Care at Home UK Limited

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Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

The inspection took place between 04 and 11 June 2015 and was announced.

Care at Home UK Limited provides live-in personal care to people in their own homes. Care workers are allocated to live-in with people for up to twelve weeks at a time. The agency provides care in several counties including, Essex, Suffolk, and Oxfordshire. At the time of our inspection, care was provided to 21 people.

A registered manager was not in place but an individual had been appointed and told us that they were in the process of applying for registration. 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.

At the last inspection in September 2013, we identified a breach of the legal requirements and we asked the provider to make improvements as medicines were not being managed safely.

At this inspection we saw that improvements had been made to medicines management and the arrangements were safer.

Summary of findings

People using the service were protected from the risk of abuse because the provider had provided guidance and training to staff to minimise the risks of abuse. People felt safe and had good relationships with their carers.

Risks to the environment and to individuals were identified and there were clear plans in place to manage them. Accidents and incidents were monitored and reviewed and steps taken to reduce the likelihood of a similar issue occurring.

Staffing was organised to ensure that people received care from a consistent team of staff and clear handover arrangements ensured that carers knew peoples individual needs and preferences. There were arrangements in place to respond to unforeseen events and emergencies.

Staff were trained and their practice supervised by the agency. The manager had a good understanding of the Mental Capacity Act (2005) and we saw that people were consulted about their care and support needs. People were supported to maintain a balanced diet and had good access to health care support.

Staff were caring and supported people to maintain their independence and their interests. Care plans were person centred and regularly reviewed. When people's needs changed the agency were proactive in seeking advice.

People were aware of the complaints procedure and expressed confidence that issues would be investigated and addressed.

The manager was visible and accessible and aware of the needs of the people using the service. Staff were well supported by the manager and office staff. Audits and spot checks identified areas for improvement and where gaps were identified they were actioned.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

- There were systems in place to protect people from abuse.
- Risks to people's wellbeing were identified and plans put into place to reduce the risks to individuals.
- Improvements have been made to the management of medication.
- The provider checked people's suitability to work with vulnerable people.

Good

Is the service effective?
The service was effective.

- Staff received training to enable them meet people needs.
- Staff sought consent prior to providing care.
- People are supported to eat and drink.
- People were given support to help them stay healthy.

Good

Is the service caring?
The service was caring.

- People trusted staff and thought that they were kind and caring.
- People were consulted about their care needs.
- People's privacy and dignity was respected.

Good

Is the service responsive?
The service was responsive.

- People had their needs assessed and reviewed.
- Complaint procedures were in place and the findings used to improve care practice.

Good

Is the service well-led?
The service was well led.

- The service takes people's views into account.
- There is a clear management structure and visible leadership.

Good

Care at Home UK 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 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 between 04 and 11 June 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector and an Expert–by-Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, and their expertise was in the care of older people.

We reviewed information we held about the provider, in particular notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law. We looked at safeguarding concerns reported to us. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect.

We spoke on the telephone to two people who used the service and 13 relatives. We visited three people at home and spoke with them about their experience of the agency. We spoke with six care staff as well as staff from the head office team.

We reviewed a range of documents and records including care records for people who used the service, staff recruitment records, complaints records, accident and incident records. We saw records of staff meetings and a range of quality audits and management records.

Good

Is the service safe?

Our findings

At the last inspection we found that medicines were not being managed safely. At this inspection we found that improvements had been made.

People told us that medication was administered in the correct way, and at the right time. The systems were often backed-up by relatives who ordered supplies of medicine and who oversaw the process. One relative told us that the carer ordered the medication at the right time and also watched over their relative to make sure that they took the medication. The person said that in the past a previous carer had failed to record the medication properly but that the company, "was quick to spot this and dealt with it immediately".

Peoples care plans included clear guidance for staff to follow which included how people liked to take their medicines, "put tablet in a pill pot and tip into (the persons) hand." They clearly identified any food and drink to avoid when giving medication. Plans provided staff with guidance on identifying how the individual experienced pain and the impact on the person.

We looked at a sample of medication administration records (MAR) which staff sign to evidence that people have been administered their medication as prescribed. These had been competed accurately in all but two examples. Staff had not recorded "as required" medication on to the MAR and in the second example the member of staff had not recorded the number of tablets but was able to show that they were following the GP instructions. The manager told us that they had already identified some issues with the recording of medication and had asked that MAR's be returned to the office more regularly for checking against copies of the prescription.

