Morepower Limited

AQS Homecare Hampshire

Inspection report

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Date of inspection visit:
13 April 2016
22 April 2016

Date of publication:
22 June 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

AQS Homecare Hampshire is a family run domiciliary care agency providing personal care for a range of people living in their own homes. These included older people living with dementia and people living with a physical disability or a learning disability.

The last inspection of the service took place on 12 and 14 May 2015, where we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We set a requirement notice relation to the deployment of sufficient numbers of suitably qualified staff. The provider sent us an action plan stating they would be meeting the requirements of the regulations by 30 June 2015.

This was an unannounced inspection, which was carried out between 13 and 22 April 2016. At the time of our visit the service was providing personal care to 53 people. During the inspection we found the provider had completed all the actions they told us they would take.

There was a registered manager in place at the service. 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 registered manager for two other services owned by the provider. The service also had a 'Homecare Manager' who was responsible to the registered manager for the day to day running of the service.

People and their families told us they felt the service was safe. Staff and the registered manager had received safeguarding training and were able to explain the action they would take if they identified any concerns.

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. They were personalised and provided sufficient information to allow staff to protect people whilst promoting their independence.

People were supported by staff who had received an induction into the service and appropriate training, professional development and supervision to enable them to meet people's individual needs. There were enough staff to meet people's needs and to enable them to engage with people in a relaxed and unhurried manner.

There were suitable systems in place to ensure the safe management of medicines, were administered by staff who had received appropriate training and assessments. Healthcare professionals such as, GPs and district nurses were involved in people's care when necessary.

Staff followed legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests.

Staff developed caring and positive relationships with people and were sensitive to their individual choices and treated them with dignity and respect. People were supported to have enough to eat and drink.

There was an opportunity for people and their families to become involved in developing the service and they were encouraged to provide feedback on the service provided both informally and through spot checks and a questionnaire.

People and their families told us they felt the service was well-led and were positive about the registered manager who understood the responsibilities of their role. The provider had established a safe and effective recruitment process and had arrangements in place to deal with any concerns or complaints.

Staff were aware of the provider's vision and values, how they related to their work and spoke positively about the culture and management of the service. There were systems in place to monitor the quality and safety of the service provided.

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 safe.

People and their families felt the service was safe and staff were aware of their responsibilities to safeguard people and report any concerns identified.

The registered manager had assessed most risks to people and had taken action to minimise the likelihood of harm in the least restrictive way.

People received their medicines at the right time and in the right way to meet their needs.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

Is the service effective?

Good

The service was effective.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Staff received an appropriate induction and on going training to enable them to meet the needs of people using the service.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff understood the importance of respecting people's choices and their privacy.

People and when appropriate their families were involved in planning their care. Staff used care plans to ensure they were aware of people's needs.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's needs.

People received care that had been assessed to meet their individual needs. Staff responded appropriately to people's changing needs.

The provider sought feedback from people or their families and had arrangements in place to deal with complaints.

Is the service well-led?

Good

The service was well-led.

The provider's values were clear and understood by staff. The registered manager adopted an open and inclusive style of leadership.

People, their relatives and staff had the opportunity to become involved in developing the service.

There were systems in place to monitor the quality and safety of the service provided.

AQS Homecare Hampshire

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.

We had received some information of concern about the service and therefore the inspection was unannounced. The inspection was carried out by two inspectors and an expert by experience between 13 April and 22 April 2016. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law. We also sent out questionnaires to people, their relatives, staff and community professionals seeking their views on the service people received. A total of 21 people or their families, five staff and two community professionals responded to our questionnaire.

We visited two people in their homes and spoke with five other people and six relatives over the telephone. We also spoke with a care professional, three members of the care staff, a care co-ordinator, the 'Homecare Manager', who was responsible for the day to day running of the service, the registered manager and a person who was seconded to the service from the older person independent support team.

We looked at care plans and associated records for eight people using the service, and records relating to the management of the service. These included staff duty rota records, four staff recruitment files, records of complaints, accidents and incidents, policies and procedures, and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us they felt safe with staff and the service provided. One person said staff, "use the key safe and we're perfectly happy for them to do so. We don't have any worries". Another person told us they "feel completely safe with staff". A relative said "[My relative] is quite a nervous person but I know he feels comfortable with them [staff]". The feedback from people and their relatives, who completed the questionnaire, confirmed that they felt safe while being supported with their care. Community professionals who responded to the questionnaire and a care professional who spoke with us said they did not have any concerns about people's safety.

