Caring At Home Ltd

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place between 4 July and the 11 July 2018 and was announced. At the last inspection we found that the provider required improvement in safe, responsive and well led questions and was rated as requires improvement overall. At this inspection we found that the improvements had not been made and they continued to require improvement.

Caring at Home is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and people with physical Disabilities. Not everyone using Caring at Home service received 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. At the time of our inspection there were nine people being supported under their regulated activity.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also the provider and for ease we will refer to them as the registered manager throughout the report.
The registered manager had not complied with all of their responsibilities under their registration. They had minimal oversight of the service and did not routinely review it. They had delegated the majority of their responsibilities to a care manager but had not implemented governance to oversee their role and the service. When they had retained responsibility, they were not complying with regulation. They did not produce evidence that new staff were recruited in a safe way to protect vulnerable people in their own homes. They did not fully implement their complaints procedure including not responding to complaints. Notifications were not made to us in line with their registration so that we could review events that happened in the service. They did not return information to us as requested. Confidential information was not stored securely at the office location, and they had not displayed their previous inspection rating.

Where responsibilities to manage the service, and implement systems to review its quality, had been delegated to a care manager they were effective. The care manager had implemented audits and reviews of medicines management, risk management and care plans and these were used to make improvements. They had also embedded a computerised care planning system which assisted them to ensure that staff supported people as planned.

There were enough staff to meet people's needs as planned. 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 and their families chose how care was delivered and were included in writing care plans and reviewing them.

Staff received training and support to enable them to fulfil their role effectively. They understood their responsibilities to detect and report abuse. They had developed caring, respectful relationships with people and ensured that their dignity and privacy were upheld.

When the service was responsible people were supported to have enough to eat and drink and there were systems in place to monitor and review this. Some people were assisted to access leisure and social activities in line with their planned care. The staff had close relationships with other health and social care professionals to ensure people maintained good health.
Risk was assessed and actions were put in place to reduce it and their effectiveness was monitored and regularly reviewed. Lessons were learnt when things went wrong to reduce the likelihood of it happening again. There were systems in place to manage infection. Medicines were managed to reduce the risks associated with them and people received them when they needed them.

This is the second consecutive time the service has been rated Requires Improvement. We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.You can see what action we told the provider to take at the back of the full version of 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.
There was no evidence that staff were safely recruited to work with people. People were protected by staff who knew how to keep them safe from harm and how to report any concerns. They were supported to take their medicines safely. There were sufficient staff to ensure that people were supported safely. Risks to people health and wellbeing were assessed and plans to manage them were followed. Lessons were learnt when things went wrong to avoid repetition. Infection control procedures were embedded.

Is the service effective?

Good

The service was effective.
Staff received training and support to enable them to work with people effectively. They understood how to support people to make decisions about their care. People were supported to maintain a balanced diet and to access healthcare when required. This was done through collaboration with other professionals.

Is the service caring?

Good

The service was caring.
Staff had developed caring, respectful relationships with the people they supported. People were supported to make choices about their care and their privacy and dignity were respected and upheld.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.
Complaints were not managed in line with the provider's procedures. People and their families were involved in planning their care. Care was reviewed to meet people's changing needs and new plans were devised. Hobbies and interests were encouraged and planned on a weekly and daily basis.

Is the service well-led?

Requires Improvement

The service was not consistently well led.
The registered manager did not fulfil the responsibilities of their

registration with us. Governance was not fully embedded. Some audits were effective and staff felt supported.

Caring at Home Limited

Detailed findings

Background to this inspection

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

This inspection commenced 4 July 2018 and was announced. It was conducted by one inspector. We gave the provider one day's notice because it is a Domiciliary Care Agency and we wanted to make sure that staff would be available in the office for the inspection visit. The inspection site visit started and ended on 4 July and ended on 11 July 2018. We visited the office location on 4 July 2018 to see the care manager and office staff; and to review care records and policies and procedures. We reviewed care plans for four people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We reviewed audits and quality checks for medicines management, accidents and incidents, and care plans. We were unable to review staff files to ensure that staff were recruited safely because the records were not kept at the office.

