

Care at Home (Shropshire) Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

This inspection took place on 8 February 2018 was announced.

Care at Home (Shropshire) Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults in Ludlow and the surrounding areas. At the time of our inspection the provider was providing personal care and other support for 31 people. Not everyone using Care at Home (Shropshire) Limited 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 take into account any wider social care provided. At the time of our inspection, the service was providing personal care for 24 people.

At the last inspection on 12 November 2015, the service was rated Good. At this inspection we found evidence continued to support the overall rating of Good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Medication administration continued to be safe. However, medicine administration records were not always accurate and details of when prescribed creams were applied were not always recorded by staff.

People continued to receive care, which protected them from avoidable harm and abuse. Staff responded to and met people's needs safely. Risks to people's safety were identified and measures were in place to help reduce these risks. Staff continued to be recruited safely by the provider, and checks were completed on new staff to make sure they were suitable to support people in their own homes. There were sufficient numbers of staff to support people effectively. Staff received guidance and training on infection control and prevention and were provided with personal protective equipment (PPE).

People continued to receive care that was effective in meeting their needs. Staff received training to give them the skills and knowledge they needed to meet people's needs. People's rights with regards to consent and making their own decisions continued to be respected by staff. Systems were in place to help people maintain good health and have enough to eat and drink.

People were supported by staff who knew them well and had caring relationships with them. People felt involved in their own care and staff and managers listened to what they wanted. Staff respected people's privacy and dignity when they supported them and promoted their independence.

People continued to receive care and support that was individual to them. Support needs were kept under review and people were consulted about whether changes were required. People were encouraged to raise concerns and make complaints and were confident these would be dealt with. The provider was an inclusive service and promoted equality, diversity and human rights with people and staff.

People were listened to when they gave feedback about the service they received. Staff were happy in their

work and were clear about their roles and responsibilities. There was an open culture within the service in which staff felt confident approaching management about any issues. Systems were in place that continued to be effective in assessing and monitoring the quality of the service provided.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicine administration records were not always accurate and details of when prescribed creams were applied were not always recorded.

People were protected against abuse and avoidable harm and were supported to keep safe by sufficient numbers of staff who were aware of the risks associated with their needs and how to minimise these.

The provider completed recruitment checks to ensure potential new staff were suitable to work with people in their own homes.

The provider had systems in place to prevent the risk of infection.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Care at Home (Shropshire) Limited

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection took place on 08 February 2018 and was announced. We provided 48 hours' notice of the inspection to ensure management were available at their office to facilitate our inspection. The inspection was carried out by one inspector, supported by two other inspectors, who conducted telephone interviews with people and staff.

Before the inspection, we reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law. We also asked commissioning teams from local authorities and Healthwatch for any information they had, which would aid our inspection.

At the time of our inspection, the service was providing personal care for 24 people who lived in the Ludlow area. We spent time visiting people in their own homes and asked them what they thought about the care they received. We also undertook telephone interviews with people and relatives to gauge their impression on the quality of care provided. In total, we spoke to nine people who used the services and five relatives.

At the office, we reviewed a range of records about people's care and how the domiciliary care agency was managed. We looked at seven care records, three medicine administration record (MAR) sheets, personnel and training records, and quality assurance checks.

As part of the inspection, we spoke with the registered manager, the managing director, general manager

and eight members of staff.

Is the service safe?

Our findings

People's medicines were managed by staff who had received training in their safe administration. However, despite people telling us they received their medicine on time and when they needed them we found records had not been completed accurately by staff. We looked at medicine administration records to ensure they were completed accurately. We found details of individual medicines were not always recorded accurately, and details of when prescribed creams were applied by staff were not always recorded. Staff confirmed they had received training and received unannounced 'spot checks' by management to ensure they were administering medicines safely. However, these spot checks did not identify errors with staff failing to consistently record medicines they had administered. We spoke to the registered manager about these concerns, who took immediate action to address these matters. They established a new protocol and informed staff of the changes required to ensure medication records were accurate.

People told us they continued to feel safe with staff and the services they provided. One person told us, "I do feel safe with the staff who come to my home. They support me safely when helping me." One relative said, "We do feel safe with staff who visit here. They are very gentle and safe when supporting my relative. They [relative] are lifted out of bed safely, no concerns on that front." Another person said, "They have to hoist me and they are very good and skilled at doing that."

Staff told us they had attending safeguarding training. Staff knew to look out for potential signs of abuse, such as changes in people's behaviour, appearance, lack of funds and any unexplained marks or bruising. They told us they would immediately report any abuse concerns to the management team. Staff were also aware of whistle-blowing procedures and felt comfortable raising any concerns. The registered manager understood their responsibilities in reporting and dealing with concerns to ensure people remained safe.