People told us that they felt safe with their 'live-in' carer. There was universal praise for carers and they were described as, "wonderful", and "outstanding". One relative told us that they had, "every confidence" in the carer and that (their relative) was, "anxious when the carer is not there."

Staff understood the need to protect people and report any concerns to managers. They were aware of different types of abuse and confirmed that they had received training on the actions that they should take to protect people. Staff told us that they were encouraged to raise concerns, no matter how small. There was a safeguarding policy in place which outlined the reporting mechanisms and the contact details for the relevant local authorities. The manager was aware of the safeguarding processes.

Risks were managed by the Agency. Assessments of people's environment were carried out in their homes before the agency provided care. This assessment included identifying potential hazards such as those associated with uneven flooring or the use of equipment. Guidance was provided on the actions that staff should take to reduce the risks. There were clear arrangements in place for emergencies and staff told us that a member of the office team was on call outside the office hours.

Accidents and incidents were logged centrally along with actions taken to reduce the likelihood of a further incident. We saw a falls risk assessment which identified that an individual was at increased risk of falls when they had a urinary tract infection. The assessment directed staff to reduce the risk, by taking additional steps to identify the infection earlier this included taking the persons temperature and testing their urine. There was another risk assessment in place for an individual who needed support with their mobility. The assessment identified the equipment such as grab rails and slide sheets which were in place and outlined how staff should use them to support the person. This person also had a second carer, from another agency; attend to help the live in carer with moving and handling.

The provider had sufficient numbers of staff to meet the needs of the people using the service. People told us that they received care from a consistent carer, some of whom had been their carer for many years. They told us that when their main carer went on holiday the agency tried to provide a carer that they already knew but that this was not always possible. One relative told us that when a relief carer was sent, it "upset the applecart" for their relative, in that it unsettled them. Another said "it would be nicer if there could be fewer different interim carers." However relatives acknowledged that the agency made efforts to ensure consistency and one described the agency as "patient and tolerant" over this issue.

We saw that the agency worked alongside other care agencies and on occasions organised a second carer where the needs of the individual increased.

Good

Is the service safe?

We looked at the recruitment records for four staff and saw that references and disclosure and barring checks (DBS) had been requested and results obtained before the staff member started work. In one of the four files viewed we saw that one of the references had been obtained from a colleague rather than their manager and in another a reference had not been obtained from the last employer. This was immediately actioned by the manager.

Disciplinary procedures were followed if any staff behaved outside the code of conduct. Where concerns were identified staff were asked to attend additional training or update training was brought forward.

Good

Is the service effective?

Our findings

People told us that staff were well trained and competent. One relative said, "They are professional." Another relative told us that the live-in carer was being kept up-to-date with training and that they had gone on a three-day training course earlier this year.

Staff confirmed that they had received a comprehensive induction before starting work with the agency which took place over four days. We saw records which showed that this covered subjects such as infection control, safeguarding, mental capacity act and health and safety. The manager told us that the company were in the process of implementing the new care certificate which is a nationally recognised framework for good practice in the induction of staff.

Records showed that staff received update training at regular intervals on areas such moving and positioning and first aid. One member of staff told us that they had been unable to attend one of the update training sessions on moving and handling so the trainer had come to them and provided training on site on how to use the hoist safely. Updates on subjects such as Parkinson's and mouth care are provided via regular newsletters which are sent to all staff.

People were given a choice of carers and we were told they were sent a pen picture which outlined the carer's previous experience and interests. New or relief carers are introduced via a, 'handover period' where the new carer spends time (sometimes up to 24 hours) with the permanent carer, going through all the routines and information which the new carer needs. We observed part of the handover during our inspection and saw that this focused both on the individual's needs and preferences as well as looking at the equipment in place. People told us that this process was carried out properly, and often the permanent carer was complimented for her commitment to making sure that the new carer was up to speed before she left.

Staff told us that they were well supported and could contact the office for help and advice. All carers and individuals who receive care are telephoned each week by a member of the office staff to discuss how the week has been and whether there have been any issues or concerns. Staff told us that they found these calls supportive.

Staff told us that they receive supervisions and appraisals and a member of the office team undertakes spot checks at random. One relatively new member of staff told us that as she was new, staff came to check on her more often.

We saw records to show that supervisions and spot checks were being undertaken and while there were a small number of gaps overall there was a good level of support and oversight.

People told us that they were involved in their care and listened to. One person said, "they are on hand when I need them."

