Support Me At Home Limited

Support Me at Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
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

Care service description
Support Me At Home is a domiciliary care agency that provides support to people who are living in their own homes. At the time of our inspection there were 77 people who were using the service.

Rating at last inspection
At our last inspection on 21 September 2016 we rated the service good. At this inspection we found that the key question of safe had improved to good. We also found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good
People's safety was maintained. Risks relating to people's health and wellbeing and within their home environment were identified and mitigated.

Staff understood what constituted abuse and how to report any concerns. There were robust processes in place to ensure suitable staff were recruited.

Staff received training relevant to their role and were supported and observed by management to ensure they were competent in their practice.

There were enough staff to support people in a safe way and people received their care visits on time.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported by caring staff who involved them in the planning of their care and who supported people to remain living independently.

Staff worked in collaboration with other agencies to ensure that people received continuity of care when moving between different services.

There were processes in place to monitor and assess the quality of service being delivered. The provider was approachable and communicated frequently with people who used the service and staff.

Further information is in the detailed findings below

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 has improved to Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Support Me at Home

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 3 July 2018 and was announced.

We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service who are often out during the day. We needed to be sure that they would be in.

As part of the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. 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. Due to technical problems a PIR was not available for the registered manager to complete and we took this into account when we inspected the service and made the judgements in this report.

As part of the inspection we spoke with two people who used the service and seven people's relatives over the telephone after our inspection visit to the office. We also spoke with three members of care staff, the provider who was also the registered manager and the deputy manager. We checked four people's care records and their medicines records. We looked at information relating to how the service was run. This included health and safety records, three staff recruitment and training files and a number of quality monitoring reports.

Good

Is the service safe?

Our findings

The service has improved to good. At our last inspection in September 2016 we found that people did not receive their medicines correctly. At this inspection we found that improvements had been made and people's medicines were managed in a safe way. We looked at the medicine administration record (MAR) for four people and noted that these had been completed correctly as there were no gaps on the charts where staff would sign to say that a person had taken their medicines. This demonstrated that people were receiving their medicines as prescribed.

Staff told us that they received training in the safe management of people's medicines and their competencies in this area were checked regularly. Training records we looked at confirmed that these checks took place and that staff were up to date with their training. One person's relative told us that their family member who used the service got their medicines on time.

Staff understood their responsibilities in relation to safeguarding and knew the different types of abuse. Staff were able to tell us what processes they would follow to report any concerns of abuse. There were procedures in place to ensure staff of suitable character were employed. References and a clearance from the Disclosure and Barring Service (DBS) were obtained before staff started their employment. The DBS hold information about people who are barred from working in care and will share this information with services.

Risk assessments were in place for known risks, however, these required more detail. For example, people's pressure care risk assessments failed to identify what part of people's bodies were at risk of pressure ulcers. We discussed this with the provider and the deputy manager and they agreed to review the risk assessments. When we looked at the daily records for people, we saw that staff were reporting on pressure areas, therefore we were assured that staff understood people's individual risks in spite of the lack of detail in the risk assessments.

We did see risk assessments that were detailed and person-centred. For example, one person showed behaviour that challenged. Their risk assessment detailed how staff should support the person and what staff should do to keep themselves and the person safe.

Each person's care record contained a risk assessment of their home. This included details of any trip hazards and the location of the shut-off point for any utilities in case of emergency.

There were consistently enough staff to support people. One person told us, "[I get] two [members of staff] every time as I need to be hoisted as I can't get about."

Staff were knowledgeable about infection control procedures and told us that there were always enough disposable aprons and gloves for them. Staff had also received training in food hygiene as they sometimes prepared meals for people.

Accidents and incidents were fully documented and follow up action was taken where necessary. These

were analysed to look for any patterns or trends so action could be taken to reduce the likelihood of further incidents.

Good

Is the service effective?

Our findings

The service remains effective. Holistic assessments of people's care needs took place. This was to ensure that their needs could be met by the service. The assessments were detailed and clearly documented people's physical and emotional care needs.

We received varied feedback when we asked people if staff were well trained. One person's relative told us, "Some [staff] are not as good as others." A second relative commented, "[The staff are] not always [well trained], some need more shadowing than others." A third relative and a person who used the service both told us that they thought that the staff were well trained.

Training records showed that staff continued to be up to date with their training and there was a training manager who oversaw all of the training. Staff told us that they thought that the training gave them the knowledge and skills to care for people effectively. One member of staff told us that the training department were responsive to staffs' needs. They went on to say that they were able to do an update in medicines management at their request because they wanted to refresh their knowledge.

Staff told us that they continued to receive regular supervisions. Supervision is a confidential meeting between staff and their manager about their performance and how they can develop in their role. New staff completed an induction programme. This included shadowing more experienced members of staff.

Some people's care packages stated that they required support with preparing meals. We saw that this information was in people's care plans with detailed information about the level of support needed with their nutritional intake. For example, one person was at risk of choking and we saw guidance from the speech and language therapy team about high risk foods was in the person's care records.

People were supported to access relevant healthcare professionals to keep them well. One person's relative told us, "A carer noticed [family member] wasn't well and rang 111 and [family member] went to hospital." A second relative explained, "[The staff] have drawn my attention to when [family member] needs medical attention and have contacted the doctors."

Staff worked with other health and social care professionals to ensure that people received coordinated care. The deputy manager told us that when people's care needs changed they would contact the local authority (if they were funding the person's care) and discuss any changes to people's care needs. The level of care provided to the person was then adjusted accordingly. We saw that updated assessments of people's care were present in their care records.

