

At Home Support Services 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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

At Home Support Services is a domiciliary care agency providing personal care to older people living in their own homes. At the time of the inspection there were 11 people receiving support from the service.

People's experience of using this service and what we found

People and relatives told us they were happy with the care that was provided by At Home Support Services and felt staff knew them well and understood their needs.

The provider had failed to ensure there were accurate and contemporaneous records of the care being provided to people. This included ensuring medicines and people's risks were documented and securely maintained. Auditing systems were ineffective and failed to pick up issues found at this inspection.

We have made a recommendation around medicines management.

People told us they received their medicines on time. Staff had received training on medicines administration. Staff understood safeguarding and how to report concerns if they felt people were at risk of abuse or harm. Staff were recruited safely, and appropriate background checks completed prior to starting work. Staff had received training in COVID-19, the use of PPE and infection control. Staff had regular access to PPE.

Staff were supported in their role through regular supervision, training and appraisal. People and relatives felt staff were well trained and understood people's care and support needs. People were supported to eat and drink where this was a required need. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives were complimentary of the registered manager. We received positive feedback around communication with the office and being able to discuss any concerns or issues. Staff also felt supported in their role. There were regular surveys to gain people, relatives, healthcare professionals and staff feedback. The service worked in collaboration with external healthcare agencies for the best interest of people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 06 March 2020). The service remains rated requires improvement. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations. This service has been rated requires improvement for the last four consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a breach in relation to regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was around ensuring effective auditing systems and maintaining accurate and contemporaneous records of people's care.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

At Home Support Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience supported this inspection by making telephone calls to people and relatives to gain their feedback.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 June 2021 and ended on 12 July 2021. We visited the office location on 22 June 2021. Following the on-site inspection, we completed the inspection via phone and e-mail. On 24 June 2021 telephone calls were made to relatives to gain their feedback. On 12 July 2021, verbal feedback was

provided to the registered manager.

What we did before inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and reviewed a variety of records including five peoples care plans and risk assessments, three people's medicines records and four staff files including recruitment and supervision records.

After the inspection

We spoke with two people that used the service and seven relatives. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure adequate assessment of risks relating to the health, safety and welfare of people.

This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although we continued to find concerns around assessing people's personal risks, we were satisfied from talking to staff, people and relatives that people were safe, and staff understood their personal risks. The provider was no longer in breach of regulation 12.

- Staff knew people well and understood how to work with people's known risks.
- Relatives and people told us they felt safe with staff and they knew how to manage individual risks.
- People's care plans documented known risks but failed to document how staff should work with people to minimise these known risks.
- We remain concerned about the registered manager's oversight of risk management, documenting risks adequately and maintaining contemporaneous notes for each person around known risks. This is discussed further in the well-led section of this report.

Using medicines safely

- People and relatives told us people received their medicines safely. Staff understood people's support needs around their medicines.
- Relatives told us how the service worked in partnership with GP's and district nurses to support people's medicines needs. One relative said, "The District Nurses manage the insulin and the carers liaise well with them. Recently an antibiotic was needed so I collected it, rang the company and it's been marked up in the book all before the next dose is due. They act and handle things like that very quickly."
- People, where appropriate were supported to maintain control of their medicines. One relative commented, "[Person] has her own system and she likes to do her own tablets, but the carers keep an eye and they log in the book what they have had to do. We all work to help [person] keep her independence."
- Staff received training in medicine administration. Following training staff received a competency assessment to ensure they were safe to administer medicines.
- Despite these positive aspects of medicines management, we found concerns around ensuring medicines were monitored and well documented. This is discussed further in the well led section of this report.

We recommend the provider consider current guidance on managing medicines in a community setting and take action to update their practice accordingly.

