

Mrs Sarah Ann Hunter

# Assisted Home Living

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 



# Summary of findings

## Overall summary

This announced inspection was carried out on 1 November 2016. Assisted Home Living provides support and personal care to people living in their own homes in north Nottinghamshire and south Yorkshire. On the day of the inspection there were 15 people using the service who received personal care.

The service is managed by the registered provider, so does not require a registered manager. Registered providers are 'registered persons' who have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by care workers who understood the risks people could face and knew how to make people feel safe. However people may not be supported in the safest and least restrictive way possible.

People were supported by a regular individual or group of care workers who they knew, although some of them had been recruited without following all of the required recruitment procedures.

People who required support to take their medicines received assistance to do so, but the staff involved in doing this had not been assessed to be competent to provide this support.

People were provided with the care and support they wanted, although staff may not have received the training needed to provide this in the safest and correct manner. People's human right to make decisions for themselves was respected and they provided consent to their care when needed.

People were supported to consume a sufficient amount of food and fluids that promoted their wellbeing. People received support from care workers who understood their health needs.

People were shown respect by care workers who were helpful and kind. People were involved in determining their care and support and were treated with dignity.

People's care plans did not contain all the required information to ensure their care and support was delivered as needed. People were informed on how to express any issues or concerns they had so these could be investigated and acted upon.

There was a lack of formal systems to monitor the quality of the service and make improvements when needed. People who used the service and care workers were able to express their views about the service. The management of the service provided leadership that gained the respect of staff.



## 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 entirely safe.

People could not be assured they would be protected from avoidable risks when being supported, or that staff had been properly vetted before taking up employment.

People received support to take their medicines from staff who had not been assessed to be competent to do so.

People felt safe using the service because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns.

People were supported by a sufficient number of staff to meet their planned needs.

### Is the service effective?

**Requires Improvement** ●

The service might not be effective.

People were cared for by a staff team who may not have received the training they required to meet their varying needs.

People's right to give consent and make decisions for themselves were encouraged and staff sought people's consent before providing them with care and support.

People were supported to maintain their health and had sufficient to eat and drink.

### Is the service caring?

**Good** ●

The service was caring.

People were supported by staff who respected them as individuals.

People were involved in shaping the care and support they



received.

People were shown respect and courtesy by staff visiting them in their homes

Is the service responsive?

Requires Improvement

The service was not entirely responsive.

There was a risk that people may not receive the care and support they required because their plan of care did not include all the information required to do so.

People were provided with information on how to make a complaint and staff knew how to respond if a complaint was made. Complaints made were investigated and responded to.

Is the service well-led?

Requires Improvement

The service was not completely well led.

People could not be certain the quality of the service would be maintained because improvements that were needed to the service were not being identified.

People used a service where staff were encouraged and supported to carry out their duties by the registered provider.



# Assisted Home Living

## **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.

This inspection took place on 1 November 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone free to assist us with the inspection. The inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report. We looked at previous inspection reports, information received and statutory notifications. A notification is information about important events and the provider is required to send us this by law. We contacted some other professionals who have contact with the service and asked them for their views.

During the inspection we spoke with six people who used the service and two relatives. We also spoke with four care workers and the registered provider.

We considered information contained in some of the records held at the service. This included the care records for four people, staff training records, two staff recruitment files and other records kept by the registered provider as part of their management and auditing of the service.



# Is the service safe?

## Our findings

People told us they received their care and support safely and we did not find an occasion when this was not the case. One person described how the care worker assisted them to have a bath using a mobility aid so they did not have to lift them. They said they felt, "Reassured" by the care worker. Another person said, "They help me get washed and dressed, They have never hurt me, they help me." Relatives also told us they were confident care workers provided safe care when they supported their relations.

However we found people's care and the environment this was to be provided in had not always been properly or fully assessed. People who required assistance with their mobility did not have an assessment of their needs or details about how this support should be provided in the safest way possible. The registered provider told us they did consider safety aspects within the property when they visited people before they began to use the service, however they did not make a record of this using an environmental assessment form. Care workers spoke of being observant for any risks in people's properties, such as loose cables and other tripping hazards.

