

At Home - Specialists In Care Ltd

At Home-Specialists in Care Ltd

Inspection report

9 New Street
Pocklington, East Riding of Yorkshire
York
YO42 2PY

Tel: 01759303805
Website: www.athomespecialistsincare.co.uk

Date of inspection visit:
08 April 2019
09 April 2019

Date of publication:
30 April 2019

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

About the service: At Home-Specialists in Care Ltd is a domiciliary care service that was providing personal care to 72 people; mainly older people, but also to younger adults, people with a learning disability or autistic spectrum disorder, people with physical disabilities, mental health, sensory impairment and people living with dementia.

People's experience of using this service: People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

People received safe care and support because systems and processes in place ensured any risks were safely managed by staff, and their needs met with minimal restrictions in place.

Staff understood the importance of providing person-centred care and had developed positive relationships with people.

Staff were recruited into their role with appropriate checks in place before they commenced independent duties with people in their own homes.

Staff had received training and clear guidance was followed to help people to understand how to remain safe from avoidable harm and abuse.

People received help with their medicines as assessed. Records confirmed people had received their medicines as prescribed.

People were involved in their care planning. Records were person-centred and regularly reviewed.

Staff received appropriate induction, training, and support and applied learning effectively in line with best practice. This led to good outcomes for people and supported a good quality of life.

Staff were friendly and polite. Staff took time to get to know people. They had a clear understanding of, and how to support, people's individual and diverse needs.

People and their relatives told us they were confident if they had any complaints the registered manager would address them appropriately.

Everybody spoke positively about the staff and management of the organisation. The manager was responsive to any concerns we raised; implementing immediate corrective actions. They were clearly passionate about providing people with care and support that improved their lives and helped them to remain in their own homes.

The provider had good relationships with people, other organisations and used feedback to help drive improvements.

Rating at last inspection: Requires improvement. (The last report was published on 10 May 2018.)

Why we inspected: This inspection was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Effective findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Effective findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our Effective findings below.

Good ●

At Home-Specialists in Care Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was older people.

Service and service type: At Home-Specialists in Care Ltd is a domiciliary care service. It is registered to provide personal care to older people, younger adults, people with a learning disability or autistic spectrum disorder, people with physical disabilities, mental health, sensory impairment and people living with dementia, in their own houses and flats.

Not everyone using At Home-Specialists in Care Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service had a manager registered with the CQC. This means 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: The inspection was announced. We gave the registered manager 5 days' notice because the service was small, and we needed to make sure someone was available.

What we did: Before the inspection we looked at information, we held about the service. We reviewed information the provider sent us in the Provider Information Return (PIR). Providers are required to send us

key information about their service, what they do well and improvements they plan to make.

During the 8 and 9 April we spoke with a total of 10 people and three relatives over the telephone and we visited three people in their own homes to obtain their feedback about the service. We spoke with the registered manager the assistant manager and three staff. We reviewed three people's care records in the office and three people's care records in their own homes. We checked recruitment, training and support records associated with four staff members. We looked at records associated with the management and administration of people's medicines, safeguarding, accidents, incidents and complaints, audits and quality assurance.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment:

- At our previous inspection in March 2018 we found recruitment checks had not always been fully completed to ensure staff were of suitable character to provide care services to people. At this inspection we checked and found staff records had improved. Appropriate pre-employment checks had been completed prior to staff starting work at the service, to ensure they were suitable to work with vulnerable people.
- There were enough staff employed to meet people's care and support needs. The registered manager said, "We don't need to use agency, as we have team leaders who can step in if we need cover. Local rotas mean staff do not have to travel over wide areas to people's homes."
- People told us they received care in a timely way and had a consistent staff team. Comments included, "They always cover any staff illness or absence, so they must have enough staff" and, "Yes, they never let me down and they ring if they are running late."

Systems and processes to safeguard people from the risk of abuse:

- People and their relatives told us they felt safe with both the staff and the service they provided. One person said, "They all look after me very well. I feel very safe and look forward to them coming to see me." A relative told us, "I think [persons' name] is safe with the care staff. They use the hoist safely and I would know if there were any problems with them."
- The provider had systems and processes in place to safeguard people from the risk of abuse.
- Staff had a good understanding of what signs of abuse to be aware of and were clear about what they would do and who they would speak with about concerns.
- A safeguarding and whistleblowing policy and procedure was available for staff to follow should they need to both report and escalate concerns.
- Where concerns had been raised they were investigated with actions implemented where required to keep people safe.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong:

- Care plans included appropriate risk assessments and information to support people safely according to their wishes and preferences.
- Staff understood where people required support to reduce the risk of avoidable harm.
- One person had a risk assessment with supporting guidance for staff to follow to mobilise using a wheel chair. The person required the use of a lap belt to prevent them slipping from the wheelchair and this guidance was updated during the inspection, to keep the person safe.
- Staff identified risks when entering a person's home and recorded the information to keep themselves safe. A staff member said, "We know if there is a dog, if the home is cluttered and where to park. This information is in the care plans."

