

Care @ Home Newbury Limited

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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?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. This was an announced inspection.

Care@Home Newbury Ltd is a small domiciliary care agency which provides support with personal care to people in their own homes. There were nine people with a range of different care needs using the service at the time of our inspection.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

At inspections in April and September 2013 we found breaches of the regulations for the recruitment of staff and monitoring the quality of service. At our last inspection on 4 December 2013 we found the provider had taken action and the requirements of the regulations were met.

Staff did not have a good understanding of the Mental Capacity Act (2005) and recruitment procedures were not robust. The provider did not have adequate plans in place to manage any unexpected emergencies. Although people told us they thought staff were well trained, the provider had not ensured that care workers had received adequate training while working for the service.

While the provider had completed a satisfaction survey with people who use the service, there were no other quality monitoring procedures in place. Although the provider sought regular feedback from people in an informal way, they did not record this information. The provider was not taking steps to identify possible shortfalls which may help them improve the service.

The provider ensured people were supported to eat and drink when needed, and knew what to do if they thought a person was at risk of malnutrition or dehydration.

People who use the service gave consistently positive feedback about the care they received. The registered manager and nominated individual knew the people they were supporting and provided care in a personalised way. People were supported to express their views and preferences about the care they received.

People had regular reviews of their care and they, and those who were important to them, were involved. People knew how to make a complaint but no-one had needed to.

The management team of the service were stable and they promoted an open culture among staff. There was an appropriate incident and accident process in place for staff to follow. No incidents had been reported recently.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Staff did not have a good understanding of the Mental Capacity Act (2005). There was a risk consent would be sought from people who did not have the legal right to give it.

Recruitment procedures were not robust. The provider did not have plans in place to manage emergencies.

The registered manager and nominated individual knew how to recognise the signs of abuse and what action to take if they were concerned someone was a risk. There were enough staff to keep people safe and meet their needs.

Requires Improvement



Is the service effective?

The service was not always effective. Staff training was not up to date.

People were supported to maintain good health and to have enough to eat and drink.

Requires Improvement



Is the service caring?

The service was caring. All of the people who use the service gave positive feedback about the care they received.

Care was provided in a person centred way and people were supported to make decisions about their care.

Good



Is the service responsive?

The service was responsive. People were involved in the care planning process and had their day to day health needs met.

People were able to give feedback about the service and knew how to make a complaint if they ever needed to.

Good



Is the service well-led?

The service was not always well led. There was not a robust quality monitoring system in place.

There was a stable management team in place and they promoted an open culture at the service.

Requires Improvement



Care @ Home Newbury Ltd

Detailed findings

Background to this inspection

The inspection team consisted of an adult social care inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

We visited the agency's office on 5 August 2014 and spoke with the nominated individual. A nominated individual is the person who has responsibility for supervising the management of the service. We were unable to meet with the registered manager in person at this time because they were providing care to people at the time of our visit. We spoke with the registered manager by telephone on 6 & 8 August and on 23 September we visited the office again to speak with the registered manager in person. The nominated individual and registered manager also provided care to people who use the service. The service currently employed two full time and one bank care worker. We were unable to speak with staff as part of this inspection.

We spoke with two people who use the service, six relatives, one friend and one carer by telephone on 5 & 6 August 2014. We reviewed a range of records including

information about people's care, staff recruitment and training, and other records relating to the management of the service. We also sent questionnaires to people who use the service before our visit.

Before the visit we reviewed the Provider Information Return (PIR). The PIR was information given to us by the provider to enable us to ensure we were addressing potential areas of concern and identifying good practice. We also reviewed records held by the Care Quality Commission (CQC) and notifications sent to us by the provider. A notification is information about important events which the service is required to send us by law. We also spoke with a service commissioner.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

Recruitment procedures were not always robust. Although most of the appropriate checks had been completed before staff began work, a full employment history had not been obtained for some staff. There was no information about any physical or mental health conditions which were relevant to the staff member's ability to carry out their work. Other checks such as disclosure and barring service (DBS), evidence of conduct in previous employment and photo ID had been completed.

This is a breach of Regulation 21 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what actions we have told the provider to take at the back of this report.