Staffing and recruitment

- We received mixed feedback from people and relatives about staff arriving on time for care visits. One relative said, "If the carers are late, which isn't that often, [person] presses her alarm button and they then phone me and I phone the company and we are able to reassure [person]. They always have her ready to go to her centre on the days she goes." However, one person said, "Timing is like swings and roundabouts, but they know that I am here." A relative said, "There's a wide window on the times. If they are going to be really late then they will ring and then I know to [complete a certain care task themselves]."
- The service had an electronic monitoring system where staff would log in to say they had arrived for a care visit and log out when they had finished. This allowed the service to monitor people were receiving care visits. There had been no missed visits in the last 12 months.
- Staff were recruited safely. Staff files showed two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults. Since the last inspection there had been no new staff employed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse by staff who understood their responsibilities around safeguarding.
- People and relative's we spoke with told us they felt safe with the care staff that visited them. Relative's said, "[Person] has pictures all-round the house with instructions on how she wants things to be done. They are all very specific and the carers follow these and do things just as she asks which keeps her happy" and "The arrangements suit us perfectly. It provides consistent, good care by someone who is trusted."
- Staff had been trained in safeguarding, which was refreshed regularly. Staff understood how to raise any concerns and information on who to raise concerns to was also documented in people's homes. One staff member told us safeguarding was, "To protect the clients from abuse. I would inform [registered manager] straight away. I would go to social service as the number is in the communication book, in the service users home."

Preventing and controlling infection

- Infection control was well managed by the service and ensured people and staff were kept as safe as possible.
- We were assured staff had access to PPE and had been trained in how to use this safely and effectively. Staff undertook weekly COVID-19 testing as per government guidance.
- Staff were kept up to date with guidance around COVID-19 by the registered manager and told us they felt confident about working safely during the pandemic. One staff member said, "PPE, everything was good we had training in COVID too."
- The registered manager had been proactive in attending webinars and training on COVID-19, PPE and vaccination and information had been passed onto staff in staff meetings. Most staff had received the vaccination and the registered manager said this was being discussed with staff regularly.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care was planned and delivered in accordance with current knowledge, guidance and law.
- Prior to starting care, people received a comprehensive pre-assessment to ensure they were able to meet their needs. Care plans were created using the information gathered during the pre-assessment process.
- People and relatives were fully involved in pre-assessments and any subsequent reviews of care.

Staff support: induction, training, skills and experience

- Staff were supported by regular training, supervision and appraisal. One staff member said, "I have had three [supervisions] this year and we had during COVID as well."
- The registered manager provided additional checks in the form of direct observations, when staff returned to work after a period of absence or there were any concerns with a staff members work. This provided an additional check to ensure people were safe.
- There had been no new staff since the last inspection. However, there were systems in place to facilitate a comprehensive induction for any new staff recruited.
- The registered manager was also a registered nurse and held a teaching qualification. Some training was provided by the registered manager such as manual handling and refreshers in stoma care. There was a mix of on-line and COVID-19 secure face to face training.
- Relatives felt staff were well trained and understood how to care for people appropriately. Comments included, "I think they had to have special training when [person] needed the hoist. They are very good at talking her through what they are doing", and "When they thought that she was having a stroke they knew what to do and they called an ambulance."

Supporting people to eat and drink enough to maintain a balanced diet

- Where people's care and support needs identified they required help with food and drink, this was documented in people's care plans.
- Staff knew people well and understood their likes and dislikes.
- Staff also understood where people had specialist diets such as puree food or diabetic food. One staff member said, "I have a diabetic client, I know how important it is to make sure she has her breakfast on time as her sugar count can go very low."
- Relatives were complimentary of the care people received around meals. Comments included, 'Getting [person] to eat and drink is very tricky She doesn't like being fed so they watch her and assist if she looks like she needs help" and "The carers and a long term family friend arrange the food between them, following all the picture instructions so [person] has what she likes."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff that understood when referral to external healthcare agencies such as GP's and dentists were necessary.
- Relatives told us the service worked in partnership with other agencies for the best interests of people. One relative said, "They manage the bed sores between the carers and the District Nurse who comes twice a day."
- We saw multiple records of communications making referrals and following up referrals in people's care files. During the inspection, we observed the registered manager talking to GP's on several occasions to ensure appointments and provide information. We also observed a staff member calling the office to say they thought a person needed GP input which the registered manager followed up immediately.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection (COP) for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. No people were subject to COP orders at the time of the inspection.
- People's care plans documented people's ability to make decisions and how staff should appropriately support them.
- Staff had received training on mental capacity, which was refreshed regularly.
- Staff understood the principles of the Mental Capacity Act and how this impacted on care provided to people. One staff member said, "If we have a service user that does not have the ability to make their own decision, such as eating and taking care of their personal hygiene, we have the care plan in place that tell us what to do."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Medicines audits were not comprehensive. Two people's care records were audited every other month using a document called, 'Recording framework for auditing individual care records'. This contained two questions around medicines that had been marked as 'satisfactory'. This failed to pick up issues identified at this inspection.
- The registered manager told us Medicine Administration Records were audited when they were returned to the office. However, the registered manager confirmed this was not documented.
- Where people required 'as needed' medicines, there was no documented guidance for staff on when these should be administered.
- We were unable to adequately assess if people's risks had been risk assessed. At the time of the on-site inspection, risk assessments were not available for inspectors to view, despite asking for these. The registered manager told us risk assessments were in people's homes. However, these were not stored on the office system and were not accessible.
- There were 'Weekly monitoring of possible risks' forms completed for all people using the service each week. The registered manager told us this was so risks could be monitored on a regular basis. However, these forms were generic and failed to look at people's individual risks. We discussed this with the registered manager who told us they understood and that, "They [audits] are too shallow, not enough detail."
- Following the last inspection, the provider completed an action plan about how they were going to address the concerns around the breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 regarding assessing people's risks. There was a failure to ensure learning from this and address the concerns found at the last inspection.
- This is now the fourth time the service has been rated requires improvement. There has been a consistent failure to ensure learning and improve governance and oversight of the service.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate people's personal risks and medicines was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Following the inspection, the registered manager sent requested risk assessments which did provide information on how to minimise known risks.
- Staff received three spot checks each year. This is where a member of the management team, with the