Risks to people continued to be managed in a way that protected them and kept them safe from avoidable harm. Plans were in place to ensure people were protected from risks both within the home and in respect of their care and support. Staff were aware of risks associated with people's care and knew the support they needed to help keep them safe. Staff had no concerns regarding the range or condition of the equipment they were required to use in people's homes. Staff understood the provider's procedures for reporting and recording accidents and incidents.

People were supported by sufficient numbers of staff to meet their needs safely. Most people and their relatives said they received a reliable and consistent service from regular staff. There were no concerns raised in relation to late or missed calls. People told us staff made them aware if they were running late. One relative said, "Staff are very good at time keeping. Sometimes a bit late, but never any missed calls." Another relative told us they had regular carers, who were reliable and punctual. They said both staff and the provider were good at maintaining a routine and communication. They [provider] realised the importance of the person's routine and made sure they adhered to it. Staff told us the allocated travel time between calls was realistic, and that they stayed for the full duration of care calls.

Staff continued to be recruited safely by the provider. Staff confirmed they underwent Disclosure and

Barring Service (DBS) checks before starting work. A DBS check is a legal requirement and is a criminal records check on a potential employee's background. The provider checked potential staff's previous employment history, their identity and obtained work and character references about them. These checks helped to ensure that potential new staff were suitable and safe to work with people in their own homes.

Staff said they had received guidance and training on infection control and prevention and were satisfied with the range of personal protective equipment (PPE) and hand gel provided. Staff were aware of infection control issues, especially when working with older people with low immune systems. Staff told us they received unannounced 'spot checks' to ensure they were correctly dressed with gloves and aprons and were following correct infection control procedures.

The provider had systems in place to ensure they reflected on any shortcomings and that improvements were made, which were then shared with staff. For example, following a medication error, where the client came to no harm, the provider identified the need to ensure procedures were clearer to staff. This involved introducing a detailed discussion on medication administration at the induction stage of new staff in addition to the training provided. This helped to ensure new staff were fully aware of their responsibilities when administering medicines.

Is the service effective?

Our findings

People continued to receive effective care and support from staff who had the skills and knowledge to meet their needs. Most people told us they continued to be involved in care assessments and care planning and were happy with the care and support that they received from the provider. One person said, "Staff are professional and know what they are doing and are well trained." One relative told us, "The carers are all very adaptable and flexible, which is so important with a condition like Alzheimer's, because it is changeable. They all have an understanding and awareness of that." People were encouraged to make decisions about their care, their day to day routines and preferences. Staff told us communication from the provider was good, and that they were immediately kept up to date with any changes in risk or people's needs through emails, group messaging and texts.

Staff told us they continued to receive training and support that was specific to the people they supported and their individual needs. Staff spoke positively about the induction, which included the completion of the Care Certificate, supervision and on-going training provided. They received constructive feedback on their work, and were able to raise any training requests or issues during supervisions. One member of staff spoke to us about the benefit of their first aid training they had received and ensuring they understood how to carry out cardiopulmonary resuscitation (CPR) correctly. Another member of staff told us about how they had learned one person's unique sign language in order to support them more effectively. The provider told us they also used a local college for specific training such as end of life; and also used the NHS for pressure ulcer prevention training.

People's rights with regards to consent and making their own decisions continued to be respected by staff. People we spoke with confirmed that staff asked their permission prior to supporting them. Staff and the registered manager understood their responsibilities with regards to the protection of people's rights and what to do when someone may not have the capacity to make their own decisions. Staff had a good understanding of the Mental Capacity Act (MCA) and were able to describe the principles of the legislation.

People chose what to eat and where they wished to have their meal within their home. One person said, "I will always prepare the food and the staff will cook it. They are always very helpful." Systems were in place to assess people's needs or if people had an identified risk associated with eating and drinking. One relative told us that staff provided their loved one with a soft diet to reduce the risk of choking.

People and relatives told us they made their own health appointments, but staff would support them with this if they asked. One relative told us about how staff had taken prompt action in the past in addressing the health needs of their loved one. This had involved calling out the GP or paramedics, when their relative had been unwell. This relative said that staff managed their relative's health needs very well, adding, "If there are any concerns at all, they (staff) contact or take them to the GP." Staff told us that when needed they would liaise with district nurses or doctors on behalf of people to arrange appointments or seek advice.

Is the service caring?

Our findings

People continued to experience care that was kind and caring and provided by staff with whom they had positive relationships with. People and relatives told us staff adopted a caring approach to their work. One person said, "They (staff) are brilliant; they look after me. They (staff) are very caring. They always ask if there is anything else I want doing." One relative told us, "They [staff] are all really, really brilliant with [person's name]. They [person] feel able to share things with staff." Another relative said, "They (staff) have all got [person's name's] interests at heart and have become more like friends as far as they are concerned." The registered manager told us that on the whole, they used the same members of staff to support people, which enabled staff to build a strong relationship with people and their families.