The registered provider agreed that the documentation they used did not show the risks people may face in the delivery of their care and support, and how these should be reduced through safe practices. However they also said people's care needs and how these should be met safely were well known by care workers due to the size of the service and low number of changes that occur of people using the service and staff. Care workers told us they were aware of risks people faced and how they could minimise these. They spoke of how they provided people with support for their mobility and observed for any risks to people, such as damage to their skin. One care worker told us they checked people's pressure areas every time they visited, they said, "I know what I'm looking for."

People were not fully protected from the risk of receiving support from care workers who may be unsuitable to do so. There were few changes within the staff group, however new care workers who had been employed had not been recruited by adhering to all of the required recruitment procedures. These included not obtaining a full previous employment history, not obtaining references and accepting a Disclosure and Barring Service (DBS) check as being portable from one employment to another when they did not fulfil the criteria of being portable. The DBS check provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions.

People who required support told us they received the assistance they needed to take their medicines. One person said, "They get my medication out every time they come, I've got a dosette box. I then take them straight away and they make a note I've taken them." A relative told us they, "Feel it (medicines administration) is managed safely. It has never gone wrong and I have never found it (medicines) not given. They (care workers) know what they (relation) have and when they have it."

Although people had told us they received their medicines safely we found that the procedures to ensure care workers were providing safe support to people with their medicines were not being followed. Care workers said they had received medicines training in the past but had not done so recently, and the



registered provider said they had not carried out any assessments of care workers competency in administering medicines. This included one recently employed care worker who told us they were providing people support with taking their medicines. They told us they were confident to do so as they had provided medicines support to people in their previous employment, where they had also received medicines management training. However the registered provider had not assured themselves that the care worker had the skills and knowledge required to provide this support.

The registered provider said they had recently started to provide some further help with people in administering their medicines, such as changing pain relief patches. They said as a result of this they had now included a medicine administration record (MAR) in each person's file. Care workers were to complete these when they provided assistance to anyone to take their medicines. The registered provider said as this had been a recent change to their system they had not yet brought any completed MAR sheets back to the office, which meant we were unable to see how these had been completed.

People told us they felt safe using the service and they were treated well by the staff who visited them. A person who used the service told us they, "Feel safe with them get on with the job and do it well." Another person said, "I feel well treated." A third person said they felt safe because care workers who visited them had an, "Understanding how I am and what I need." Relatives also felt their relations were safe using the service, with one relative saying their relation felt safe because, "That over the years (we have used the service) they have always turned up."

Care workers told us they had not come across a situation where they had suspected a person was at risk of abuse. They were aware of the risk of this, and knew how to respond in the event they had any concerns. This included informing the registered provider and the local authority safeguarding team. One care worker told us about how they had supported one person who was vulnerable to door to door traders to prevent them from making unwanted purchases. The registered provider told us they knew how to raise a safeguarding concern with the local authority and although they had not needed to so recently they had done so in the past. They also referred to the person who was vulnerable to door to door traders and said they had made the local authority aware of this concern.

There were sufficient numbers of care workers employed to provide people with consistent care and support which met their needs. People spoke of having the same care worker or group of care workers visit them. They told us the only changes to this took place when a care worker was not working a particular day or was on holiday. One person said they, "Usually have the same (care worker) I like it like that, I know how they go about things." Another person said, "Mostly the same one (care worker) comes to see me. It only changes when they are on holiday." A relative told us, "They provide consistent staff." Care workers confirmed they normally visited the same people unless they needed to cover for a colleague who was off work.

People told us personal care visits usually took place at the time they were planned for. A person told us care workers who visited them, "Arrive on time. They have only been late once, they do very well." Another person told us, "If my carer is running late they will ring and tell me, I whittle if they are not on time." A relative said, "I never have to worry they won't turn up. I can rely on them and that is what I need to be able to, rely on them." Care workers spoke of people being happy with the way their calls were arranged and said they had enough travel time allocated between calls to ensure they were able to arrive at each call at the planned time.

