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

Caring at Home Limited provides personal care and support to people who live in their own homes in Derbyshire. At the time of the inspection there were 12 people receiving a service.

We carried out this inspection on 18 April 2017. It was an announced inspection, which meant the provider knew we would be visiting. This was because we wanted to make sure the registered manager, or someone who could act on their behalf, would be available to talk with us.

This was the first inspection since the service was registered with CQC in December 2015.

A registered manager was 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.

People who used the service were at potential risk as recruitment procedures were not always thorough or effective. Care was not consistently person centred as people were not routinely consulted or involved in their individual care planning. Record keeping, including care plans, risk assessments and reviews, was poorly maintained. Although staff received appropriate training, support from the registered manager was inconsistent. Communication systems, including staff meetings were also unsatisfactory. Staff were confident and competent in their roles. They spoke positively and enthusiastically about the work they did and the people they cared for.

Systems in place to monitor the safety and quality of the service; and to gather the views and experiences of people and their relatives, were inconsistent and we have made a recommendation regarding this.

The provider had policies and procedures in place relating to medicines management. Staff understanding and competency regarding the management of medicines was subject to regular monitoring checks and medicines training was updated appropriately.

Where people lacked the mental capacity to make decisions the service was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

The service was flexible and responded positively to people's changing needs and any issues or concerns raised. People and their relatives spoke positively about the service provided and were confident that any concerns they might have would be listened to, taken seriously and acted upon.

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.

People were at potential risk from inconsistent recruitment procedures. Risks relating to people's care and support were not always appropriately managed and care plans were often poorly maintained. Medicines were effectively managed by staff who had received the necessary training to help ensure safe practice.

Is the service effective?

Good

The service was effective.

Staff were aware of their responsibilities and were competent and confident in their individual roles. People who use the service and their relatives were happy with the care and support provided. Staff demonstrated an awareness of the Mental Capacity Act 2005 (MCA) and where appropriate, decisions were made in people's best interests

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind, patient and compassionate. Staff encouraged people to maintain and improve their independence. People were treated with dignity and respect.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not routinely consulted or directly involved in their care planning, documentation was poorly maintained and record keeping was inconsistent. Staff knew individuals well and understood how they wanted their personal care to be given. A complaints procedure was in place and people were able to raise any issues or concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Communication was not always effective of consistent. There was a lack of effective quality assurance monitoring systems; checks had not always identified and addressed shortfalls within the service. Accidents, incidents and risks were not always monitored to identify trends and help ensure lessons were learned and necessary improvements made. Although staff felt supported they did not always feel valued by the registered manager, who did not always provide effective or consistent leadership.

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 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 18 April 2017 and was announced. The provider was given 48 hours' notice of our visit, because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited. The inspection team consisted of one inspector.

We checked the information that we held about the service and the service provider. We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the provider to send us a Provider Information Return (PIR) and this was submitted. 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 spoke with three people who used services and two relatives. We also spoke with three care workers, one senior care worker, the office administrator and the registered manager. We also looked at documentation, which included three people's care plans as well as two staff training files and records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

People we spoke with, who used the service, said they felt safe, happy and confident with the organisation and the carers who supported them. One person told us, "I feel safe while my carers are here – no problems."

Relatives also spoke positively about the support their family member received and the reassurance and 'peace of mind' they felt, knowing their family member was safe and well cared for. One relative told us, "[Oh yes, [family member] is safe – I've got no concerns. There are always two carers now whenever he uses the hoist; that wasn't always the case to start with but it got sorted." Another relative told us, "Oh yes, they (care staff) look after [Family member] well and take care of him alright."

However we identified concerns regarding inconsistencies in the recruitment process. The provider had not always completed all of 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.

In one staff file we saw there was a discrepancy between the disclosure on the application form and the DBS return. We also found in another file there was no evidence of reference requests having been sent out. We discussed this with the registered manager who told us they had done so but had received no response. They said they followed this up with a verbal reference, which was satisfactory however this had not been recorded in the individual's recruitment file. This meant people were at potential risk, as the provider had not carried out thorough recruitment procedures to help ensure their safety and wellbeing.