People experienced care in a safe environment because staff had the knowledge necessary to enable them to respond appropriately to concerns about people's safety. All of the staff and the registered manager had received safeguarding training. However, there was not an effective system in place to identify when care staff failed to attend a call to support people, a 'missed call'. A missed call could place people who required support, such as with mobilising or their medicine management at risk. For example, we found one occasion where a member of care staff had failed to attend a person's address to support them, 'a missed call'. As a result of the 'missed call' the person spent the night in their chair. The member of care staff who attended the following morning notified the service that as a result of being in their chair all night their person's back hurt and they had supported him to bed. Systems within the service had not identified that this call had been missed and although it was subsequently logged as a complaint, the impact on the person had not been identified as a safeguarding incident or reported to the appropriate authority. We raised this concern with the registered manager who took action to ensure all 'missed calls' were identified and recorded in line with the provider's policy and the local authority informed when appropriate.

Care staff knew what they would do if concerns were raised or observed. One member of staff told us, "If I come across abuse, I would record it and take the statement to the office, and give to the manager. I would ring the manager first to let them know and make sure no one else sees it". They added "Unless the manager was involved in it, then I wouldn't speak to the manager and would go straight to CQC". Where safeguarding concerns had been identified, records detailed the action that was taken.

People were supported by staff who understood the risks related to their care and the action they should take to reduce those risks. The registered manager had assessed the risks associated with providing care to each individual; these were recorded along with actions identified to reduce those risks. They were personalised and written in enough detail to protect people from harm, whilst promoting their independence. For example, one person's plan identified that their bathroom floor became 'slippery when wet' and staff should 'ensure the floor is mopped dry' before supporting the person to mobilise. Another person's plan identified risks and the action staff should take in respect of the use of a profiling bed. A third person's plan identified the risks and actions related to their nut allergy. We did identify that the risks relating to one person who had a swallowing problem had not been fully assessed. We pointed this out to the registered manager who took immediate action to ensure the risk was fully assessed and appropriate actions were put in place to mitigate that risk. Staff were able to explain the risks relating to the people they supported and the action they would take to help reduce the level of risks. One member of staff explained

how they managed the risks to one person, who would often become confused, adding that when the person becomes distressed "we stay there for an extra 20 minutes chatting until they feel better".

Where an incident or accident had occurred, there was a clear record of this which was recorded on the provider's electronic system. This enabled the registered manager and provider to review all incidents, accidents and 'near misses'. This enabled analysis to take place and provided the opportunity for learning and risk identification across all of the services owned by the provider.

At our last inspection we identified that the provider did not always ensure they deployed sufficient staff to meet people's needs. At this inspection we found there were enough staff available to meet people's needs. The registered manager told us staff allocation was based on each person's needs. These were assessed, in conjunction with their care manager, prior to acceptance by the service. There was a computerised duty management system, which detailed the staffing requirements for each day. Short term absences of staff were managed through the use of overtime and supervisory staff. The provider's computerised system was accessible to staff working in the provider's 'out of hours' call centre, known as Single Point of Contact team, which allowed then to identify the specific needs and support people required when they called in.

People and their relatives gave positive feedback in respect of the consistency of their care team and the timeliness of calls. One person said, "Yes I have the same crew and we all know each other well. Sometimes if someone goes off sick it changes but they can't help that". Another person told us they were "really happy with carers and have the same one's each week". Other comments from people or their relatives included "Can't fault them; always turn up", "Always turn up, never not turned up and they stay the allocated time" and "Always on time within ten minutes; if not I will get a phone call to let me know". The feedback from people and their relatives, who completed the questionnaire, confirmed they were supported by a consistent team of care staff, who stayed the correct length of time.

The provider had a safe and effective recruitment process in place to help ensure that staff they recruited were suitable to work with the people they supported. All of the appropriate checks, such as references and Disclosure and Barring Service (DBS) checks were completed for all of the staff. DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

People received their medicines safely. People who relied on care staff to assist with medicine told us that this was done on time during allocated calls and that all activity relating to this was consistently recorded in their book on site. One family member said, "Yes they give [my relative] her tablets in the morning and put eye drops in and they write in the book here so you can see she's had it all". Staff had received appropriate training and their competency to administer medicines had been assessed to ensure their practice was safe. The agency had a clear medicines policy and there were arrangements in place to support people with regard to their medicines. Staff also had access to 'step by step' guidance on administering medicines. Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines were required to initial the MAR chart to confirm the person had received their medicine. Each person who needed 'as required' (PRN) medicines had clear information in place to support staff to understand when these should be given.

