

At Home - Specialists In Care Ltd

At Home-Specialists in Care Ltd

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

At Home - Specialists in Care is a domiciliary care agency that was providing personal care to 49 people living in their own homes. The service was primarily supporting older people at the time of our inspection. It can also provide care 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.

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:

People received support from caring staff who were appropriately trained, but improvement was required to make call times more consistent for people. People were not always supported to take their medicines appropriately, sometimes due to call scheduling issues. Staff were aware of risks to people's safety and well-being and acted to minimise these risks. However, some risk assessments needed more detail to ensure the guidance for staff was sufficient and clear. We have made a recommendation about staff recruitment practices.

The provider had a quality assurance system. This included regular spot checks, audits and feedback surveys. These processes had not identified and addressed some of the issues we found during the inspection. Where issues had been identified in audits, these had sometimes not been dealt with as promptly as they could have been. Improvement was required to make quality assurance systems more effective.

There had been significant management and staffing changes during the year prior to our inspection. This had impacted on staff morale and service consistency. However, care staff felt things had improved over recent months and told us they felt supported. The provider had made changes and improvements in some areas, such as care plans. They were keen to make further improvements and were taking action to address the issues in relation to call times consistency.

People were generally satisfied with the service they received. They felt able to raise any concerns and were confident these would be acted on. People and relatives confirmed staff always wore personal protective equipment (PPE).

People were safeguarded from the risk of abuse and staff knew how to raise any issues. The provider worked with other agencies and professionals to meet people's needs.

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

Rating at last inspection:

The last rating for this service was Good (published 30 April 2019)

Why we inspected:

This inspection was prompted by our monitoring data and intelligence which indicated potential risks. In particular, concerns had been raised in relation to staffing, infection control and late care visits. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report.

The provider took action straightaway in response to our feedback. They sent a further update shortly after the inspection about progress they had made to address the shortfalls identified.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for At Home – Specialists in Care on our website at www.cqc.org.uk.

Enforcement:

We have identified a breaches in relation to governance at this inspection. Please see the action we have told the provider to take at the end of this report.

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

Follow up:

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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. 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team:

The inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 did not have a manager registered with the Care Quality Commission at the time of our inspection, but an application had been received to register a new manager. A registered manager 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. They were registered shortly after our inspection.

Notice of inspection:

This inspection was unannounced. We gave the service one working days' notice of the inspection. This was because we needed to be sure that someone would be in the office to support the inspection.

Inspection activity started on 4 May 2021 and ended on 14 May 2021. We visited the office location on 4 and 11 May 2021.

What we did before the inspection:

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

During the inspection:

We visited the office twice and spoke to care staff over the telephone. The Expert by Experience spoke with people and relatives over the telephone to gather their feedback on the service. We spoke with 11 people who used the service and three relatives. We spoke with seven staff, including the nominated individual, co-ordinator/compliance lead, a co-ordinator and four care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at records related to people's care and the management of the service. We viewed three people's care records, five staff recruitment and induction files, medication records and audits, a range of policies and records used to monitor the quality and safety of the service.

After the inspection:

We continued to review evidence from the inspection and sought clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question is now 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

- People's care was not always provided at the times they wanted or needed.
- Some people were satisfied that carers arrived when expected and stayed the correct length of time. However, others told us that care visits were sometimes late or inconsistent. Records confirmed there was inconsistency in the scheduling of people's regular visits.
- There had been significant staffing issues in the year prior to our inspection, which had impacted on the care people received, particularly in certain geographical areas. The provider had recruited more staff and was working with the local authority to review rotas and schedules to make further improvements to the consistency of care visits.
- The provider conducted recruitment checks to ensure applicants were suitable to work with vulnerable people. However, there were gaps in some records and the provider had not always recorded their rationale for accepting personal references rather than employment references.

We recommend the provider reviews their recruitment practices to ensure they are consistently following their policy and best practice.

