

Care At Home Services Limited

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Inspection report

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Tel: 07859202093

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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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Care At Home Service is a domiciliary care agency providing a range of services including personal care for people in their own homes. At the time of our inspection the provider was supporting 15 people who were receiving personal care. The majority of people had their care funded and organised by the local authority. The provider also provided short term care and support alongside the treatment provided by the health authority to people moving back home after an accident, hospital admission or operation. This type of support is known as reablement and is designed to help people to regain skills and confidence so that they can return to the lifestyle they had previously.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The provider was not always following their recruitment procedures when recruiting staff. We raised this with the registered manager, and they took prompt action. Medicines were not always administered safely. We have made a recommendation to the provider about managing medicines. People were not always notified when staff were running late. The provider did not always have effective systems for monitoring and auditing the service.

The provider was supporting three people who were at the end of their lives, but they were not recording people's wishes. We made a recommendation to the provider to consider current best practice when considering people's end of life wishes. The provider had no complaints at the time of the inspection, but relatives told us when they had concerns and they felt the provider had not always addressed them. We made a recommendation to the provider to address concerns in line with their complaints policy.

People's needs were assessed before support was provided. However, the provider was not always considering people's communication needs. We made a recommendation to the provider to ensure people's communication needs were assessed in line with the Accessible Information Standard.

Staff were provided with personal protective clothing. People told us they felt safe. The provider had procedures in place to help protect people from abuse.

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. The provider worked in partnership with healthcare professionals to support people. People's nutritional and hydrational needs were being met.

Relatives told us, people liked the staff who supported them. Staff were kind and caring, they involved people in their care and made sure people's privacy was respected.

Staff were positive about the leadership of the service. Staff said they could discuss issues openly with the register manager and they took action to address their concerns. Staff had regular supervisions in line with the provider's policy.

Rating at last inspection

This service was registered with us on 07 March 2019 and this is the first inspection.

Why we inspected

We inspect newly registered services within one year of them starting to provide a regulated activity.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Care At Home 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

The inspection was carried out by one inspector.

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

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service. 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.

During the inspection

We spoke with the registered manager, field care supervisor and office coordinator. We looked at the care records for six people who used the service, and three staff recruitment files, training and support records. We also reviewed records of safeguarding adults, medicines risk assessments, complaints, incidents, accidents and quality monitoring.

After the inspection

We continued to seek clarification from the provider to confirm evidence found. We looked at client support plans, risk assessments, and daily records. We spoke with five relatives and three care staff. We contacted two professionals who have worked with the service, but we did not receive any feedback.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

Staffing and recruitment

- Staffing and employment practices needed to be reviewed and strengthened. The provider had recruitment procedures in place. However, they were not always following their procedures. We reviewed three staff files and these staff did not have a full employment history. We spoke with the registered manager about this and they responded immediately during and after the inspection by obtaining a full employment history for staff.

We recommend the provider consider current best practice when recruiting staff and take action to update their practice accordingly.

- Some relatives told us they were not contacted if staff were running late and sometimes staff did not stay the required time which meant people may not have always received their care in line with their care plan. We raised this with the provider who told us, the field care supervisor carried out spot checks to ensure staff stayed the required time. The provider was not using an electronic call monitoring system, but they planned to introduce this as the business developed. This meant the provider may not have always known if staff stayed the required time.
- Relatives told us people normally had regular staff where possible, and this was helpful for people to develop positive relationships with each other.

Using medicines safely

- People were not always supported with their medicines in a safe way. In one person's file we read, the 'Person to be reminded to take their own medicines'. We spoke to the registered manager about this and they told us they were operating in line with social services' medicine guidance. This information was very confusing and did not provide staff or relatives with clear information. The National Institute for Health and Care Excellence (NICE) guidance on the management of medicines for people receiving social care in the community advocates providing detailed and specific directions for what the care worker is required to do to support the person with their medicines.
- Some relatives told us, they asked for staff to administer medicines and they were told, they were not allowed to do this. We raised this with the registered manager, and they told us staff would administer medicines if it was part of the care arrangements.
- The registered manager audited Medication Administration Records (MARs) to check medicines were given in line with the prescriber's instructions. We reviewed one MAR chart, staff were administering medicines where the dosage was variable, yet they were not filling this information out on the MAR chart. We raised this with the registered manager, and they told us, they would remind staff of the correct procedure.

We recommend the provider follow national guidance for supporting people to take the prescribed medicines and take action to update their practice accordingly.

- Staff undertook medicine training and confirmed they completed this as part of their induction. This was followed by an observed assessment to ensure staff were competent to administer medicines.

Learning lessons when things go wrong

- The provider had processes for the reporting, recording and investigation of incidents and accidents. We saw there had been one incident when staff had gone to someone's house and the person had fallen. Staff called an ambulance. After the incident, the provider had not updated the person's risk assessment. We raised this with the field care supervisor who recognised this was an oversight and they told us they would update the risk assessment.
- Staff told us they needed to complete an incident form should they witness an incident or accident taking place and this information was sent to the office to investigate.