consent of the person being cared for, attends a call unannounced to check the quality of care being provided.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received a good standard of care and felt staff were kind and caring. Many people had been with the service for a considerable period of time. Relatives felt the service was responsive and helped people have a good quality of life.
- People and relatives told us they knew the registered manager well. Comments included, "I have a good relationship with the manager, and she will always come back to me with answers or advice" and "The manager is brilliant at responding to any changes and sorting any issues. I was unhappy with one carer who was too brusque and that was sorted immediately."
- Staff felt the registered manager and management team were supportive and they were able to seek help and support at any time. Staff said, "I found the company good. They work very well there is good communication with the carers. If I have like an issue, when I communicate with them they are there to help me and give me advice" and "Yes, she [registered manager] is supportive, anything my needs and wants she is always willing to be supportive, Anything I need she is always there."
- Staff had access to an 'Employee assistance programme' which was a counselling and support service to help staff during the COVID-19 pandemic. Contact numbers were clearly displayed in the office and staff confirmed they had contact details.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- People and relatives felt involved in care planning and reviews. One relative told us, "We had a joint call involving myself and someone from the office and they asked lots of questions and gave time for [person] to feel included."
- Relatives told us communication with the office was easy and supportive. Relatives felt any concerns would be effectively dealt with. Comments included, "The [registered] manager was great when I had a problem with one of the carers who seemed to think it wasn't her job to help with certain aspects of care, she always left it to the other person. We had a meeting a couple of months ago and that person doesn't come anymore" and "If I had any concerns, and I don't, I'm sure that it would be sorted."
- Quality assurance questionnaires were completed annually. These were done face to face with people. There were further postal / telephone surveys every six months. A person told us, "I have completed a couple of questionnaires." A relative said, "We're asked about every six months how things are going but we don't hear what others think or if they make any changes but I like it that they bother to ask." The registered manager told us that where any concerns were identified, these were discussed at team meetings and any learning shared.
- Staff feedback was also sought via yearly surveys. One staff member had commented in the survey, "If I've ever had any concerns they were dealt with by management."
- Staff were also able to provide feedback through regular supervisions and team meetings. Staff told us team meetings had continued on-line throughout COVID.
- Surveys were also sent to healthcare professionals and comments received were complimentary of the service provided to people. One comment from a social worker said, "The agency has been very responsive to the needs of the service user and has worked collaboratively with all the professionals involved to ensure that the service user has been supported in the best way possible. They have been willing to offer additional support when requested. They have been supporting to facilitate weekly welfare check phone calls between

the service user and professionals."

- Healthcare professionals were complimentary of how the service interacted with them. Comments in a recent survey by the service, from an occupational therapist, noted the excellent support the person received from the service in helping arrange a discharge from hospital plan. A social worker said "The service has good and effective communication with both social services and the people who use their services. They respond promptly to address issues of concern."

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to ensure adequate oversight of the service including, medicines management and ensuring people's known risks were adequately documented and stored.