The registered provider told us they had sufficient staff to fulfil their planned calls. They said they would not take on any new client unless they had the resources to do so. The registered provider said care workers



were never put under pressure to leave a call early, they said if anyone arrived at a call five minutes late they were expected to stay five minutes longer at the end of the call.

People were encouraged to manage their own medicines, but support was provided to people if they required it, to ensure they took their medicines as prescribed safely. Some people told us they did not need any assistance to manage their medicines, which they continued to do independently or were supported with this by a relative. Care workers told us that most people did not require any support with their medicines administration, and those that did mainly needed prompting to take these.



## Is the service effective?

### Our findings

People felt the care workers who supported them had the skills and knowledge to meet their needs. One person said, "They are marvellous I don't know how they do it (care work)." Other people and relatives described care workers as "Competent", "Experienced" and "Knowing what to do."

The registered provider told us they had experienced some recent technical difficulties with their training provider and were currently unable to access the induction programme. This had meant a recently employed care worker had not been able to complete the induction programme. The registered provider told us they would be doing so once the technical issue was resolved. However the registered provider had not put any additional measures into place, so the care worker had started working directly and independently with people who used the service without having any form of induction.

The care worker had also not had a period of shadowing other care workers as they had said they felt confident to be able to start working straight away, due to their previous experience and knowledge from similar employment. The care worker told us, "I could have gone shadowing but chose not to." The registered provider said they had not undertaken any form of assessment to determine if the care worker was suitably skilled and competent to complete the duties they were required to.

Some care workers told us they were attending a local college to study for a professional qualification, and also spoke of training they had completed as part of their employment. Care workers said they felt they had received the training they needed to carry out their duties. The registered provider told us they used an external supplier of training to the care industry which involved care workers completing workbooks which were then independently assessed to determine if the care worker had passed the course. We were unable to view the record of staff training due to another technical issue, so we were unable to assess whether care workers were provided with the training they required to carry out their duties.

Care workers told us they received both formal and informal supervision from the registered provider. One person told us how a care worker had told them they were going for a supervision with the registered provider when they had completed their care call. The registered provider confirmed they provided care workers with supervision and also undertook annual appraisals.

People had their rights to give their consent and make decisions for themselves promoted and respected. One person told us, "I feel in control and they (care workers) ask for my consent." Another person said, "I usually let them do what they think best, but they do ask me first." A relative said care workers sought their relation's views and consent before providing any care.

Care workers told us they only provided people with any care and support they had agreed to. One care worker described how they normally had a routine people wanted them to follow, but said they always asked if they were in agreement each time. The registered provider told us they had previously obtained people's written consent to their care plans, but had not been doing so recently.



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.

We checked whether the service was working within the principles of the MCA, and the registered provider told us there was not anyone who used the service who did not have the capacity to make decisions and consent to their care for themselves. Staff demonstrated an awareness of people's rights to make their own decisions and how decisions should be made in a person's best interest if someone was unable to do so themselves. The registered provider said they had not needed to undertake an assessment of someone's capacity to make a decision themselves and this was something they needed to prepare themselves for in case they needed to in the future.

People were provided with support to ensure they had enough to eat and drink to maintain their health and wellbeing. Some people told us they would provide a previously prepared meal which care workers would heat up for them. One person told us care workers, "Get my breakfast, dinner and tea. I tell them what I want, I usually have ready meals. They make me drinks and leave me a hot drink before they go." Both relatives we spoke with described different ways their relation was encouraged and supported to eat well. This showed how care workers provided the support each person needed to have sufficient to eat.

Care workers said people normally ate their meals without any prompting but when needed they did provide them with encouragement, which was all they needed. The registered manager said there was not anyone who they needed to involve healthcare professionals with due to not having sufficient nutrients and fluids, but would do so if the need arose.