At the office we spoke with the care manger, a senior member of staff and an administrator. We also visited two people in their own homes on this day to ensure that they could give us direct feedback and to ask for their consent to check the records kept in their home were up to date and completed. We spoke with two relatives at these visits to receive their feedback on the care the people have. After the inspection visit we spoke with one other person who used the service and a relative of one other person on the telephone. We also spoke with two commissioners to check whether they were happy with the service people received. We made additional telephone calls to three care staff.

We asked the provider to send us information in the Provider Information Return to plan the inspection. The 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. We took this into account when we made the judgements in this report.

Requires Improvement

Is the service safe?

Our findings

At our last inspection, the provider had not always completed all the necessary checks needed when employing new staff; to help ensure individuals were of good character and suitable to work with vulnerable people. These included two written references, proof of the person's identification and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. At this inspection we could not be assured that this had improved and that all the recruitment checks had been completed. Staff we spoke with confirmed that they had DBS checks completed and that the registered manager had copies of these. They also said that they had given them proof of identification and the names of suitable referees. The care manager confirmed that they had seen some of these checks. However, the registered manager had not kept the records at the office. We attempted to speak with the registered manager so that they could offer us evidence that the checks had been completed but they did not respond to us. We therefore cannot be assured that all recruitment of new staff was completed fully to ensure that they were safe to work with people.

This evidence is a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were protected from abuse by staff who understood how to identify signs and report in line with procedures. One member of staff said, "I know what to look for; for example, if people have bruises or are withdrawn. I would always report it." People told us they felt safe. One person told us, "I look forward to the staff coming; I can trust them." There had not been any safeguarding concerns raised and when we spoke with people and their relatives we were assured that there had not been any incidents that should have been.

People were supported to take their medicines as prescribed when it was part of their care agreement. One person said, "The staff give me my tablets and then sign the sheet." When we visited one person in their home we saw that the medicines administration record (MAR) was fully completed. Staff told us about the training they received and the checks that were in place to ensure that they were competent in administration. Not all staff were trained to administer medicines and those staff confirmed that they were with a senior member of staff on the calls which required medicine support. The care manager confirmed that all the people they supported with medicines had arrangements in place to order their own stock from the pharmacy and they did not manage this for anyone at the moment.
Risk was managed to protect people from harm. When we spoke with staff they understood the risk management systems that were in place. Some people used equipment to move safely and we saw that there were risk assessments in place to provide guidance to ensure this was done safely. Other people had plans in place to help them to maintain their skin integrity. One person told us, "The district nurse has praised the staff to me. They said how well they look after me. The staff always put my cream on and my skin is really good at the moment."

Staff understood the importance of infection control and ensured that they used protective equipment.

When we visited one person we saw that there was equipment in the home for staff to use and that the staff there were wearing gloves and aprons. One member of staff told us, "If we notice that we are running low of any protective equipment we contact the care manager. They will ensure it is distributed by a senior care promptly." This demonstrated to us that there were systems in place to reduce infection in people's homes.

There were enough staff to ensure that people's needs were met safely. Staffing levels were planned around individual care packages as agreed with people. One person said, "The staff are punctual at the moment. It has definitely improved and there are more staff employed who are very calm and efficient.". A relative told us, "We did have some issues at the beginning but now the staff do turn up on time.". Another relative said, "We do get a rota and there are sometimes changes to it; for example, if someone is sick. However, if there are any changes they ring or text and we understand that sometimes it can't be helped.". We were also told that staffing levels were also flexible at times; for example, to accommodate a day out or to support people with hospital appointments.