We observed staff asking people for consent as they were assisting them. Staff were aware of the importance of consent and that people had the right to make decisions independently. Staff described how they ensured that people were in control of their care and told us that training in the mental capacity act was included in the induction training. The manager was aware of their responsibilities regarding the legislation and we noted that a review of a person's capacity had been requested to assist with the decision making process.

People told us that they were able to decide what they would like to eat and when.

One relative told us that their relative had, "thrived and put on weight." Another said that their relative was previously in a nursing home and that their health and nutrition had vastly improved since having carers in from the agency.

One person told us that their carer was a good cook and they enjoyed the food they prepared. Care plans outlined people's preferences and likes and dislikes. They gave staff very specific guidance about what and how people preferred to have their food. "I like to have porridge made with milk and half a banana mashed up and stirred in with it."

One relative commented that some of the carers, because their own country of origin and different cultures, were not familiar with English ways of cooking meals, or baking, but that they were keen and willing to learn. One other relative believed that the agency was providing some training in cooking skills. A member of staff told us that the person that they supported did not like ready meals and had always been used to home cooking and food made with fresh ingredients and this was what they tried to do.

Good

Is the service effective?

Any aids that people required such as easy grasp cutlery were clearly listed in the care plan. Where there were risks identified, there was guidance, some care plans specified a soft diet and in another we noted, “I like my food to be in bite size pieces” Relatives told us that where people had diabetes, or swallowing issues, the carer was coping with these conditions and addressing them appropriately.

People were supported with their health needs. People told us if an incident occurred the staff were quick to respond and took action. One relative said that the carer always alerts them if their relative’s health needs change. Staff told us that they accompanied people to hospital and helped organised GP appointments when required. Care plans provided details of health professionals who were involved and one person told us how much they appreciated their carer taking note of all their appointments and managing the process.

A staff member told us how they monitored an individual who was prone to urinary tract infections. They described observing for changes in behaviour and outlined how they supported them to increase their fluid intake. One person’s mobility had recently decreased and we saw that the agency had spoken with the family and an occupational health assessment was arranged. Where specific support was required such as testing of blood sugars for individuals who were diabetic, training was provided by the district nurse. The provider told us that they also supported staff by interpreting the results. Care plans outlined the actions that staff should follow in the event of an emergency.

Good

Is the service caring?

Our findings

People told us that they were happy with the care provided by the agency. Carers were described as intuitive, caring and going beyond the call of duty. One relative praised the conscientious nature and commitment of the live-in carer. “After (my relative) had a fall the carer didn’t go to bed for two weeks, but slept in a chair”.

Some carers had worked with people for a number of years and knew them well. We observed staff being attentive and the interactions were warm and relaxed. A number of relatives told us their relative, who had dementia, did not often make direct requests, but that the carer was skilled at anticipating needs and pre-empting them. One relative said my relative, “can’t do much, but (the carer) has got to know them so well. (The carer) sits with her and reassures them if they get anxious.” Another said their relative, “has limited memory, but (the carer) always finds something to spark their interest.” Another said the carers, “pre-empts (the persons) every need. (The person) is quiet and does not initiate conversation. They talk to them about previous interests….. and they have jokes together.”

People told us that they were supported to express their views and have a say in how they wanted to be looked after. One person told us, “they are on hand when I need them.” All the care plans we looked at included people’s individual preferences, likes and dislikes. Plans were written in a person centred way, outlining what the persons likes to do on a good day but for example informing staff that on a bad day they can be sleepy and lethargic.

People told us that they and their belongings were treated with dignity and respect. One relative told us the carer, “gave her (relative) distance and privacy when required.” Another said that they, “find just the right level of involvement. If a friend comes to visit, (the carer) is discreet and leaves.”

Staff described how they ensured people’s privacy by for example closing curtains and doors before providing care. We saw the agency had recently sent out a survey to people receiving the service and their relatives. The feedback was that respect and dignity were being upheld.

We observed that people we visited looked cared for, individuals who required a hearing aid had it fitted and it was working, enabling them to communicate effectively.

Most people said that the carer enabled them or their relative, to be independent as possible. They were encouraged and supported to do small things for themselves, although many relatives said that their relatives were highly dependent on the carers, and needed a lot of encouragement to do things. One relative said that this was “one of the few things I have to remind them about.

One person said that their relative had a recent fall and subsequently lost some of their mobility, but that the carer had encouraged her to regain this mobility and to walk a bit.

Good

Is the service responsive?

Our findings

People told us that the care was personalised and responsive to their needs. One person said, “I am very lucky, the arrangement works so well.”

