of their role and the related legal responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's care was provided in a person centred manner. People we spoke with confirmed their care needs were discussed with them and the registered manager regularly checked to ensure the care being provided met their support needs.
- People told us they were happy with the care they received. One person told us, "The staff treat me with dignity and respect and are kind and caring. The registered manager is really nice, and he comes to see me every couple of weeks to make sure everything is good."

- People's care plans included information on the person's cultural background and any religious preferences. The registered manager explained that if a person's support needs identified that they needed a staff member who spoke a specific language or could prepare food to meet their cultural needs, they would try and match a staff member to that person. If the person did not want the staff member to wear their shoes in the house, they were provided with shoes covers.
- The provider carried out an annual survey with people receiving support which included questions on the quality of care, the compassion of staff and timekeeping. The results from the most recent survey were all positive.
- Staff told us they felt supported by the registered manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager showed an understanding of the importance of the duty of candour when providing care. They told us, "As a registered manager there is a duty to be transparent if there is a situation that harm has been caused. I need to be open and honest and if there is a fault, put your hands up to admit there is a fault and use it as learning for the organisation."
- The provider had developed a range of policies which were regularly updated to reflect any changes in legislation or good practice.
- The provider had a process to respond to complaints and concerns and this was done in a timely manner including informing people of any outcomes and actions taken.
- People we spoke with confirmed they had regular contact with the registered manager and felt able to ask him any questions they may have.

Continuous learning and improving care; Working in partnership with others

- The provider had employed an improvement consultant who had worked with them to identify best practice in relation to providing care in people's homes and made improvements in the quality assurance processes.
- The provider worked in partnership with a range of organisations including the local authority, district nurses, GPs and other medical professionals.