In relation to people's care and support lessons were learnt from when things went wrong and actions taken to reduce the risk. For example, when staff felt that people's needs had changed and there was an increased risk of falls they informed the care manager. We saw that they had referred people to other health professionals to review the equipment they used to ensure that they were receiving safe care and support.

Good

Is the service effective?

Our findings

Care and support was planned and delivered in line with current legislation and best practice guidance. Staff understood people's assessments about their needs and were given guidance to assist them to meet them. For example, one person received their nutrition through a percutaneous endoscopic gastrostomy (PEG) feeding tube. PEG feeding is used when people cannot maintain adequate nutrition with oral intake. The person told us, "The staff are all knowledgeable about it and have had specialist training." We saw that there was national guidance in the person's plan to support staff as well as a specific care plan for the individual. A health and social care professional we spoke with said, "The team have completed an assessment and there is a care plan in place. The staff are trained to the person's needs and are doing a grand job.". This demonstrated to us that attention was given to ensuring care was delivered in line with best practise.

People's healthcare needs were met to ensure their wellbeing. All of the people who received a service under the regulated activity retained responsibility for their own healthcare. However, staff told us how they worked closely with other healthcare professionals to support people. One person confirmed this by saying, "If the staff see anything that worries them they will ask for my permission to let the district nurse know or they will remind me to do so." The care manager said, "We do encourage people to contact the GP if we are worried or we let their families know, with their permission." This also demonstrated to us that the staff team worked effectively across other organisations when needed.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We spoke with people and their relatives and were assured that people were always consulted about consent and decision making. One relative said, "The staff always explain what they are going to do and ask for permission. They understand that for [Name] to understand them they need to ensure that only one person is speaking and that the information is simple." The care manager confirmed that everybody who was receiving care had capacity to make their own decisions at the time of the inspection visit. Staff we spoke with told us they had training in MCA and could explain to us what their responsibilities were under it.

People were supported by staff who were skilled and knowledgeable. One person we spoke with said, "The carers are all really competent." All staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The care manager told us, "Although most staff started here with national qualifications we decided to all do the same training so that we knew we all had refreshed the basics." Staff had specific training to individual needs; for example, they attended a local hospital to receive PEG training. All new staff had a planned induction. One member of staff told us, "I did about two weeks of shadowing senior staff. I did different times and different people to get a good insight." People and relatives confirmed

that new staff were supported into their roles. One relative said, "New staff are always accompanied.".

People were supported to have enough to eat and drink when that responsibility had been agreed as part of the care they received. When we visited one person they told us that staff had just provided their meal and that they were happy with the choice and how the food was presented. The care manager told us that they had implemented monitoring records when they had the responsibility so that they could ensure that people were having adequate amounts. They said, "It is essential that we monitor this for some people; for example, some people use a catheter and so we monitor their fluids carefully."

Good

Is the service caring?

Our findings

People had caring, kind supportive relationships with the staff who supported them. One person told us, "They are all lovely; they never rush and make sure everything is sorted before they leave." A relative said, "All of the staff are really good with [Name] and have lots of time for them." We were also told that staff went beyond expectations at times. One person said, "When I needed to go into hospital for an investigation the staff came with me and held my hand throughout because they knew I was nervous." One member of staff said, "All of the people we support are just lovely and the staff team are really kind and supportive. I love working here.".

People made choices about their care. One person told us, "The staff always do what I ask." One relative said, "The staff really listen to us. We work in partnership to get it right." Staff understood the importance of each individual's communication style. For example, they told us of the adaptations implemented with one person to ensure they had memory prompts. When we visited the person, we saw that these were in place.

People were encouraged and supported to be as independent as possible. One relative told us, "[Name] has built up trust with the staff and this has increased their confidence. They are getting up more and have even started brushing their own hair for the first time in a long time." Other people and relatives told us how staff were flexible in their approach; for example, encouraging people more on good days but providing additional support and care on others.