The service was located on the main high street and was accessible to people if they wanted to go and speak with any of the management team. The provider told us that they often had people visiting, "Just to have a chat."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be

deprived of their liberty when this is in their best interests and legally authorised under the MCA.

Some people using the service lacked capacity about making certain decisions. For example, we saw that two people did not have the capacity to understand what medicines they required and when these needed to be taken. A mental capacity assessment had taken place and a best interests decision was in place about staff administering their medicines. In addition to this, staff displayed a good understanding of the MCA and how to offer people choice.

Good

Is the service caring?

Our findings

The service remains caring. People and their relatives we spoke with told us that the staff were caring and treated people in a kind way. One person told us, "[The staff] are very good." A person's relative said, " I can't fault [the staff], the care they give is great." People and their relatives commented on the relationships that they had fostered with the staff. One person's relative told us, "[Family member] definitely is [happy], [family member] gets on really well with them." A second relative explained, "We trust [the staff] we have."

People and those close to them continued to be involved in the planning of their care. One person's relative told us, "[Family member's care] is discussed with the senior, we all have a hand in saying things." People's preferences about how they liked their care and treatment were documented and staff had a good understanding of people's care needs. A second person's relative explained to us how their family member did not like being turned too much when staff were supporting them with their personal care and getting dressed. They added that staff would support them in a way that minimised any discomfort.

The length of people's care visits were determined according to their needs. Staff we spoke with told us that they had enough time to support people with their care and to spend time speaking with people.

There were procedures in place to ensure that new staff were introduced to the people they would be caring for. Two people we spoke with told us that they were always introduced to new staff. One person's relative commented, "[New staff] come over with [another member of staff] and they are introduced to [family member]."

People continued to be supported by staff to maintain their independence. One person's relative told us, "[The staff] try to get [family member] to do different things, [family member] is up and down, on good days they get [family member] more involved." A second person's relative commented, "[The staff] encourage [family member] to do certain things, but there are limitations."

Staff provided care to people in a way that upheld their dignity and privacy. One person we spoke with told us, "[The staff] shut the curtains [when supporting me with my personal care]." One person's relative explained, "When there are visitors in the house, [the staff] ask if it is all right to do care now or wait until [the visitors] have gone."

Good

Is the service responsive?

Our findings

The service remains responsive. The service was responsive to people's needs and the times of people's care visits could be changed to accommodate other appointments and commitments. One person's relative explained, "We had a hospital appointment, we weren't in when [the staff] came so I phoned the office and they came later." A second relative told us, "[The staff] work within what we need and work around times and needs."

We received mixed views when we asked people and their relatives if the same staff visited them. One person's relative told us, "We get a variety, it's not always the carer on the rota that turns up." A second relative told us, "There is a pool of the same [staff] and some turnover [of staff]." Most people and their relatives we spoke with told us that they were provided with care by familiar staff and they received a rota in advance so they knew who would be visiting them. One person commented, "It's settled down and we get the same ones now."

People's care records were person centred and clearly detailed what support the needed. Care plans and risk assessments were reviewed and updated when people's care needs changed. Staff also completed daily logs. These gave a brief outline of how people were and what care was given when they visited them. This meant that there was an ongoing record of people's care and their wellbeing and any changes could be responded to promptly.

There was a complaints policy in place and people and their relatives knew how they would raise a complaint. We spoke with the provider and they told us that they had not received a formal complaint in the last year. One person's relative told us that they have raised concerns with the provider before and that these were dealt with.

We looked at a number of cards displayed in the office which complimented the staff and the care provided to people.

Sometimes staff supported people who were receiving end of life care. At the time of our inspection no one was receiving end of life care. Staff we spoke with told us that they would ensure that people's dignity was maintained and that people were made as comfortable and as pain free as possible. One member of staff said, "I give people lots of cuddles." They added that when they cared for one person, they ensured that photographs of their loved ones were placed by them at the person's request.

Good

Is the service well-led?

Our findings

The service remains well led. The provider told us that they operated an open door policy where people who used the service, their relatives and staff could visit the office and talk with either themselves or the deputy manager. People we spoke with told us that they felt that the communication they had with management was good. One person's relative explained, "It's fairly easy [to contact the office], out of hours someone is always on the end of the phone."

There was a registered manager in post who was also the provider. 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.

Both the provider and the deputy manager were aware of what incidents they needed to report to us via a statutory notification. A notification is a report sent to us about any incidents we are required to be notified of by law.

Staff we spoke with told us that they felt supported by management and were clear about their roles and responsibilities. One staff member commented, "Management are approachable, I can always go to them if I have a problem." Staff also reported that morale was good. One member of staff explained, "It's like a family here rather than a workplace." Regular meetings were held for staff. This gave staff the chance to discuss people's care needs and any changes within the service. Staff told us that they were informed of anything urgent by the provider and this would be via a telephone call or a text message.

There were a number of processes in place to monitor and assess the quality and safety of the service. People were asked to complete a quality monitoring form and this gave them the opportunity to provide feedback about the service. People we spoke with confirmed that they received this form. Records we looked at showed that the provider would contact people individually if they reported any problems with the service. The provider then documented what action they took to resolve the issue.

The provider and the deputy manager also regularly reviewed a number of people's care records to ensure that these were reviewed regularly and contained the most up to date information. The provider carried out 'spot checks' on staff, where staff would be observed by a member fo the management team to ensure they were competent in their role.

Staff worked with other agencies such as safeguarding, hospital staff and the local authority. Where necessary they shared information with other professionals to ensure that people received continuity of care when they transferred between different services.