Systems and processes to safeguard people from the risk of abuse

- The provider had appropriate systems in place to protect people from potential abuse and staff understood their role in raising any concerns. One staff member told us, "[Staff] report it and then we would investigate."
- The provider had not reported any safeguarding concerns since they started to operate the service. They were aware of their responsibility to inform the local authority and the Care Quality Commission (CQC) of any concerns.

Assessing risk, safety monitoring and management

- The provider completed assessments with people to check potential risks to their safety and wellbeing. Where these identified risks to a person, there was clear guidance for staff on how to mitigate these. For example, one person was diabetic and whilst the family were administering their medicine there was a detailed assessment in place to help guide staff if the person became unwell.
- Another person's care records showed they applied their own prescribed cream, but the provider had assessed and provided information for staff about this cream.
- If people needed support to move around their home, or transfer from a bed to a chair, risk assessments gave specific instructions on how to support people safely.

Preventing and controlling infection

- The provider had systems in place to prevent and control infection.
- All staff had attended infection control training. The registered manager told us, staff meetings were used to discuss infection control and staff are reminded to, "Wear gloves and aprons and ensure high standards are maintained as it protects the service user."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the provider was working within the principles of the MCA. The provider carried out assessments of people's mental capacity to agree to their planned care arrangements. However, in one case a person was assessed as not having capacity to understand and make decisions about their support. We spoke with the registered manager about this as the provider's policy stated they should have completed a best interests decision regarding their planned care arrangements. The registered manager told us, they had not completed a best interest form as, "On the day [Person] seemed to have capacity and was able to answer all relevant questions. However, [Person's] retention fluctuated, and this was recorded on the capacity form. The registered manager told us, they would revisit the assessment.
- The MCA had been incorporated into policies at the service. Staff understood the importance of ensuring people were given choice about their day to day care.
- Relatives told us staff asked their relatives for consent before providing any care or treatment and there were signed consent forms in people's files.

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

- The provider assessed each person's needs before they were offered support, this was to ensure the provider could support them effectively and meet their needs. Relatives confirmed assessments took place prior to people's care starting. One relative told us, "During the assessment, they promised, lots of help and

resources but this never came to anything". We raised this with the registered manager, and they told us, it took time for the local authority to approve specialist medical equipment.

- The field care supervisor explained they reviewed the local authority referral paperwork and then visited the person, usually within 24 hours. At this appointment they discussed the initial referral and completed all risk assessments and support plans. This assessment considered people's needs and choices around areas including mobility, physical health, medical health and wellbeing.

Staff support: induction, training, skills and experience

- Staff received a thorough induction which provided them with appropriate skills to care for people in a safe way. Staff received between three and five days of face to face training dependent upon their previous work experience. Staff then shadowed more experienced staff for a minimum of three days where they had their competencies checked. Staff were then further assessed by the field care supervisor and after a month they started to deliver care on their own.
- Relatives told us they felt staff were appropriately skilled and experienced in supporting their family member.
- Staff had supervision, support and training to help develop their skills and knowledge and provide good care. In addition to training staff received supervision four times a year and staff told us they found this helpful.

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

- People were supported to maintain good nutrition and hydration. People's nutrition and hydration needs were clearly assessed and recorded in line with the providers policy. Detailed information provided an overview of people's needs and if people had any specific dietary needs, there was detailed information to help guide staff to lessen any possible risks to people's well-being. One person was on a pureed diet and there was clear information on how to prepare texture-modified meals and thickened drinks to reduce the risk of choking.
- All staff received food safety training as part of their induction. In team meetings, there was a regular agenda item about food hygiene, which reminded staff about the importance of preparing food to the appropriate temperature. This helped ensure staff supported people with their meals in a safe way.

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 to access a variety of health services dependent upon their individual needs. All relevant information was recorded in people's files. We read in one person's file, staff had noticed someone had a swollen leg, they immediately notified the family and GP and arranged for the daughter to support the person to see the GP.
- We saw another staff member had liaised with occupational health when they felt someone needed an assessment regarding their mobility.
- There was regular contact by the registered manager with the local authority to request reviews of care packages when people's needs changed.
- People were been supported to address their oral hygiene as part of personal care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Equality and diversity policies were in place and staff had received training around this. Relatives spoke in a caring way regarding the help and support their relatives received. Comments included, "Yes, I am happy," and "Their jobs are hard, and they do their best." Relatives told us the service was reliable and dependable and this was very important to them.
- Staff spoke about the importance of taking time to get to know people, one staff member told us, "I help the way I would like to receive care, if they are comfortable, then I am comfortable."
- People's diverse needs, such as their cultural or religious needs were reflected in their care plans.

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

- People and their relatives told us, the provider had discussed with them in detail how they wished to receive their care and they felt listened to. Detailed support plans were written in the first person and provided staff with people's daily routines. One staff member told us, "Sometimes [the person] likes care in one way and the next day they change their mind and we have to move with this, so I always ask first."
- The registered manager told us they would contact advocacy agencies if people needed specific independent support and advice.