Staff we spoke with were confident the people they supported were safe were aware of people's individual care and support needs. People were protected from the potential risk from medicines because care staff were appropriately trained and were aware of and followed policies and procedures relating to the safe handling of medicines. People and relatives we spoke with were happy and confident that medicines were safely handled and managed. Staff told us they had received training in managing medicines, which was updated regularly. This was supported by training records we were shown, however we saw no evidence that competency assessments were carried out. We discussed this with the registered manager, who acknowledged this was not carried out, or recorded, consistently and said this would be addressed.

People who used the service were protected from the risk of abuse by staff who were trained to recognise and respond to safeguarding concerns. Staff we spoke with showed a good understanding of their responsibility to identify and report issues or concerns to the registered manager. We saw safeguarding policies and procedures were in place. Staff had received relevant training regarding what constituted abuse and understood their responsibilities in relation to reporting such concerns. They told us that because of their training they were aware of the different forms of abuse and were able to describe them to us. They also told us they would not hesitate to report poor or unsafe care practice to the registered manager and

were confident any such concerns would be taken seriously and acted upon.

Good

Is the service effective?

Our findings

People received care and support from staff who had the knowledge and relevant skills to carry out their roles and responsibilities effectively. People and their relatives spoke positively about the service provided and how reassured they felt with the care staff. One person told us, "I'm very happy with the carers that come here; they know what they're doing, which is reassuring. There's a new senior now and she's very good and knows what she's talking about."

Relatives we spoke with, were all satisfied with the care and support their family member received and felt they were kept appropriately informed. One relative told us, "All the carers seem to know what they're doing and we always have a little chat about how [Family member] is going on." Another relative told us, "I cannot fault them (care staff) they know what they're doing - and they do it well."

Staff we spoke with described the benefits of the induction and training they received when they started working at the service. They told us they had initially shadowed more experienced colleagues on calls until they felt confident and had been assessed, by a senior carer, as competent to undertake their roles and responsibilities. One member of staff told us, "The training is pretty good here; it's a mixture of online and face-to-face training – which I prefer. It's in a group so we can ask questions and share experiences, which for me is always the best way to learn." We saw staff had received appropriate training to carry out their roles and they demonstrated that they understood their responsibilities in relation to those roles. Records we looked at showed new staff received an induction programme and all essential training.

Formal supervision provides each employee with the opportunity to meet, on a one to one basis, with their line manager to discuss any work related issues, monitor their progress and identify any additional support or training needs. We received contradictory accounts of individual staff member's experience of supervision. One member of care staff told us, "Yes, I have had supervision with a senior – but it doesn't happen very often." However another member of staff said they had not received formal supervision since they started, "Nearly a year ago." They told us, "I've never sat down, one to one, like this with anyone, to discuss my work – but there's usually someone here if I do need to talk to anyone." The registered manager confirmed there had been, "Some problems with supervision and appraisals – but we're getting there." We were shown no records or documentary evidence of staff appraisals or supervision having taken place.

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 make 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. The application procedures for this must be made through the Court of Protection for people living in the community.

The service worked within the principles of the MCA. We found that the registered manager and staff had an understanding of the MCA and Deprivation of Liberty Safeguards (DoLS). Staff had attended training in this

area and understood how the principles of the legislation related to their work and how it applied to the people they supported. The registered manager confirmed where appropriate MCA assessments were carried out but this none of the people they currently supported required this. Staff we spoke with understood the importance of consent and explained how they gained people's consent to their care on a day-to-day basis. They also told us that, where appropriate, people were supported to eat, drink and maintain a balanced diet. This was supported in discussions with people and their relatives.

The registered manager confirmed the service worked closely with other healthcare professionals including GPs, occupational therapists, dieticians and district nurses. We saw records of referrals to healthcare professionals were maintained and any guidance was recorded in people's care plans. This helped ensure people's individual health care needs were effectively met.

Good

Is the service caring?

Our findings

People said they were supported, with dignity and respect, by kind and compassionate staff. One person told us, "The carers are very cheerful when they come here and they're all very kind and patient." Another person told us, "I really can't fault the carers who look after me; they're amazing. I look forward to them coming and I don't know what I would do without them."