Dignity and privacy were upheld for people to ensure that their rights were respected. One relative said, "They are very respectful. They always consider my relative's privacy when they are supporting them with personal care." Relatives spoke to us about the positive relationships they had with staff as well. All of the staff we spoke with described how they cared for individuals and understood what was important to each person.

Requires Improvement

Is the service responsive?

Our findings

The registered manager was not managing or recording complaints in line with their complaints procedure. Some people and relatives we spoke with told us that they had raised concerns or complaints previously. One relative said, "I did raise a complaint about a missed call. I was unable to get hold of the registered manager. However, I did manage to discuss it with the care manager and they did sort it out and let me know the outcome." Other relatives told us they had needed to raise concerns about their bills when the charged care had not been in line with the number of hours provided. Again, they were happy that the care manager had resolved it and they had no concerns since. Staff we spoke with also told us about some people who telephoned the office with concerns. There were no records maintained of any of these and no response from the registered manager had been recorded. There had also been no follow up from the registered manager to ensure that people were happy with the outcome of their complaint. The provider's procedure stated that, 'The recording of complaints will not be confined to serious or substantial.' In addition, people and relatives did not recall being given any information about how to complain to the provider or what they should expect as a response. However, they all felt that they could raise concerns with the care manager and stated that they were responsive.

This evidence is a breach of Regulation 16 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found that care plans required improvement to give staff the guidance required to provide personalised support. At this inspection we found that this had been improved. The care manager told us, "We introduced a new, simplified care planning system which shows staff what they need to do easily." One person told us, "Since the care manager has been in post it is completely different. There is a lot more paperwork in place and I feel safe and well looked after."

People and their relatives told us they had been included in planning and reviewing care and support. One relative said, "I have done the care plan with the staff. They have completely taken on board how important routine is to [Name]. All the staff know the care plan well and have learnt how to support [Name]. It's brilliant." One person said, "They always listen to me and I have recently made arrangements for more care with them."

We saw that care plans gave a detailed description of what was important to people, including routines and preferences. They were regularly reviewed and updated if people's needs changed. The computerised care planning system which had been implemented assisted staff to communicate promptly with each other to provide joined up care. One member of staff demonstrated how they used their mobile phones to log into the system so that the care manager would know that staff were at the calls they were supposed to be at. The system also enabled them to make care notes which could be actioned. For example, if some paperwork was needed in a home then a message could be sent to the office or if someone seemed unwell this could also be recorded. There were also daily records kept in each home which staff could refer to ensure people received continuity of care; for example, they recorded what meals people had so that a different choice could be offered.

Staff understood people's diverse needs and how they could meet them. At the time of the inspection everyone received information in a standard format because they could either read it or they had family members who did. However, the care manager was aware of ways that information could be shared differently if needed; for example, using larger print or telephoning people.

Some people were supported to access social engagements and hobbies as part of their agreed care package. On the day of our visit one person had been for a day out in a garden centre. Their relative told us, "[Name] is building up trust and going out for shorter days which is great for both of us." They told us that they were arranging further social support through the service.

There was no one receiving end of life care at the time of our inspection and so we did not inspect this.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we recommended that the registered manager should review the scope and thoroughness of their quality monitoring arrangements in line with current guidance. When the registered manager had delegated these to the care manager they were effective and being regularly reviewed. However, we found that there were not secure records maintained in the registered location for staff employed by the service. We could not verify what qualifications staff had or the training they had completed because these records were also not maintained or not accessible. There were no structured systems in place to seek and act on feedback from people who used the service; for example, the registered manager did not send surveys or use other methods to ask for feedback. There were policies and procedures in the service but when we spoke with staff they told us that they had never read them because they were very large documents. We reviewed some of them and found that they did not always directly relate to the service that was being provided.

This evidence is a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager did not send us notification of a death that occurred in the service. The care manager told us how a member of staff had reported the death and given witness statements to a coroner's investigation. The care manager was not aware of the requirement for notifications of these circumstances and said that the registered manager had not explained this to them.