People told us staff continued to treat them with dignity and respect. One person said, "They (staff) treat me with respect." Another person told us, "Staff are very kind and caring. They are very respectful and very attentive to your needs." One relative said, "They [staff] all treat my relative with the utmost dignity and respect. [Person's name] thinks so highly of them." Staff respected people's dignity and privacy and helped them to maintain their independence. People felt staff understood the support they needed and encouraged them to do as much as they could for themselves. One person told us, "We are supported to be independent and live in our home. We couldn't manage without them."

Staff told us of how they promoted people's dignity and respect through respecting their wishes, and protecting their modesty and privacy during intimate care. Staff understood the need to actively promote people's independence. One member of staff explained how they would encourage people to do as much as they could for themselves, such as washing themselves as they were mindful of not taking the person's independence away. Another member of staff said, "I treat them (people) how I would like to be treated."

Most people felt actively involved in identifying their needs and wishes for their own care and support. They told us they felt they were listened to by staff and the provider, who respected and acted on their requests. One relative told us staff took time to understand the needs of their relative. As a relative they felt listened to and respected. They only had to ring the office and the matters were sorted. Another relative said, "I feel confident that when I raise a matter, they [provider and staff] do listen and act."

Is the service responsive?

Our findings

People continued to receive care and support, which was personalised and responsive to their individual needs. One relative told us, "A very positive experience overall. The service is very flexible and they have been able to increase the number of calls provided as my relative's needs have changed; they now gets additional calls and help at mealtimes." This relative also told us that the provider was responsive to their suggestions and feedback provided. They had sent the registered manager a list of ideas to try to encourage their relative to eat more, which they [provider] had acted on. Their relative's food consumption had improved as a result. Another relative told us about how quickly the provider responded to any issues raised, in order to improve services.

People continued to be involved in the development and review of their care needs and were consulted if any changes were required. Where people's needs changed staff took immediate action to respond to the changes and ensured people still received personalised care.

Staff were able to demonstrate an awareness of the need to be sensitive and considerate about issues around equality, diversity and human rights. Staff told us they also believed the provider promoted lesbian, gay, bi-sexual and transgender (LGBT) issues, in respect of both people and staff. One member of staff told us they respected people's privacy and supported them in the lifestyle they chose to live. The provider told us they were fully committed to values that demonstrated they were an inclusive service by actively promoting awareness of equality; diversity; human rights and LGBT rights through their training schedule. This was part of the mandatory training all staff received. Moving forward, the provider told us they intended to include equality; diversity; human rights and LGBT rights as a standing item at supervisions and team meetings.

People and relatives said they were happy and confident to raise any concerns with the registered manager or management team. They had information, which was available in their file, on how to make a complaint and told us they knew they would be listened to. One person told us they had previously raised a complaint, and was satisfied with how the provider had resolved the issue. Another person said, "If there is anything you want sorting out, you've only got to ask." One relative told us, "I go direct to the office. They are usually very helpful and things are taken on board."

During our inspection visit, the registered manager told us they were not providing end of life care for anyone at that time. The provider told us that in the event of such need, they would record the person's end of life wishes and preferences and work closely with the GP and district nurses. Selected staff had received training in end of life care by a local college.

Is the service well-led?

Our findings

People told us that they continued to be involved in how services were provided and they were asked to comment on the care they received. Most people told us they had been asked to complete surveys about the service they received, whilst others had no recollection of being asked. One person told us, "We have filled in a questionnaire in the past, but we have no concerns and are happy with the service." One relative said, "We are very pleased with the quality of care our relative receives. I would recommend them." Another relative told us, "They [provider] are good at communicating with us and letting us know of any changes or concerns, but not to the point where they communicate so much that we are caused alarm and worry."

Staff were able to describe a culture within the service in which they were able to speak openly with the registered manager and management team. Staff understood the values and vision of the service and spoke about what was expected of them in their roles. Staff told us they felt valued in their work by an approachable management team. One member of staff said, "They (management) are fantastic. If you're ever stuck and go to them, they will sort it out straightaway." Another member of staff told us, "Over the last 12 months, the support (from management) has been unbelievable." A third member of staff told us, "I think it's absolutely well-managed. They (management team) are approachable. If I ever needed any help for any reason, I could approach them. They are very easy going." Staff also described a strong sense of teamwork within the staff team, with everyone getting on well with each other.

Systems were in place, which continued to monitor the service and quality of care provided to people. These included regular unannounced 'spot checks' of staff, where people were also asked if they were happy with the service provided. The management team completed regular audits, which included care records and medications records. However, these were not always recorded. The registered manager assured us immediate action would be taken to ensure such checks were recorded. Where concerns with quality were identified the registered manager addressed with staff at team meetings.

The service is required to have a registered manager in post. The registered manager had been in post since September 2015 and understood their regulatory responsibilities. 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.