We also received positive comments from relatives we spoke with regarding the kindness of the care staff. They said they were, "More than happy" with the level of care and support their family member received.

One relative told us, "I have the peace of mind knowing [family member] is being well cared for and it's very reassuring to know they are in such good hands." Another relative told us, "They (care staff) are always respectful and treat [family member] very well." There was a caring ethos amongst the staff we spoke with and they had clearly established good working relationships with the people they supported and had a good understanding of their care needs.

The registered manager emphasised the importance of positive caring relationships and the need for trust and transparency. They said staff worked hard to develop and maintain effective professional relations with the people they supported. They told us, "This can take time to develop but we don't rush our calls. I don't want it to be a numbers game; so we don't do any 15 minute calls." This was supported by staff rotas we saw and was confirmed by people and their relatives we spoke with.

People's privacy and dignity was respected and promoted. People and their relatives we spoke with said staff provided personal care and support in a respectful, dignified and professional manner. They described how carers routinely closed doors and curtains, if necessary, and explained clearly what they were going to do before carrying out personal care. People also described the kindness and consideration they were shown while they were being supported with their personal care. We saw that the language and terminology used in care plans and support documents was respectful and appropriate. This demonstrated people received care and support in a way that helped ensure their privacy and dignity was maintained.

Staff we spoke with were clearly dedicated and demonstrated a genuine commitment to providing compassionate care to the people they supported. They recognised the importance of treating people as individuals. And were knowledgeable and showed awareness and a sound understanding of people's individual care and support needs. One member of staff spoke enthusiastically about their role and told us, "I absolutely love what I do and feel it's such a privilege to go into other people's homes and make such a difference to their lives." Staff spoke of the importance of developing close working relationships with individuals and their families and being aware of any subtle changes in their mood or condition. This meant people were supported in a consistent manner by staff who understood their ongoing care and support needs.

Requires Improvement

Is the service responsive?

Our findings

People who used the service said they felt "Listened to" and involved in planning the care and support they received. Relatives we spoke with said care staff often discussed with them the level of support required and respected their decisions, regarding the care provided. People told us that, when necessary, care staff supported them to have sufficient to eat and drink and respected their choices. However this was not evident from individual care plans we looked at. They did not include any signed contract or service agreement and there was no documentary evidence to demonstrate people's involvement, understanding and consent to their personalised care. The plans were unstructured and disorganised and therefore information regarding people's care needs was not readily accessible. There was also little evidence of care plans having been reviewed on a regular basis. This demonstrated people had not routinely been consulted or consented to the support they received.

We discussed this issue with the registered manager and a recently appointed senior carer. They said they were aware of the poor state of the existing care plans, which they described as, "Not fit for purpose." They assured us work was currently in progress to "Make the paperwork more user friendly." They also recognised the importance of consulting people and their relatives in the care planning process and they acknowledged this involvement was not currently being appropriately or consistently recorded. The senior carer acknowledged significant improvements were required to address shortfalls in the current documentation. They told us that, following consultation with care staff, they were in the process of gradually introducing and implementing improved templates to address the identified shortfalls in the existing documentation.

People and their relatives we spoke with felt care staff responded appropriately to their needs and wishes. They said staff knew them well and were aware of and sensitive to their preferences and how they liked things to be done. One relative told us, "[Care staff] all know [Family member] and so they can help and support him in the way he likes – and they do what's best for him." Another relative said, "We have regular carers who all know [Family member] and what assistance he needs with washing and dressing. Although the early call isn't always as early as we would like – I think we're second on the list."

Members of staff we spoke with told us of the importance of routine and consistency, which helped ensure people received care and support in a way that reflected their needs and preferences. Staff we spoke with had developed close working relationships with the people they supported. They were knowledgeable about people's needs and fully aware of their individual wishes and preferences. A senior carer explained that before anyone received a service, an initial assessment of their personal circumstances was carried out to establish their individual care and support needs. They said this process also incorporated personal and environmental risk assessments. This was supported by completed assessments we saw and confirmed through discussions with people and their relatives. This demonstrated that the service was responsive and the care and support provided was personalised and met people's individual needs.