Using medicines safely:

- People received an assessment of their needs and were supported to take their medicine safely as prescribed.
- Staff followed best practice guidance, completed training and were competence assessed to help people manage and administer their medicines.
- Staff accurately completed Medicine Administration Records (MAR) which provided evidence of the medicines people had taken. These were audited, any gaps investigated, and corrective actions implemented.

Preventing and controlling infection:

- Staff had access to protective clothing, including gloves and aprons, and used these when assisting people. For example, when preparing food and supporting with personal care. One person said, "They always wear gloves and aprons when they help me shower."
- Staff had access to and understood guidance to control and prevent the spread of infections. A staff member said, "We are supported with infection control training and equipment; even shoe protectors."
- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences.

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.

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:

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. In the community, people can only be deprived of their liberty to receive care and treatment with appropriate legal authority under an Order from the Court of Protection.

We checked whether the service was working within the principles of the MCA.

- At the time of the inspection there was nobody receiving a service who was subject to a deprivation of their liberty.
- Staff had a working knowledge of the MCA and understood, the importance of supporting people to make day to day decisions and choices.
- People's assessments of their care and support were detailed. Information was regularly reviewed which ensured it remained up-to-date.
- The staff team were committed to ensuring people's diverse needs were met. Staff told us, "We offer people choices as part of their initial assessment and this is updated if it changes."

Staff support: induction, training, skills and experience:

- People received care and support from skilled and knowledgeable staff. One person said, "They are all competent and professional carers. They are brilliant". A relative said, "[Person's name] can be difficult but staff cope very well."
- Staff received an induction to their role and regular ongoing training and supervision to keep their knowledge up-to-date and remain competent. One staff member said, "There is opportunity and support to progress if that's what you want to do. The manager is very supportive and provides good direction."

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

- People told us they were happy with the support they received with meals. Comments from people included, " Staff do get some meals ready for me, but it depends how I feel and what I fancy" and "I never go without, as [staff name] has made me an apple crumble today."
- Care plans contained people's food preferences and specific instructions around their diets.
- People received appropriate levels of support during meal times according to their assessed needs. "A staff member said, "We cater to all needs and preferences. Some people are vegetarians, some like just a sandwich. We don't have anybody with religious needs, but if we did the information would be in their care

plans."

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

- People confirmed they were supported, where needed, to access and receive healthcare services to maintain their well-being. One person said, "If I need the GP then I can make the appointment. Staff do help out and will support me if I need to attend hospital."
- Records included medical information to inform other health services and professionals of people's health needs.
- Records of healthcare professional visits were recorded and outcomes of these visits were used to update people's recorded information for staff to follow.

Adapting service, design, decoration to meet people's needs:

- Care plans included clear assessments of people's needs and the provider ensured staff were trained to use any equipment they used to enhance their independence.
- One care plan recorded how staff should manoeuvre one person in their wheeled bed, so they could enjoy independence at meal times by using specially adapted cutlery and crockery.
- The provider ensured people were referred for assessments of their mobility where this was required. As a result, some houses were fitted with improved access including hand rails. One person said, "The support and adaptations are very good; it all enables me to remain in my own home."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- People received a service from staff who were friendly and polite. We observed good interactions between staff and people, which showed positive relationships had been developed.
- People and their relatives told us staff were caring. One person said, "The staff are all very caring. For instance, I like to make my own bed and they will help me get the sheets down from the cupboard because they know I can't lift my arms up very high."
- People had been consulted and records included information about their individual wishes and preferences. Staff had taken time to read this information and to get to know people. They used this information to care for people in the way they liked. One person told us, "It's a very good service, a service which really responds to our needs. When I first started with them they sent male carers and I told them I only want females. They don't send men anymore."
- Staff knew people well as individuals and supported them with a calm and friendly approach.

Supporting people to express their views and be involved in making decisions about their care:

- People told us they were involved in their care and support. Records in people's homes confirmed their input and involvement with assessing their needs and planning their care.
- Where people had any diverse needs, these were recorded. Staff demonstrated a good knowledge of people's personalities and what was important to them.
- Where required staff positively welcomed the use of advocates. Advocates represent the interests of people who may find it difficult to be heard or speak out for themselves.