Some people who use the service might not have capacity to make decisions. In order to support people in this, staff should have a good knowledge of the Mental Capacity Act (2005) (MCA). The registered manager and nominated individual did not have this knowledge. They were unable to tell us how they would consider people's capacity to make particular decisions about their care or how to ensure that decisions about care were made in people's best interests. The registered manager knew that a relative needed a lasting power of attorney (LPA) to consent on a person's behalf, but was not aware there were two types of LPA, one for health and social care decisions and one for financial decisions. Relatives were asked if they had an LPA in place, but the manager did not ask to see evidence of this. There was a risk that consent to care would be sought from people who were not legally able to give it.

The provider did not have appropriate plans in place to manage unexpected emergencies, such as bad weather or sudden staff shortages, to ensure people's needs were met before, during and after an emergency. There were no

contingency arrangements to respond to any additional demands during a period of emergency. There was a risk standards of safety and quality would not be met in the event of an emergency.

People were protected from abuse. All of the people we spoke with said they or their family member felt safe. They had no concerns about bullying or harassment. One person said: "Very safe, nothing to be frightened of". Another said: "I am always comfortable and feel safe with the carers".

The registered manager and nominated individual knew about safeguarding people from abuse and were able to describe what action they would take if they were concerned a person was at risk. They both knew how to raise concerns with the relevant authorities. There were safeguarding and whistleblowing procedures for staff to refer to. The nominated individual said they were always available for staff if they had concerns and the manager kept an on call phone for staff to call whenever they needed to.

Risks to individuals were assessed and appropriate management plans were in place. People were supported to be safe in their own homes and remain as independent as possible. Risk assessments included areas such as risk of developing a pressure ulcer and falls.

The registered manager was able to describe how they would support people who may experience behaviour that challenges themselves and others. They were able to identify situations which might cause people to become distressed and had appropriate management strategies in place to make sure people were safe.

There were enough staff to keep people safe and meet their needs. People and their relatives said there were never any missed visits from the provider and staff stayed for the full amount of time allocated. People said care workers always made sure their care needs were met before the staff left.

Is the service effective?

Our findings

People said all of the care workers were well trained for the work they needed to do. People said: “They all know what they are doing” and “the boss looks after me, he’s very good”. However, we found that staff had not received all of the training required to help them to carry out their role effectively.

One care worker had not completed any training with the provider since they began work. The nominated individual said the person had completed training with another provider, and all of their training was up to date, but they had not seen any certificates to confirm this. The provider was unable to provide evidence that the care worker’s skills had been adequately assessed since they began working for the service. Another care worker had completed training in safeguarding adults, medication and nutrition and hydration. The manager was unable to show us any evidence that other training had been completed. Although both care workers had completed a supervision session and a quality spot check, there were no plans in place for on-going supervision. Staff were not being supported to deliver care to people because they were not receiving

appropriate training. Although people said staff were well trained, there was a risk that people would not have their care needs met by staff who were appropriately trained and competent.

This is a breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what actions we have told the provider to take at the back of this report.

Although the service did not provide food for people, the manager said they always made sure that people had eaten their meals and offered support if it was needed. They said they would always check if people had enough to drink and made sure they left people with drinks in easy reach. The manager could describe how to recognise the signs of dehydration and what action they would take if they suspected someone was at risk.

People were supported to maintain good health. As the service was small, staff saw people on a daily basis and knew them well. The manager was able to promptly identify if people’s health needs were changing and would support people to make appropriate referrals to health care professionals such as the GP or district nurse. They monitored people’s health conditions, for example, diabetes and nutritional intake, and knew when they needed to take action if people’s health needs changed.

Is the service caring?

Our findings

People gave us consistently positive feedback about the way staff treated them. People said the staff showed them respect and protected their privacy and dignity. They told us all of their care needs were met. Comments included: “No-one could be better at looking after me” “they’re very, very good. They do everything I need done” and “They’re reliable; they do what they should do and are very caring”.

The registered manager and nominated individual knew the people they supported well. They told us how they would meet people’s care needs in a person centred and caring way. They supported people to express their views about their care and made sure people and those important to them were involved in making decisions about their care.