This evidence is a breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager was not fulfilling all of the duties of their registration. They did not have sufficient oversight of the day to day running of the service and therefore were not meeting the requirements of their registration. They had delegated routine management duties to the care manager. The care manager told us that the registered manager visited on an ad hoc basis and would sometimes spend some time reviewing care files. However, there was no structured handover or oversight. People and relatives told us they did not have regular contact with the registered manager. One relative said, "I have spoken to them once on the telephone but have had no further contact and all of our communication is with the care manager." One person said, "The registered manager was more involved at the beginning but has had little to do with anything since they appointed the care manager." We spoke with the registered manager to announce the inspection one day prior to the inspection visit. During that conversation they had limited knowledge of the service; for example, they did not know how many people were receiving a service nor how many staff were employed. Staff told us that although they knew the registered manager they did not get involved in the running of the service and that they would not approach them with questions or for support.

We were unable to speak with the registered manager during the inspection visit or after despite making several telephone calls and sending an email asking them to contact us. They had not returned the Provider Information that they are required to do at least annually prior to the inspection visit. Again, we were unable to ascertain if there was any reason or explanation for this omission because of the limited contact.

The provider was not displaying the rating of their service on their website in line with our regulations. After our last inspection we contacted the provider to inform them of their duty to do this. They did not comply with the regulation and so we have followed criminal prosecution enforcement. At this inspection, the provider had still not displayed their rating on their website or in their office in line with our regulations.

The registered manager did not send us all the notifications we require in line with their registration. We ask for these so that we can check what actions were taken to ensure the safety and wellbeing of people who use the service. The care manager told us that the registered manager had moved the office base away from the registered location for six months and they had only recently moved back. The registered manager had not notified us of this office move.

Some systems and audits had been implemented by the care manager and we saw that they were effective in improving the quality of the service. They reviewed care plans regularly to ensure that the information was current and relevant. Medicines records were reviewed to ensure that there were no gaps in recording administration. They told us how they communicated with staff if there were any errors and this was confirmed by staff we spoke with. They had implemented new systems; for example, to record people's diets and the hygiene. This was to reflect that people had received their personal care and also that people's homes were clean and tidy if this was part of the service they were delivering.

There was a system embedded to assist the care manager with planning staffing levels and monitoring staff attendance on the calls. The care manager told us, "The registered manager is very supportive if I tell them we need something to improve the service. This system works well and they invested in it and my train when I requested it." They showed us that they were able to measure the company's performance through it. For example, in the past month 90% of the calls were within twelve minutes of the planned time. When we spoke with people they told us that there had been an improvement since the care manager was in post because previously some calls were late and occasional ones were missed.

The care manager had developed relationships with other professionals to ensure that people's needs were met in a timely manner. For example, they worked closely with district nurses to share information to ensure that people's health and wellbeing was maintained. Commissioners we spoke with told us that records were completed and information was available for reviews when required. They were happy that the care manager had an oversight of the care delivered and worked in partnership with them.
Staff told us that the care manager was approachable and that they felt supported in their roles. One said, "We have regular team meetings where we can talk about what support we need and what is important to the people we support." We reviewed meeting minutes which evidenced this.
People and their relatives told us they were happy with the service they received. One person said, "I am really happy and wouldn't change to another company." A relative said, "It's fantastic. It's a tiny company and that makes it personal. They have taken the anxiety, stress and uncertainty away." This showed us that people who used the service felt that they did receive a good service.

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 16 Registration Regulations 2009 Notification of death of a person who uses services The Provider and not notified us of a death as required by the registration regulation's

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider had not responded to complaints as required by the regulations.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured their delegated responsibilities for the management of the service were effective and had been regularly reviewed. Feedback from people who used the service had not been obtained. Policies and procedures did not always directly relate to the service that was being provided.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider needs to ensure the correct checks and assurances have been completed when employing staff.