

A1 Quality Home Care Limited

Quality Homecare

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

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

This inspection took place on 28 April and 2 May 2017 and was announced. We gave the provider 24 hours' notice because we needed to be sure the right people would be available to talk to us when we visited. Quality Homecare provides personal care to people living in their own homes. The service was supporting 580 people at the time of this inspection, who had a range of needs including dementia, physical disability or ill health related to age.

We carried out an announced comprehensive inspection of this service on 23 March 2016. One breach of legal requirements was found and there were areas of practice that required improvement. We undertook this inspection to check they now met legal requirements.

There is a registered manager at the service. 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.

At the inspection in March 2016 we found the provider had not notified us of certain events, as they are required to do so by law so were in breach of regulation. At this inspection we found this regulation was now being met, and the registered manager had sent all of the relevant notifications to us. We also found there was lack of continuity of staff and inconsistent care visit times. Some people commented there was poor communication at times, and their calls or messages were not always returned. At this inspection we found the provider had made good improvements to the timing of calls and their communication. However, this area of practice needed time to be developed and improved further.

Although the registered manager made sure they monitored the quality of the service they provided, they had not always identified where improvements continued to be required. People had concerns about the timing of their care visits and the inconsistency of care workers at the weekends, although people did acknowledge some improvements had been made in these areas.

At the last inspection we found the provider needed to make improvements in the areas of staff appraisal and we recommended the provider ensured staff had training in the Mental Capacity Act (2005) (MCA). This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves.

At this inspection we found appraisals had improved and MCA training had been completed. Staff had a basic understanding of the MCA and the registered manager was taking action to ensure they reviewed each person's lasting power of attorney if they had one in place. An LPA is a legal tool that allows people to appoint someone to make financial or health and social care decisions on their behalf. People were asked for their consent appropriately.

There were enough staff to meet people's care needs and staff had regular training, supervision and

appraisal to support them. Appropriate pre-employment checks had been completed before staff began working for the provider.

People who used the service told us they felt safe. Staff knew how to recognise the signs of abuse and what to do if they thought someone was at risk. Risk assessments had been completed and plans to manage identified risks were in place. People were supported to take their medicines safely when needed.

Incidents and accidents were investigated and action taken to reduce the risk of them being repeated. The registered manager and staff understood the importance of learning from incidents so they could make improvements to the service.

People gave us positive feedback about the care they received. People were able to express their views and preferences about their care and these were acted on. People were treated with respect and their privacy was protected. People were supported to eat and drink enough and staff knew what to do if they thought someone was at risk of malnutrition or dehydration. People's day to day health care needs were met.

People's care needs were regularly assessed and people and those important to them were involved in making decisions about their care. People knew how to make a complaint or raise concerns with the registered manager and told us these were acted on when they did so. There was an appropriate complaints system in place and any complaints had been thoroughly investigated.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. People told us they felt safe and staff knew what to do if they thought someone was at risk of abuse. Risk assessments were completed to ensure people were looked after safely and incidents and accidents were properly reported and investigated.

There were enough staff to meet people's needs and recruitment practises were good. People were supported to take their medicines safely when needed.

Is the service effective?

Good ●

The service was effective. People received effective care and support because staff had the skills and knowledge to meet people's needs. Staff had been properly supported with training and supervision.

People were asked for their consent before staff provided them with care. The registered manager and staff had an understanding of the Mental Capacity Act 2005. The provider had organised additional training to help develop staff skills in this area.

People were supported with their nutritional and hydration needs, where required, and their day to day health needs were met.

Is the service caring?

Good ●

The service was effective. People received effective care and support because staff had the skills and knowledge to meet people's needs. Staff had been properly supported with training and supervision.

People were asked for their consent before staff provided them with care. The registered manager and staff had an understanding of the Mental Capacity Act 2005. The provider had organised additional training to help develop staff skills in this area.

People were supported with their nutritional and hydration needs, where required, and their day to day health needs were met.

Is the service responsive?

The service was not always responsive. Although the provider had acted on people's feedback and made changes to the way staff were deployed, people told us there continued to be a lack of continuity of staff and inconsistent care visit times, particularly at weekends.

People's care needs were regularly reviewed and their care plans were up to date. People were able to express their views about their choices and preferences. Staff knew what people's preferences were and how best to meet them.