Staff were given time to spend with people who were new to the service, to ensure they understood people’s care

needs. The registered manager ensured staff knew people’s care preferences before they were able to provide care independently. If the staff felt a person’s care needs had increased and they needed more time for a visit, the registered manager ensured they discussed this with the relevant health professionals. The registered manager spoke with people regularly to make sure their care needs were met and choices and preferences respected.

Results from our questionnaire showed 96 % of people strongly agreed that care workers were kind and caring and always treated them with dignity and respect. All of the people who responded said they would recommend the agency to another person. Comments from the questionnaire included: “They are the best we have had over the past 15 years and I would recommended them to friends” and “I have used 3 other agencies before and this is the best. I hope they can always provide my care”.

Is the service responsive?

Our findings

The provider had recently completed a satisfaction survey with people and those important to them. Feedback from people who completed the survey was very positive. We asked the registered manager and nominated individual what other quality monitoring they completed. They said this was done on an informal basis, because they spent a lot of time themselves supporting people with their care. They said they always asked people for feedback when they visited them at home and acted promptly if any concerns were raised. This was confirmed by people we spoke with.

All of the people we spoke with said care workers time keeping was good and if a care worker was running late they always let people know. If a care worker was unable to make the appointment in a reasonable time then another member of staff visited instead. If there was an emergency the provider sent a member of staff irrespective of the time.

The provider completed a full assessment of people's care requirements before they started providing support to people. People were involved in the care planning process and were supported to make their preferences and choices

known. People confirmed they had regular reviews of their care needs and any changes to people's care needs were made as and when necessary. People said the registered manager and nominated individual were very 'hands on' because the registered manager and nominated individual were involved in delivering care. People said social care professionals and GPs were also involved in the care planning when appropriate.

The provider reviewed people's care needs every three to six months, depending on their levels of need. If care needs changed, for example, after a hospital admission, the provider made sure they completed a re-assessment to ensure people's needs were met.

People said they knew how to make a complaint if they ever needed to. When we asked people if they had ever complained about the service all of them said no. Comments from people included: "oh no, not at all" and "never any need to do that". There was an appropriate complaints procedure in place if any one did have cause to complain and written information about how to complain was given to each person. There had been no complaints made to the provider.

Is the service well-led?

Our findings

The management team at the service was stable, and there had been no changes to the registered manager since registration. People and their relatives said they had frequent contact with the manager and nominated individual because they also delivered care to people. People were able to provide informal feedback about the service on an on-going basis because they had frequent contact with the managers. Although the provider sought feedback from people on an informal basis and during a satisfaction survey and took action when required, they did not record this information. The provider was not taking steps to identify any possible shortfalls which may help them improve the service.

There were no other systems in place for monitoring the quality of service. The registered manager had a poor understanding about developing the quality of service. Although they acknowledged they needed to make improvements they did not have any plans in place to address this. Although people's care needs were being met, the registered manager acknowledged there was minimal time available to concentrate on managerial tasks. The registered manager said they were in the process of recruiting a new member of staff to allow them more time to ensure managerial duties were completed.

This is a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what actions we have told the provider to take at the back of this report.

Before the inspection we asked the service to complete a 'provider information return' (PIR). The PIR asks the provider for information about how the service is meeting the requirements of the five domains. Some of the information given to us did not accurately reflect what we found during the inspection. The registered manager and nominated individual did not understand they were responsible for ensuring staff received training when they came to work for the agency, as they were relying on training staff had completed in their previous job. The provider did not complete competency checks to ensure staff had the skills required for their role.

The nominated individual said they promoted an open culture at the agency and encouraged staff to speak to them if they had any problems. The registered manager said they wanted to deliver "really good care" and to make sure staff were well trained. They said they were committed to people who use the service and staff. Staff were advised on how to report any incidents or accidents to the manager. The provider had a system in place to monitor any incidents, but none had been reported recently.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Personal care

Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers

The provider did not operate effective recruitment procedures. Regulation 21(b).

Regulated activity

Personal care

Regulation

Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Assessing and monitoring the quality of service.

The provider did not regularly assess and monitor the quality of services provided. Regulation 10(1)(a).

Regulated activity

Personal care

Regulation

Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Supporting Workers.

The provider did not have suitable arrangements in place to ensure that staff were appropriately trained or supervised to deliver safe care and support to people. Regulation 23(1)(a).