One member of staff described a recent situation which demonstrated good practice and a responsive service. They said the condition of a person using the service deteriorated and they required a specific medical intervention and subsequent specialist care and support. The person and their family was worried

their carers would not be able to support them and they would have to find another agency and lose their existing carers. However the registered manager arranged for the carers and their colleagues to attend the Royal Derby Hospital to undertake the necessary training. The member of staff told us, "So although the care package changed, we were able to continue with the calls; the client and their family were over the moon – and so were we." This demonstrated the service was responsive to people's changing care and support needs.

The provider had a complaints policy and procedure in place. We saw that where complaints had been made they had been dealt with in line with the policy. People and their relatives we spoke with were aware of how to make a complaint, if necessary and were confident any such issues would be appropriately addressed. One person told us, "Never had to make a complaint but if I needed to I would just contact [Care Manager] or ring the office." A relative we spoke with told us, "One of the seniors makes sure we are happy with the care we get, so I would always speak to her if there's a problem and they sort it out." This demonstrated that people knew how to make a complaint and were confident that any concern would be listened to and acted upon.

Requires Improvement

Is the service well-led?

Our findings

People who used the service and their relatives told us they thought the service was well managed. They said communication was generally good and they felt well-informed. One person told us, "I would always ring [Care manager] or the office if I'm not happy about anything - I'm a bit bossy like that but I do like things to be right." Another relative told us, "I would always ring the office if I wasn't happy with anything and there's always somebody who answers the phone." The registered manager and staff had a good understanding of the principles underpinning the provision of personal care and support to people in their own homes.

However we were not satisfied the service was consistently well-led. Systems in place to monitor and improve the quality of the service provided were inconsistent and ineffective. There were no regular service audits completed, such as care records, medication records and reviews of the individual support people received. We also found little evidence that audits had been carried out to seek feedback from people who used the service, their relatives and other stakeholders.

We recommend that the service reviews the scope and thoroughness of its quality monitoring arrangements in line with current guidance.

Communication between the registered manager and the care staff was also inconsistent. As well as no regular staff meetings, formal staff supervision or appraisals, staff told us there were often problems trying to contact the registered manager, when he was out of the office. They said he would often not answer his phone and they would have to leave a message for him to call back. We also experienced similar difficulties trying to contact the registered manager before the inspection and a care manager from the local authority; we spoke with, described similar frustrating experiences. This is not only unprofessional but unacceptable for a registered manager to be non-contactable. When we discussed this issue with him he said there was a problem with "A poor signal", however he acknowledged this was unsatisfactory and he would address the problem, as a matter of priority. He also gave assurances that regular staff meetings, with minutes taken, would be introduced and formal staff supervision and appraisals would be reinstated.

During our inspection we identified concerns and uncertainties regarding individual staff roles and responsibilities. There were no job descriptions in place. The office administrator was referred to as "The care co-ordinator", by the registered manager and staff were not at all clear about their job titles and areas of responsibility. We discussed this issue with the registered manager who said they would be addressing this situation and implementing individual job descriptions for each member of staff.

During our inspection all staff we spoke with were open and helpful and shared the provider's vision and values for the service. These included dignity, respect, equality and independence for people. We found a generally positive culture, which was centred on the needs of people who used the service and their families. Staff described morale as "Better than it was" and a culture which had experienced problems but which was slowly improving. One member of staff told us, "I think you'll find plenty of issues but I see that as a positive that we can build on and move forward." They went on to say, "Hopefully you can give us some direction."

All of the staff we spoke with said how much they enjoyed working with people in their own homes. They said they felt supported but not always valued by the registered manager, who they described as, "Approachable" and, "Supportive – when he's here."

We saw organisational policies and procedures which set out what was expected of staff when supporting people. The provider's whistleblowing policy supported staff to question practice and assured protection for individual members of staff should they need to raise concerns regarding the practice of others. Staff confirmed if they had any concerns they would report them and felt confident the registered manager would take appropriate action. This again demonstrated the open and inclusive culture within the service.

Services that provide health and social care to people are required by law to notify the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had notified the CQC of all significant events which had occurred, in line with their legal responsibilities.