People knew how to make a complaint and those that had done so said they were happy with how their complaint was dealt with.

Requires Improvement ●

Is the service well-led?

The service was not always well led. Feedback from people and staff about the quality of the leadership was positive.

Although there were systems in place to monitor the quality of the service some areas of practice had not been identified as requiring improvement. All of the registration requirements were met.

Requires Improvement ●

Quality Homecare

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. The inspection was announced and we gave the provider 24 hours notice, to make sure the right people were available on the day of our visit.

The inspection team consisted of one inspector and two experts 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. Before the inspection we looked at and reviewed all the current information we held about the service. This included notifications that we received. Notifications are events that the provider is required by law to inform us of. On this occasion we did not ask 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

On the first day of the inspection we visited the providers head office. We spoke with the registered manager, nominated individual, training manager and four care workers. We reviewed the care records and risk assessments for three people who use the service, and the training, supervision and recruitment records for two staff. We reviewed quality monitoring records, policies and other records relating to the management of the service.

On the second and third day of the inspection we spoke with 16 people who use the service and 12 relatives by telephone.

Is the service safe?

Our findings

People and relatives described feeling safe with care workers. One person said, "I feel safe enough" and a family member told us, "My relative is very safe with them. I have no concerns at all." When we asked one member of staff if people were safe they told us, "Yes, because we provide good training and they (staff) don't leave here until they have a good understanding of how to look after people".

People were protected from potential abuse. Staff knew about safeguarding people from abuse and what action to take if they were concerned a person was at risk. They knew they should raise concerns with the registered manager and they were confident that any issues they raised would be dealt with appropriately. Staff had access to an on call emergency telephone number which they said was always answered and the provider had appropriate safeguarding policies in place for staff to refer to if they needed to.

Risks to individuals were assessed and well managed. There were risk management plans in place which allowed people to stay safe while minimising risks to their freedom. For example, one person had behaviours which could cause themselves or others anxiety. There was a plan in place to enable staff to help the person remain calm if they were experiencing anxiety, while minimising the risk to the staff member's personal safety. Other risk management plans included supporting people to mobilise safely and the use of special equipment such as a hoist.

Incidents and accidents were reported and the registered manager conducted an investigation of each incident. One relative told us of an incident where their family member was left unattended for a short time whilst being supported with personal care. The relative said managers had taken appropriate action and the incident had not happened again. The registered manager monitored incident reports to ensure any themes were identified and action was taken to prevent any recurrence. The registered manager and staff understood the importance of learning from incidents so they could make improvements.

People had their needs met and were kept safe because there were enough suitable staff. If staff were unable to complete their shift due to unforeseen circumstances such as sickness or a car breakdown, there were other staff available to cover their shift at short notice. The provider had good recruitment procedures in place. Staff recruitment records showed all of the relevant checks had been completed before staff began work. These included disclosure and barring service (DBS) checks, evidence of conduct in previous employment and proof of identity. A DBS check is completed before staff begin work to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Staff were not allowed to start work until these checks had been completed. This helped to ensure that staff employed by the service were safe to work with the people they cared for.

People and their relatives were happy with how they were supported to take their medicines. When discussing their prescribed cream one person told us staff, "...are very careful. They put creams on me but they change their gloves for every cream. I tell them not to bother but they say no, they've got to be careful and not mix the creams". People were supported to order and manage their own medicines by staff if needed, and staff would help people to contact their pharmacy or GP to discuss their medicines if there

were any concerns, or if a medicine had not been delivered. Medicines administration records (MAR) showed people received their medicines as prescribed and on time.

Is the service effective?

Our findings

People received effective care and support from staff who were supported with thorough training. One person said, "I get very good care, they are well trained and very careful and skilful in the way they treat me". A relative told us, "I think they are all very capable and skilled to carry out their jobs, we are quite satisfied with all of them". Staff said the training was good, and all of the relevant subjects were up to date, including areas such as moving and handling and infection prevention and control. Staff completed an induction and had their competency to support people assessed before they could work on their own. The induction was based on the 'Care Certificate' which is an identified set of standards that health and social care workers follow in their daily working life. Staff were also supported to complete additional further training in a health related qualification. One member of staff said, "I like the training. I really enjoy it".