Respecting and promoting people's privacy, dignity and independence

- Care plans showed staff supported people to be as independent as possible. The plans explained what people could do for themselves to help them maintain their independence and relatives told us, they felt staff encouraged people to do as much for themselves as they could. One staff member told us, "We consider what can they do for themselves and we get them involved and give them choices."
- Staff care records and other information required to operate the service were stored safely. One staff member said, "We make sure the information is correct and we lock away everything."
- Records were stored securely, and the registered manager was aware of the need to protect people's personal information.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

End of life care and support

- At the time of the inspection the provider was supporting three people who were at the end of their lives. The provider had not recorded people's end of life wishes. We discussed this with the provider, and they told us they were not recording people's wishes as they were living with their relatives and they were not always willing to discuss end of life.
- The provider recognised they were not following their policy which stated, "The provider would explore people's preferences and choices in relation to people's end of life care." The provider told us, they would update people's support plans to reflect people's end of life wishes. This will help to ensure staff have the correct information when caring for people.

We recommend the provider consider current best practice when considering people's end of life wishes and take action to update their practice accordingly.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Records of people's care were sometimes focused only on care tasks rather than people's well-being. People's daily care logs were completed by staff and they detailed any concerns staff had. At times, these records were task focused and not person centred. This meant on occasion documentation was not personalised and lacked caring terminology. We raised this with the registered manager, and they recognised this was an area staff needed further support on. One relative told us, sometimes staff did not always fill out the daily logs, we raised this with the registered manager, and they told us, they audited all daily sheets each month and they were not aware of staff not completing daily logs.
- People's care plans were individualised and provided detailed information for staff on how to meet people's needs and preferences. This included information about people's backgrounds, where they worked, their families, what was important to them and their likes and dislikes. Staff told us this was helpful in starting to build a relationship with people.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place, this told people how to make a complaint and how their complaint would be addressed. At the time of our inspection the provider had not received any complaints. However, when we spoke to relatives, they felt they had raised concerns about time keeping and staff not staying the required time, but the registered manager had failed to address their concerns. We raised this with the registered manager, and they told us, if people made a formal complaint, they would address it in line with their policy. They told us, they were not aware of any concerns being made by relatives.

We recommend the provider review their complaints procedure to ensure all issues of concern raised are appropriately recorded and responded to in line with their complaint's procedure.

Meeting people's communication needs;

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- As part of our inspection we discussed the AIS standard and the registered manager was not aware of the standard and their responsibilities. Following the inspection, the provider provided us with their policy and told us they would be happy to make all support plans and risk assessments available if people requested it. The provider was not aware the AIS requires people's needs to be assessed as part of their assessments and information provided in ways to meet their communication needs.

We recommend the provider follow national guidance in implanting the Accessible Information Standard and take action to update their practice accordingly.

- People's communication needs were assessed, and details of their needs were recorded with the care plans. In one person's support plan we read they had, "Mild difficulties with communication, particularly understanding and expressing. " As a result, the person had requested they were supported by a Punjabi speaking worker and the provider had ensured a Punjabi staff member was providing their daily care.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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;

- The provider had quality assurance systems to monitor service delivery. However, on occasions they had not identified the issues and concerns we found at the inspection, so they could take action to make the necessary improvements. For example, the provider's checks on staff recruitment were not robust to identify the gaps in people's employment histories.
- The provider's arrangements to check support plans had also not identified times when they were not following their own policies, for example, having detailed information about their end of life needs, wishes and preferences yet the provider was providing this support.
- The provider did not have robust processes around implementing the Accessible Information Standards as staff were not always aware of what their requirements were.
- The provider had a lack of oversight as the provider failed to investigate concerns in line with their complaints policy.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Senior staff carried out frequent checks and audits on the quality of the service. These included phone calls, spot checks, and questionnaires, however they did not pick up the gaps in one person's MAR Chart.
- The provider sought feedback from people and their relatives during care reviews. A relative confirmed the registered manager completed regular telephone interviews to gain their views about the service.
- The provider was not sending out newsletters to people but as the business developed, they were planning to introduce these if people wished to receive one.
- Staff told us they felt listened to and that the management team was approachable.

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

- Relatives were happy with the support their relatives received. They felt the registered manager in particular was very approachable. Relatives recognised the service was just starting and in general they

found the provider to be committed to delivering good care.

- The registered manager clearly understood their legal responsibilities in relation to being open and honest with people when something went wrong.
- The registered manager was aware of their responsibility of informing the CQC and other involved agencies if important incidents or accidents occurred.

Continuous learning and improving care; Working in partnership with others

- The registered manager kept up to date with changes in best practice by signing up to newsletters from many social care resources and they were continuing to develop partnerships within the local community.
- The service worked in partnership with healthcare professionals.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective arrangements to assess, monitor and improve the quality of the service and to assess, monitor and mitigate risks service users faced while in receipt of care.</p> <p>Regulation 17 (1)</p>