People's healthcare needs were known and they received support with regard to their health and wellbeing. One person said, "I feel the carers understand me and my (health) needs." A relative described how a care worker had alerted them that their relation was showing signs of a health condition surfacing and they had been able to get them the medical attention they needed. They also said how the care worker would think ahead and not carry out any care that may agitate their health condition, such as having a bath.

Care workers said they understood people's healthcare needs. They spoke of seeking medical attention, passing on any concerns to relatives and accompanying people to medical appointments. Care workers said there was information about specific healthcare conditions included in people's care plans which they could refer to. They also spoke of carrying out their own research into healthcare conditions to increase their knowledge about these.



## Is the service caring?

### Our findings

People told us they enjoyed their care visits and described the care workers who supported them as caring, kind and helpful. One person told us care workers, "Listen and do what you want them to do, they don't leave me stranded and they make sure I am alright before they go." A relative told us, "[Name] is the best carer in the world and has oodles of natural ability." Another relative said how one care worker's caring quality, "Just shines through." One of the relatives described how a care worker would come into their relation's home and carry out their duties in such a sensitive and caring way, they said the care worker, "Really loves my [relation]."

Care workers described themselves as a caring team and spoke passionately about people they supported and described wanting to do their best for them. The registered provider told us care workers showed people respect and recognised people's individuality. They spoke of understanding people's earlier lives and how this was important to them. The registered provider told us care workers would involve people in activities during longer visits to them, when there was time to do so.

People told us they were involved in planning their care and support and making decisions about this. One person said, "The care is what I want, I had been falling a lot and this is working out for me. I ring the boss and tell them what I want and she organises it." Another person told us, "Sometimes I'm a bit tired but they will sit and talk with me until I'm ready." A relative said a care worker would reassure their relation if they did not feel up to doing something by saying, "No problem we can do that another day." Another relative said they had been involved with their relation in a discussion about their care and they had, "Said what [relation] needs."

Care workers told us they listened to what people said they wanted and acted upon this, and that they were involved in planning their care. Care workers said the calls were tailored to what people wanted as long as this was safe and appropriate. One care worker said, "I think our clients control their care." The registered provider said people were asked their views about their care as part of the assessment and care reviewing process.

The registered provider told us there was no one who used the service at present that had the support of an advocate. They said they would provide anyone who wanted this support with contact details of an advocate. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People told us they felt they were treated with respect and had their dignity maintained when they used the service. One person said care workers were, "Respectful," and that, "I couldn't wish for anybody better." Another person said care workers were, "Well aware of the fact that I am a personal person, I feel they understand that about me." Another person also told us how they felt their independence was promoted, they said, "I do what I can, I can't do much but they encourage me to do what I can."

Care workers spoke of treating people with respect and enabling people to have privacy and their dignity



respected when they supported them. They also said they showed respect when in people's homes. The registered provider described the practices they followed to enable people to have their privacy and their dignity respected when they were being supported.



## Is the service responsive?

### Our findings

People may not receive the care they require due to this not being clearly explained in their care plans. In the sample of care records we reviewed during our visit to the office we found that these did not contain sufficient detail about people's needs and how these should be met. For example one person's care plan said, 'Cream heels' but did not state what cream should be used for this. Another entry stated, 'Change day bag once a week' but did not provide any further details on when and how this should be done. The registered provider told us that we would find the other care records were written in a similar manner.

We also found one care plan that had been reviewed was incomplete and did not have any details about the care the person required. The registered provider said they had missed this out when updating the care plan and would rectify this. Another person's care plan stated care workers needed to refer to a moving and handling plan for the person, but there was no moving and handling plan present. Again the registered provider said they would rectify this.