At our last inspection we recommended the registered manager reviewed the staff appraisal system to ensure it was robust. At this inspection we found the registered manager had taken action and there were robust appraisal practices in place. Appraisal meetings were well recorded and identified actions were noted. Staff said they felt well supported by managers and they received regular one to one support during supervision sessions with senior staff. Staff were encouraged to discuss any issues they had, including meeting people's care needs and any training requirements. Staff said supervision meetings were open and friendly, and they felt comfortable discussing their work. One care worker commented, "there is so much support. If you're struggling they are there. You know there is someone you can talk to". Staff were also observed providing care for people in their home and appropriate feedback was given to enable staff to make improvements if it were needed.

At our last inspection we recommended the provider ensured staff had training in the Mental Capacity Act (2005) (MCA). At this inspection we found training had been completed and staff had a basic understanding of the MCA to help them make sure they acted in people's best interests. The MCA provides a legal framework for acting and making particular decisions on behalf of adults who lack the capacity to make decisions 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 decisions made on their behalf must be in their best interests and the least restrictive as possible. We discussed MCA training and staff's basic understanding of the act with the provider's in house trainer. They acknowledged MCA understanding among staff needed continued development and had arranged to attend an advanced course of MCA training for themselves, so they could make sure other staff could be further supported in this area.

People were asked for their consent before staff provided any care. One person said; "They don't try to make me do anything I don't feel like doing and they always ask if I want things. Like having a shower, that sort of thing". Staff explained how they would ask for people's permission before giving support, and what they would do if someone declined the support offered.

Some people were supported with their nutritional and hydration needs. One member of staff told us how

they enjoyed cooking a meal for a person they supported and described their preferences well, "two toast, two eggs and two bacon". Sometimes they like beans too." People's food and fluid intake was appropriately monitored if needed and staff knew what to do if they thought people were not getting enough to eat or drink. This included discussing their concerns with senior staff or the person's GP.

Most of the people we spoke with arranged their own medical support either on their own or with the support of their relatives. Staff knew about people's day-to-day health needs and how to identify changes in people's health and what they should do to support them. This included contacting the GP and reporting their concerns to the registered manager. A member of staff said if a person was unwell we always ask, "Do you need me to call anyone?" We're the eyes and ears and it's up to us to make other people aware". One relative told us how their family member had been supported to access health care support, "They (staff) notice when there are any problems with his health, and have at times, recommended I contact the nurse".

Is the service caring?

Our findings

People and their relatives gave positive feedback about the care they experienced. People told us staff were kind and compassionate and their rights and dignity were protected. One person said, "They are lovely, absolutely marvellous, I look forward to them coming we have a laugh, I couldn't wish for better care" and another, "Our carers are excellent, the quality of the care we receive from them is excellent". A relative said, "They (staff) are very good, they are considerate, they have really got to know my (family member) and they treat him as a person". One person told us, "Last week the carer noticed I was a little low, we discussed it, and the next day a different carer came and she asked how I was feeling, they had passed this on, which I think was very nice" and "They always ask if there is anything else I need, they will always do little extras". Another person said, "They are really kind people and work ever so hard. There was one I was really fond of but he's left and I do miss him. The one they send instead is lovely though."

People's privacy and dignity was respected and maintained by staff. A relative explained, "It's not nice having people do things for you and she is a very proud person who likes to do things for herself if she can. They understand that and treat her very kindly and very respectfully."

Care workers told us how they made sure they gave people privacy while supporting them with aspects of their personal care. Examples included making sure curtains were drawn and keeping people covered when they liked to be. When talking about supporting a person with their personal care, one member of staff said, "We all work really hard to get it right". People were also able to express a preference for the gender of staff that supported them with personal care. One person said, "I was asked if I preferred to have ladies or men and I told them I don't mind as long as they can do the job."

People were supported to express their views and remain involved in decisions about the care they received. They were involved in their care planning and were encouraged to make their preferences known. One person said; "They have got to know me, they meet my needs as they know me and they understand about my life". Another commented, "I was involved in organising my care plan and I get a regular review. I wouldn't hesitate to let them know if I thought I needed anything else. I'm pretty confident they'd help if they could."