Good

Is the service effective?

Our findings

People using the service and their relatives told us they felt the service was effective and staff were well trained. One person said staff "seem well trained before they're let loose. I know [named member of staff] is doing an NVQ and [their] assessor has spoken to us". A family member told us "The carers are well trained and attentive to detail. They listen to mum and liaise closely with me and my brother. They also draw our attention if they think mum needs any medical care. Very good". Another family member said, "My husband needs two carers and it's always two that come and they know all about moving and handling him". The feedback from people and their relatives, who completed the questionnaire, confirmed that the staff supporting them had the skills and knowledge to meet their needs. Community professionals who responded to the questionnaire told us they did not have any concerns about the skills and ability of staff to meet people's needs.

People were supported by staff who had received an effective induction into their role. Each member of staff had undertaken an induction programme based on "Skills for Care Common Induction Standards" (CIS). CIS were the standards employees working in adult social care should meet before they could safely work unsupervised. New staff, who were recruited after April 2015, received an induction and training which followed the principles of the Care Certificate. The Care Certificate is the new set of standards that health and social care workers adhere to in their daily working life. One new member staff told us the "induction was quite nerve wrecking, had two interviews, and then shadowed with two care staff". They added they were new to care and felt the induction training "gave me a good insight into how to do the job, and how people work. As my first time in care I found this pretty priceless".

The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as medicine administration, safeguarding adults, mental capacity act and first aid. Staff had access to other training focused on the specific needs of people using the service. For example, dementia awareness, food hygiene, fluids and nutrition, and person centred care. Staff were supported to undertake a vocational qualification in care. Staff were able to demonstrate an understanding of the training they had received and how to apply it. For example one member of staff told us they were "happy with the training. We are sent a text to tell us there is a new course". They added "I support a person with a stoma bag and the manager arranged for a nurse to come out and train me so that I could change it when needed".

Staff had regular supervisions. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. Senior staff had conducted competency checks in people's homes to ensure staff were appropriately skilled to meet people's needs. Staff said they felt supported by the registered manager and senior staff. There was an open door policy and they could raise any concerns straight away. A new member of staff told us they had had regular supervisions and felt "very supported". They added "I've had a few spot checks; they come out of the blue".

People's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff had received training in MCA and were able to demonstrate an understanding of how it applied to the people using the service. People's families and other representatives had been consulted when decisions were made to ensure that they were made in people's best interests. The provider had clear policies, procedures and recording systems for when people were not able to make decisions about their care or support. Staff told us they sought people's consent before providing care. Daily records of care showed that where people declined care this was respected. Community professionals who responded to the questionnaire told us the registered manager and staff understood their MCA responsibilities.

Before commencing with the service, staff undertook a pre-assessment with the person to identify their individual needs, their personal preferences and any risks associated with providing their care. This included their medical history, an assessment of their ability to communicate and information about their mobility needs. The pre-assessment gave the provider the opportunity to ensure they had the staff with the appropriate skills and experience available to meet the person's needs and provided a risk assessment for their home. Staff told us if they had any concerns regarding people's care they would contact the office and request a review. Daily records of care showed that staff had identified when people were unwell or in need of additional support. When necessary, staff liaised with other healthcare professionals, such as GPs, district nurses and chiropodists to ensure people received a consistent approach to their healthcare. People told us they felt confident that the care staff who supported them would respond if there was an emergency or if they needed medical attention. One person said, "Yes in fact they [staff] were a bit worried about me this week and thought I needed a Doctor so they asked me and they rang for me".

People were supported to have enough to eat and drink. Where people required support with their nutrition and hydration, this was documented in their care file. Staff were aware of people's food preferences, any allergies and how they liked their meals to be prepared. The registered manager explained the action they would take to monitor people's food and fluid intake, if it was required, such as for those people at risk of malnutrition.

Good

Is the service caring?

Our findings

Staff developed caring and positive relationships with people. One person told us "They [staff] are wonderful I'm very happy with them all and how they are. They're kind and helpful". Another person said, "When they wash and dress me, yes they are gentle and kind. They make sure I'm dry and comfortable and they never forget to cream me". A third person told us "I think the world of them; we torment and tease each other". A family member said their relative's care staff was a "smashing young man; really lovely. [My relative] isn't easy but he [named member of staff] comes in and says just the right things in a caring, respectful way; just so thoughtful too. They have great conversations about football and [my relative] is very particular, so [named member of staff] is exactly what we need. We're thrilled". A family member for a different person told us that care staff "always involve [my relative] in conversation and it gives her chance to talk to someone. They always make her feel relaxed and at ease". The feedback from people, their relatives and community professionals who responded to the questionnaire and the care professional we spoke with, told us care staff were caring and kind.