Respecting and promoting people's privacy, dignity and independence:

- During our home visits, staff made sure the person's dignity was always respected. A relative said, "They are very respectful to both of us. They respect [relative's] dignity by making sure the door is shut." One person we visited told us, "I feel very comfortable with them when they are helping to wash me. They put me at my ease."
- Staff were polite and showed empathy to people's needs.
- People were encouraged to retain their independence and staff confirmed they only assisted people where this was required. One person told us, "They are very considerate of my needs. They help me to apply creams to my back where I cannot reach. I do the rest. I am never rushed, as they are so very patient."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- At our previous inspection in March 2018 we found care records were not always reflective of people's current assessed needs. At this inspection we checked and found care plans had improved.
- People confirmed their involvement with their care and support and any decision making. One person said, "I am always involved in any discussions. I have my say and they will change things as much as they are able to. No complaints."
- Care plans were person centred. For example, one person's support plan stated, 'I cannot open tins or cans even with equipment, so I require support with this. I can eat independently but I require support to prepare fresh home cooked meals. A staff member told us, "Care plans provide a good background on people's holistic needs including with meal time arrangements, what people can do and what they need help with."
- People told us staff often went the extra mile to keep them on track. One person said, "My wife passed away recently. I realise how much she did, the small things like tidying round, hoovering and nipping to the shop. Staff have been instrumental in keeping these things on track and it's helped me to remain in the family home and to deal with my loss."
- The provider ensured people received information in a format they could understand, which is a requirement of the Accessible Information Standard. Staff understood and knew how to communicate with people. Support plans contained information about people's communication needs and any sensory support or adaptations they required. For example, one person's support plan stated, '[Name of person] struggles to verbally communicate but can nod their head and will say yes to make their wishes known'.

Improving care quality in response to complaints or concerns:

- The service had a complaints procedure for people to refer to in an accessible format.
- People and their relatives told us they were confident if they had any complaints the registered manager would address them appropriately. Comments from people included, "I have never needed to complain about anything. They sort any niggles or concerns out straight away" "I have no complaints at all, but I am sure the manager would sort anything out for me."
- Staff recognised the importance of ensuring people were happy with their care and support. One staff member said, "We encourage people to tell us if they are not happy. We can often deal with small issues straight away. They know where to go if they want to speak with the manager but to be honest most people seem happy with the service we provide."
- Where complaints had been made, they were recorded, investigated and responded to in line with the provider's policy.

End of life care and support:

- Care plans included a template to record people's wishes and preferences should they wish to so.
- Where people had been supported with end of life we saw feedback from the local authority was very

complimentary detailing the compassion and commitment by staff in supporting people.

- A staff member said, "We are able to support people whatever their needs. We do get attached to people, but we are professionals and understand how to support people even at end of life. Recently we attended the funeral of one person from the service. We supported them with their end of life and this was recognised by the family in their speech."
- The registered manager told us they were looking to promote an end of life champion to share best practice and improve people's records with their wishes and preferences.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted 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:

- At our previous inspection in March 2018 we found a lack of robust audits on recruitment procedures by the registered manager meant that staff had started working independently before all recruitment processes were completed. At this inspection we checked and found staff files included a check sheet and all staff had received appropriate checks and induction before working independently with people.
- The service was well-run and well-led. Effective systems were in place to manage risks to care quality, which staff understood and used.
- There was a clear staffing structure and staff understood their roles and responsibilities and when to escalate any concerns.
- People told us the registered manager was approachable and they received good support when they needed it. One staff member said, "I really enjoy my job, everybody is supportive of each other and we all work well together. The manager is always approachable and supportive of staff as individuals."
- The registered manager told us they were looking to recruit another manager to support the service, allowing them to review and develop it.
- Policies and procedures were in place which provided staff and the registered manager with clear guidance.
- Lessons learnt had been shared and further training sourced from health care professionals

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People were supported and encouraged to raise any concerns or complaints.
- Records of people's care needs were regularly reviewed and updated. Where care plans were due a review the registered manager discussed how they intended to clearly record any changes to the previous records for staff to follow.
- Staff had access to current information that enabled them to provide person-centred care.
- Quality assurance processes were in place to maintain and improve standards of service.
- Systems and processes were in place to review accidents, incidents and safeguarding concerns. A staff member said, "We discuss outcomes from investigations into safeguarding and accidents which helps to prevent them happening again."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others:

- The provider was in the process of implementing a staff and service user survey. The registered manager

told us they had responded on an individual basis where concerns were raised. They said they would fully evaluate the outcomes once all responses had been received to identify any trends, including areas for improvement.

- Staff worked with health and social care professionals such as the district nursing team, GPs and social workers to improve the service and outcomes for people.
- People and their relatives were kept informed of any changes and good communications were maintained.
- The registered manager had good working relationships with the local authority and care commissioning groups. They told us, "We are implementing a new electronic call monitoring system with the local authority. This will enable us to ensure people always receive care and support at the right time and for the correct duration. It will flag up if a care worker is running late, which will enable someone to stand in to ensure the person's needs are met."