Needs assessments were carried out before the start of the care package. This assessment reviewed the individual’s mobility, health, communication and preferences. The assessment was developed into a care plan which provided staff with clear guidance on how people needs should be met. Care plans detailed specific requests from individuals such as how they liked to start the day, what they liked to eat and what they enjoyed. People told us that staff respected these preferences and that they knew them well.

We saw that people care plans were reviewed every six months or earlier if people’s needs changed. There were written notes on care plans to reflect changes to people’s preferences and needs. We saw that at one review there was a discussion about an individual’s needs increasing and how they were taking longer to eat their breakfast. They were not always ready to be supported when another care agency arrived to assist. At the review it was agreed that the agency would speak with the other agency and reschedule the visit so that the individual could eat at a more leisurely pace.

As part of the inspection we observed the handover between one carer and the interim carer who was covering during the period when the main carer was on holiday. The handover was detailed and informative and focused on the person’s preferences, routines and how they liked care delivered. The permanent carer knew the person very well and they and the interim carer worked through a checklist together to make sure that nothing was missed. We were told that handovers usually take between one to two hours but depending on needs the interim carer could work alongside the permanent carer for periods of up to 24 hours. Relatives told us that handovers were carried out properly, and often the permanent carer was complimented for their commitment to making sure that the new carer was up to speed before they left.

People told us that they were supported to follow their interests and maintain relationships. Staff described how they escorted people to social events and facilities in the local community such as garden centres and tea rooms. One member of staff described going out with the person they supported each day for some fresh air and was due to accompany them, when they went out for a meal with a friend.

Feedback was welcomed and complaints were used to improve the quality of care. There was a complaints procedure in place and people and their relatives knew how to complain. People told us that they agency responded positively and sorted things out. One person described the concerns they had raised as, “usually minor”. They told us that these had been listened to and responded to or resolved. One relative said “I would ring the office. The office has always been helpful.” One person described how it had not worked with one of the carers but as soon as they raised the issue with the agency it was addressed and another carer was provided. Another person told us that when they had raised a problem the company had “taken the carer to task” and instigated some retraining. The majority of the issues which people told us about related to historical issues with interim carers and the agency told us that since then, they had strengthened the handover process. We looked at the records of complaints and we saw that there was a record of investigation; however outcomes were not always clearly recorded. The manager was able to locate some of the historical information and outlined the changes which had been made to reduce the likelihood of further problems.

Good

Is the service well-led?

Our findings

Our discussions with people, their relatives and staff demonstrated to us that there was an open culture that focused on people.

One relative said that the agency was, “friendly and approachable.” Another relative said that in the past the agency had been less responsive and sometimes, “defended the carers at all costs” in the face of criticism, but that now the agency was better organised and much more responsive. One service user described the agency/ manager as “quietly efficient.”

Staff told us that the manager was approachable and they had confidence that they would listen and address to any issues that they had. They told us that they were asked for their opinions and were able to put forward suggestions. Staff told us that morale was good and they were well supported by the manager and office staff.

The manager had a clear vision for the service which was about providing personalised care and supporting people to be as independent as possible. The manager spoke about the need to consolidate and embed changes before expanding further. A new training programme had recently been introduced for staff with the aim of providing a strong foundation as well as setting out expectations regarding good practice.

The manager had been previously registered as manager for this agency. However they had left for a short period before returning but they were no longer registered. The manager who was also a director of the company told us that they were in the process of reapplying for registration. The manager was clear as to their responsibilities and the expectations of the role.

The manager was supported by an office team who undertook assessments, reviews and quality checks. People told us that they had confidence in the communication systems of the agency; they responded well to emails and to telephone calls and communicated well with relatives. We saw documentation which demonstrated that the agency communicated with people using the service, professionals and relatives.

We were told that the office team rings people receiving care and their carer on a weekly basis to pick up on any changes and identify any issues. People told us that they valued these calls and it meant that the agency were picking up on issues before they became problems.

Quality checks were being undertaken and staff practice was monitored though observations and unannounced spot checks. We saw that these looked at a range of areas such as infection control, medications and interactions. Where issues were identified, staff members were spoken with and actions taken. The feedback from staff and people who used the service were that issues were being picked up by the manager and addressed.

The manager had identified areas which required development and had a plan to address them. They told us that they planned to expand the numbers of spot checks being undertaken and reintroduce the monthly quality reports.

We saw that satisfaction surveys had been undertaken prior to the current manager’s appointment in January 2015. Feedback was generally positive