People were supported to remain as independent as possible. One person told us, "They do encourage me to do things for myself, and I like this, they know what I can or can't do" and another "...they help me to stay well and active and maintain full independence. They don't take over my life, they encourage me". Staff talked about people in a person centred way with one commenting, "People are individuals even though we are a large agency". Another said, "We're always there to help whenever a client or family member needs us."

Staff knew the people they cared for well and spoke about them in a kind and caring way. Staff knew what to do to make sure people's preferred care needs were met. They described how they would support people in a person centred way, and help people to make their own day-to-day decisions. The registered manager or other senior staff spoke with people regularly to make sure their care needs were being met and their choices and preferences respected.

The provider had received compliments and thank you cards from people who use the service, relatives and staff. Comments included, "They looked after him well, with kindness and understanding" and Thanks for all the help over the years."

Is the service responsive?

Our findings

At the last inspection we found the provider had areas of practice in responsiveness that required improvement. This included a lack of continuity of staff and inconsistent care visit times. Some people commented there was poor communication at times, and their calls or messages were not always returned. Staff also gave us mixed feedback about travel time allowances and consistency of calls. At this inspection we found the registered manager had taken action and these areas of practice were improving. They had reorganised the staff team into smaller groups or "clusters", to enable staff to visit the same people consistently where possible, and to reduce travel distances for staff. One relative commented, "Care is very good, it's much better since they altered the teams and areas".

However, other feedback about the improvements was mixed. Most people commented on how things had improved but that there was still work to be done. One person said, "The company has made improvements, they are able to make changes now without falling apart, I think this is the sign of a good company", and another, "The office has improved its practices recently, they are very responsive to requests, and they always return my calls. I think it has improved a lot, they are working much smarter now". However, one person told us, "They can sometimes be very late up to 30 minutes or more, and they don't always call me to let me know", and a relative said, "They can be late often and we don't get informed". Feedback about the responsiveness of staff to phone calls was also mixed. One relative said "If I try to get in touch with the office sometimes it's an answerphone, or if I leave a message they don't return my call" and another, "I find the office are very helpful when I call them".

Most people said weekends could be a problem with late calls, or not being sure of which staff member was going to arrive to help them with their personal care needs. One person said, "I get different carers all the time, I don't know who is coming". A relative said, "Weekends can be poor, there is no continuity then and we can get all sorts of carers, but in general they are all very good" and another "We mostly have the same carers all the time, and one of them has been with us over three years" but, "Weekends can be a problem with different carers". Although the provider had developed these areas of practice in response to people's feedback, the rating in this domain remains requires improvement. People who use the service told us there had been improvements, but they continued to have concerns about consistency of call times and continuity of staff.

To help staff be in the right place at the right time, the provider had introduced a 'real time live system'. This technology allows for improved communication between care co-ordinators, managers and individual care workers via mobile phones. Each member of staff 'swipes in' with their mobile phone when they arrive at the person's house. If the care worker has not swiped in within 15 minutes of the scheduled call time an alert is sent to the office. This then allows office staff to check in with the staff member and take action to meet the person's care visit if needed.

The mobile phone technology also included a 'concerns button' which staff could use to alert the office staff of any worries they may have about a person's health, or if an incident had occurred. This gave office staff immediate and up to date information about people, without staff needing to return to the office to

complete an incident form or report. A member of staff described how they had used the 'concerns' button to report a person's care plan needed to be reviewed, and a care assessor visited the person shortly afterwards. Staff told us how the improvements had benefited people and care workers. One member of staff said, "it's made such a difference. We all know each other and we can build relationships. If we are on leave, people will know the other staff who are working. The team is smaller so there is more continuity."

People who use the service and their relatives were involved in devising their care plans when they initially started receiving care from the service. A detailed assessment was completed with the person, and those important to them, such as a family member. People were supported to make their preferences and choices known. People and their relatives described how the care workers understood their needs and how these changed over time. They also said staff had a good understanding of their likes and dislikes. People's care plans were reviewed regularly to ensure people were happy with the support they received. One person said, "My care plan has been reviewed recently, I was fully involved and made several changes which have improved my care greatly". A relative described to us how their family member had a review of their care plan that week, and they had all been fully involved. Another told us, "They came to see us and went through everything". If people's needs changed in between their annual review, their care plans were updated as and when it were needed.