People were supported by staff who understood the need to respect their privacy and dignity. People and their relatives told us they did not have any concerns in respect to staff supporting them with dignity and respect. All of the people and their relatives who responded to the questionnaire confirmed they were treated with respect and dignity. Staff received specific training in supporting people with dignity and respect and it was a key area of the competency checks in people's homes.

People and their relatives were encouraged to provide feedback on whether they felt they care staff treated them with dignity as part of the service's quality assurance process through impromptu 'service user spot-check' reviews. Staff had access to a series of policies and procedures in place which provided support and guidance with regard to treating people with dignity and respect. Information regarding confidentiality, dignity and respect formed a key part of the induction training for all care staff and was included in the staff handbook. It was also included in the 'service users guide' given to all of the people using the service to inform them of the level of care they should expect.

Staff understood the importance of respecting people's choice, and privacy. A person said "Carers always ask me what I would like and offer me choice". Staff spoke to us about how they cared for people. One member of staff told us "If the person has visitors I check to see if it is okay for us to do what we would normally do". Another member of staff said that when providing personal care "I would put a towel over them, so they are not concerned or anxious and don't get upset. [People] can get vulnerable, so I cover them up so they feel more at ease". Daily records of care demonstrated that where people had chosen not to do something, this was respected.

People, and when appropriate their relatives, were involved in developing their care plans. The registered manager told us they were in the process of upgrading people's care plans to ensure the care provided was centred on the person as an individual. The new care plans contained information such as the person's personal history, their likes and dislikes and their hobbies and interests. For example, one person's care plan identified that they 'like to rinse his mouth twice after brushing teeth' and 'likes hot drinks in the very large

mug which is located on the work surface'. People's preferences and views were reflected in their care plans, such as the name they preferred to be called and their choice of the gender of the person providing care.

Information regarding confidentiality formed a key part of staff's induction training for all care staff. Confidential information, such as care records, was kept securely within the office and only accessed by staff authorised to view it. Any information which was kept on the computer was also secure and password protected. Daily records were collected monthly and stored securely in the relevant care files.

Good

Is the service responsive?

Our findings

People using the service and their relatives told us they felt the service was responsive to their needs. One person told us that the management team were responsive to a concern they had raised with the office. They said, "I don't like them [care staff] taking me out in a uniform so they just wear normal everyday clothes when we go out". The feedback from people and their relatives, who completed the questionnaire, confirmed that they felt they were involved in decision making about their care needs while being supported with their care. Community professionals who responded to the questionnaire told us they did not have any concerns about how the service responded to people.

People received care that had been assessed to meet their specific needs. Each person's care file contained a guide, which described people's routines and provided care staff with information on the care people required at each visit. The care plans also contained full care assessment if staff needed to access more detailed information about the person and information on any health conditions, which included the effects of the condition on the person and the strategy for managing it. The staff were knowledgeable about the people they supported and the things that were important to them in their lives. The new care plans, which were being introduced, contained records, which were personalised and documented people's interests, histories, wishes and personal preferences. For example one person's care plan identified that they preferred 'to be as independent as possible with [their] personal care and will undertake tasks independently. Staff should be guided by [the person] and provide [them] with assistance in washing the parts of [their] body that [the person] has difficulty reaching'. People's daily records of care showed care was being provided in accordance with people's needs. Where concerns were identified these were immediately logged on the person's electronic profile and actioned by a senior member of staff.

People's care needs were reviewed by a supervisor and updated to reflect changes in people's needs. For example, one person's care plan had been update to reflect the impact of a cataract operation. The registered manager told us that care plan reviews should take place every three months. However, we found that some reviews were more sporadic. We raised this with the registered manager who acknowledged our concerns and instigated a quality audit to identify which people's care required a review.

The provider sought feedback from people or their families through the use of a series of quality assurance survey questionnaires and 'service user spot-check' forms. These were sent out to people on a regular basis to seek their views on the level of service provided. The results from both the questionnaires and spot checks we reviewed were positive and included comments such as 'I don't know what I would do without them [care staff]', 'A1* service' and 'Very happy with the service'. These results were stored electronically and had been analysed by both the provider and the registered manager and assessed against other services owned by the provider. Where issues were identified these were responded too. For example, one person used the questionnaire to raise a concern that they would prefer to only be supported by female care staff. As a result of the feedback they no longer receive care from male care staff.