Using medicines safely

- People did not always receive appropriate support with their medicines.
- On occasions, care visits were not planned to allow sufficient time between medication doses. Care staff were aware of the need to allow enough time and recorded if they were unable to give people their medicine for this reason. Visit scheduling had not always been altered in a timely way to address these issues.
- Medication records contained some gaps and anomalies. Whilst records were audited and action taken in response, this was not always done promptly and effectively enough. The provider was in the process of introducing a new tool to help them analyse how errors had occurred, in order to improve practice.
- Staff received training and checks of their competence in relation to the administration of medicines.

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

- The provider assessed risks to people's safety and wellbeing, but some risk assessments needed more detail to ensure staff had access to all the information they needed to support people safely. This included risks in relation to moving and handling and people's health.
- The provider updated risk assessments in response to our feedback.
- People felt safe with the staff who supported them. Comments included, "They always make me feel safe because they are kind and gentle, very reliable" and, "I feel very safe with my care, my shower is always

supervised."

Preventing and controlling infection

- The provider had an infection prevention and control (IPC) policy and guidance for staff in relation to COVID-19.
- Where concerns had been raised in relation to IPC practices, the provider had addressed these with staff involved and made improvements.
- People confirmed staff followed good hygiene practices. They told us, "They always wear their mask, apron and gloves," and "They always wear PPE and wash their hands."
- Staff had received training and guidance in relation to the safe use of personal protective equipment (PPE). However, some could not confidently describe how to remove this equipment safely in line with best practice. The nominated individual agreed to refresh staff knowledge in this area.

Systems and processes to safeguard people from the risk of abuse

- There were appropriate systems and policies in place to safeguard people from the risk of abuse.
- Staff understood the signs of potential abuse and knew how to report any concerns. They were confident any concerns they raised would be appropriately dealt with.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question is now 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; Continuous learning and improving care

- Improvements were required to the provider's quality assurance process to ensure all shortfalls in service quality were identified and acted on in a timely way.
- The provider conducted audits of care plans, care delivery and medication records. However, the systems in place had not identified or fully addressed some of the issues we found, such as recruitment records, call time scheduling, medication issues and risk assessments. In some cases, shortfalls had been identified and acted on, but could have been picked up and addressed sooner.
- People had opportunity to provide feedback about the service in quality assurance surveys. However, there was no analysis conducted of the themes arising from these surveys and no record of how any feedback or concerns had been acted on.

The failure to operate effective quality assurance systems was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The nominated individual agreed to review the current quality assurance process to enable them to act on issues in a more timely way.
- There was no registered manager for the service at the time of our inspection, which is a condition of the provider's registration. A manager had submitted their application to register, and they were registered shortly after the inspection.
- Information had been notified to CQC about events at the service, as required by law.
- The nominated individual and compliance lead were open about the challenges the service had faced over the previous year and they had made various improvements. This included developing new care plans, recruiting more staff and implementing new procedures. They were responsive to feedback from the inspection and keen to continue making improvements to the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The management team promoted a positive culture and staff enjoyed their work.
- The significant management and staffing changes over the year prior to our inspection had impacted on staff morale and service consistency. However, staff felt things had improved over recent months and told us they felt supported. The provider was working to further improve staffing levels and morale in one

geographical area particularly.

- The provider completed spot checks to monitor staff practice and competence.
- The pandemic had affected opportunities to hold staff meetings. The nominated individual and some staff were keen to start face to face meetings again as soon as this could be done safely.
- Aside from some mixed feedback about inconsistent call times and staff turnover, people were satisfied with the care they received and spoke positively about care staff. They felt able to raise any concerns. People's comments included, "I am very happy with the care I receive" and, "If I ring the office for anything I am happy with the way it is dealt with."

Working in partnership with others

- Staff worked with other organisations and healthcare professionals to meet people's needs and develop the service.

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

- The management team were aware of requirements in relation to the duty of candour.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service.