Care plans reflected people's choices and preferences which enabled staff to provide care in the way people wanted it. There was also detailed descriptions of people's personal care needs, how they may need help with their mobility and continence care where appropriate. Other information included in people's care records documented their individual strengths, preferences and aspirations, together with details about their families and who was important to them. This helped care staff get to know and understand people so they could provide care that was tailored to each individual.

The provider had an appropriate complaints procedure in place. Complaints were taken seriously, investigated and responded to in good time. Appropriate action was taken to address issues raised and to resolve the complaint where possible. The provider used complaints and concerns raised as an opportunity for learning and made changes to the support people experienced if this was appropriate. People and staff's feedback was valued by the provider, and people who had raised a concern said they were properly dealt with. A relative said, "When I have complained they have made improvements" and another, "They are generally very good, we have no reason to complain". Staff knew what to do if a person or relative raised any concerns with them.

Is the service well-led?

Our findings

At our last inspection we found a breach of regulation in well led. The registered manager had not sent us any notifications about significant incidents that had occurred. Notifications are events that the provider is required by law to inform us of. At this inspection we found all of the registration requirements were now met and the registered manager had notified us of incidents they were required to do so.

Although the registered manager made sure they monitored the quality of the service they provided, they had not always identified where improvements continued to be required. They had not identified that people still had concerns about the timing of their care visits and the inconsistency of care workers at the weekends, although people did acknowledge some improvements had been made in these areas. This is an area of practice that requires improvement.

Other regular audits included the quality of people's care plans, and medicines administration. Where areas for improvement were identified, an action plan was put in place. The registered manager then made sure actions were taken as appropriate. For example, they identified that people's care plans were repetitive in places. They developed a new style of care plan which they were in the process of introducing for each person. The aim of this change was to enable staff to understand people's care needs more easily. When talking about the new style care plan a member of staff told us, "The information will all be in one place, which I think is going to work very well. All the information is there but it's much smaller".

The provider sent regular surveys to people who use the service, to ask for their views on the quality of the service they experienced. The last survey was sent out to all 550 people who use the service and the provider received responses from 170. The majority of responses were positive. Where people had made a comment or given negative feedback, the registered manager contacted the person to discuss their concerns and take action if needed. One person told us, "I think it is generally very good. I get surveys sent out and reviews from time to time. Overall it's a good service."

The registered manager had not always made sure they checked which people had given another person valid and active lasting powers of attorney (LPA). An LPA is a legal tool that allows people to appoint someone to make financial or health and social care decisions on their behalf. The registered manager understood what an LPA was but did not always make sure they had seen a copy of any LPA which was in place, or record it in people's care plans. There was a minor risk that staff would obtain consent from a person who was not legally able to give it but the registered manager and staff knew that any decisions made on someone else's behalf should always be in their best interests.

Feedback about the leadership of the service was positive and the registered manager was described as approachable. One member of staff said, "They make themselves available and I wouldn't be uncomfortable to discuss any subject". Another care worker said the best thing about the service was that, "the managers are very supportive. They are good at understanding work life and will help with progression. They appreciate what I do". There were regular staff meetings where staff were able to give feedback about the service and discuss practice. Subjects discussed included people's care needs, areas of practice for improvement and feedback from complaints.

One member of staff described how communication with office staff had improved over the last six months, since changes to the team structure were made. "In the past there has been a bit of 'you 'will'. There wasn't

nice communication. When you ring in now it's lovely. If you leave a message they call back. It's loads better" and "my co-ordinator is brilliant".

The registered manager made sure care was person centred and met individual's needs. They were aware of the culture of the service and the attitudes and values of staff. The registered manager had a good understanding of their role and responsibilities and ensured that staff understood what was expected of them. They dealt with any concerns in an open and objective way and were keen to participate fully in the inspection process.

The registered manager attended forums at the local authority to help them keep up to date with good practice in the care sector. They also attended safeguarding forums to inform them about safeguarding processes, changes in legislation and best practice on how to safeguard people from abuse. Most recently the registered manager had attended the local authority safeguarding forum about financial abuse, how to identify and what do to if they were concerned a person was at risk. The registered manager also made sure the organisation kept up to date with all their mandatory training, such as risk assessment and train the trainer. They met regularly with other local care agencies to discuss concerns and share ideas, such as different ways to recruit staff into the sector.