People and relatives told us they knew how to complain and confirmed that the management team responded well to any complaints. The provider had a policy and arrangements in place to deal with

complaints. They provided detailed information on the action people could take if they were not satisfied with the service being provided; this information was also available in the 'service users' guide' which was provided to all people using the service or their relatives. The information on how to make a complaint also included details of external organisations, such as the Care Quality Commission and the Local Government Ombudsman. One person said, "If I had a complaint I would know what to do; no complaints so far". Complaints received by the service were dealt with by the office manager and escalated to the registered manager or the provider if appropriate. The service had received one formal complaint since our last inspection. We reviewed this complaint and saw that it had been investigated and the result of that investigation fed back to the person concerned. Where informal concerns were raised these were logged on the person's electronic profile and responded to by the office manager and when appropriate the registered manager.

Good

Is the service well-led?

Our findings

People and their relatives told us they felt the service was well-led and felt confident contacting the service. One person said, "You only have to ring them and they're only too happy to help if they can" and another person told us, "They're very amenable if you have to change arrangements and are flexible to help you out". A third person told us there was a new office manager taking over and added "I can speak to her or my daughter keeps in touch with her. She's so nice, very approachable". People and their relatives told us they would recommend the service to others. One person said "They're so good I would definitely be happy to recommend them". Most of the people and their relatives, who completed the questionnaire, also told us they would recommend the service to their families and friends. Community professionals who responded to the questionnaire confirmed that the management team were accessible, approachable and dealt effectively with any concerns raised.

However, people and their relatives were less positive about the support they received from the out of hour's team, who were based at another office and provided out of hours telephone support across all of the provider's services. We raised this with the registered manager who told us they had previously identified this as an issue and had recently fed back their concerns to the provider who was reviewing the issues.

There was a clear management structure which consisted of the provider, the registered manager, the 'Homecare Manager', care coordinators and senior care staff. Staff understood the role each person played within this structure. The management team encouraged staff and people to raise issues of concern with them, which they acted upon. There was the potential for people and their relatives to comment on the culture of the service and become involved in developing the service through regular feedback opportunities, such as the spot check visits, visits by senior care staff when supporting care and the quality assurance surveys.

Care staff were aware of the provider's vision and values and how they related to their work. One member of care staff told us their role was to "bring quality care to service users and to look after them as if they were your own family". Regular staff meetings provided the opportunity for the registered manager to engage with staff and reinforce their values and vision. Observations and feedback from staff showed the service had a positive and open culture. Staff spoke positively about the culture and management of the service. They confirmed they were able to raise issues and make suggestions about the way the service was provided in their one to one sessions or during staff meetings and these were taken seriously and discussed. One member of care staff said, "We have team meetings regularly. Most care staff are interactive, you can raise things. I love the meetings because you get other people's views about clients". They added "Action is taken if we identify issues or concerns". Another member of care staff told us "I think the managers are good. I see a lot of [the registered manager]. She attends a lot of the meetings; she is good". A third member of care staff said, "Management very good and helpful. If I have any issues or concerns I can ring up the office and arrange to see them. They are approachable and always listen". They added they were "very happy with AQS".

There were systems in place to monitor the quality and safety of the service provided. A member of staff who

was currently seconded to the service from the older person independent support team had taken responsibility for overseeing and updating the monitoring of the quality of the service provided on behalf of the registered manager. The new systems now included regular audits of medicines management, daily records, care files, staff files and staff supervisions. The provider also used the feedback from spot-checks and service user questionnaires to understand the quality of the service provided. Where issues or concerns were identified remedial action was taken. For example, following a review of the daily records of care, staff received addition guidance to ensure they were completed appropriately.

The provider had suitable arrangements in place to support the registered manager. The registered manager told us they received regular support from a colleague who was a senior manager based at another location owned by the provider. They were also able to raise concerns and discuss issues with the providers during regular contact and at management meetings.

The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission (CQC) if they felt it was necessary.

The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events regarding people using the service, in line with the requirements of the provider's registration. The rating from our previous inspection was displayed in the reception area of the service. However, it was not displayed on the provider's website. We pointed this out to the registered manager who arranged for their website to be updated with their previous rating before we finished our inspection.