Through our feedback from people who used the service and relatives it was evident that although the care records did not fully describe the care people required, people were actually receiving the care they needed. For example one person told us, "I feel they (care workers) understand my needs and I definitely get the care I need." Another person said care workers, "Know how I am and what I need." A relative said they, "Absolutely feel [relation]'s needs are met, [relation] wouldn't be able to manage without it." People also told us their care was flexible and responsive to their needs. One person said, "Things change from day to day, they are very flexible and adaptable." Care workers told us that they were able to provide the care planned in the time allocated for the person's call.

The registered provider agreed that the care records needed to be more specific and clearer, but was confident that people's needs were met due to care workers knowledge of people's needs and their relationships with them. They said the feedback they had from people who used the service and relatives was positive and they said they were, "Very happy" with their care

People were given opportunities to raise any concerns and they were told how they could make a complaint. There was information about how to make a complaint included in people's care plan folder. We asked people who used the service and their relatives if they knew how to raise any concern or complaint and they said that they did. One person said, "Oh yes, but I have never had anything to complain about." Another person said, "I have thought about it, but decided not to." The person did not wish to tell us what the issue had been and said that it was no longer a problem for them.

Care workers knew people were provided with information on how to make a complaint and said they would report any concern raised with them to the registered provider. We saw that in addition to a copy of the complaints procedure in people's care records there was also a card from the registered provider asking people to raise anything that caused them worry or concern with them as soon as possible so that they could address this. The registered provider told us, "If any one indicates there may be a little issue, such as not putting the milk back in the fridge, we will rectify it for them."



The registered provider maintained a file of any complaints received, any investigation carried out and what the outcome of this had been. This file included details of complaints we had been made aware of since our last inspection. There was one issue that was mentioned during the inspection that was not recorded in the complaints file and the registered provider said they had not seen this as a complaint. However they agreed that it would be good practice to make a record of this as a complaint to show they were aware of the issue, and had responded to this.



## Is the service well-led?

### Our findings

The service was managed by the registered provider. We found the registered provider was unclear about when they should notify us of certain events that may occur within the service. We directed the registered provider to the guidance we provide on making notifications. We did not identify an occasion when the registered provider should have notified us of an event, but had not done so. The registered provider told us they were now clear when they needed to notify us of an event. The registered provider has been requested on two separate occasions to complete a PIR and return this to us, however they had not done so. When we asked the registered provider about this they told us they did not recall being asked to do so.

Although people described their experiences of using the service as positive and this provided them with the service they wanted, we found that there were some parts of the management of the service that needed attention. There was a lack of systems in place to identify where improvements could be made to the service. This meant they had not identified the issues we found needing improvement during our visit regarding risk assessments, recruitment records, staff training and competency checks and care plans. Additionally they were unable to monitor staff training and provide new staff with an induction due to IT issues.

The registered provider told us they spoke with people who used the service, their relatives and staff on a regular basis, but they did not have any formal auditing and monitoring systems in place. This meant that although they received some feedback on the service, they did not have a way to ensure they were assessing and monitoring the safety and quality of the service. For example we saw records from people's homes that had been returned to the service. These had not been audited to ensure people were receiving their care as planned, whether there was anything that needed to be followed up on or if there was any issue they needed to be aware of.

People told us their experience of using the service was that it was well run and effective at communicating with them. A person told us, "I think it is well run for what I need, I have got a mobile and office number, if they are on the phone I leave a message and they call back in good time." A relative told us, "If there is a problem, I can talk to [registered provider] and the problem is resolved. Another relative said, "Being confident about the agency is a very big thing for me and I am confident."

Care workers also felt the agency was well run and was proactive at dealing with any staff and client issues. One care worker said, "If I have any problems they are dealt with more or less straight away." Another care worker said they, "Feel it (the agency) is well run."

People were confident in the way the service was managed. They told us they found the registered provider was approachable and that they saw them regularly. They said there were occasions when the registered provider came to carry out their care call to cover for staff who were unavailable for work.

Care workers told us the registered provider was approachable and addressed any issues raised with them. One care worker told us the registered provider, "Is always there if I need her, I have called to ask questions



about one of the clients." Another care worker said the registered provider, "Tries her best with clients and staff."