Ms Victoria Morrow

Office 1

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

The inspection took place on 10 December 2015, and was announced. We gave '48 hours' notice of the inspection to ensure that staff would be available in the office, as this is our methodology for inspecting domiciliary care agencies.

Office 1 is a domiciliary care agency that provides personal care to people in their own homes in the West Surrey area of East Molesey and Windsor. People who received a service include those living with frailty, mobility needs and health conditions such as dementia. At the time of this inspection the agency was providing a service to 12 people. The frequency of visits ranged from one visit per week to four visits per day depending on people's individual needs.

During our inspection the registered provider was present. The provider was covering the registered manager's role. 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.

People told us that they received their medicines safely. During our visit we identified concerns with the medicine administration records (MARs) in use at the time of the inspection were not always completed correctly. After the inspection the registered provider provided evidence of new MAR charts and informed us of the new training and monitoring arrangements put in place. We made a recommendation that the registered provider ensures that MAR charts is recorded in line with current guidelines and best practice.

People were supported by staff who had the knowledge and skills required to meet their needs. Everyone that we spoke with said that staff were trained and were competent in their work. All staff that we spoke with said that they were fully supported by the manager. As some of the staff are new to the service aspects of the training programme is still ongoing. Staff had received supervision but had not been long enough in the post to have an appraisal.

Quality assurance systems and arrangements to regularly assess and monitor the quality of the service were in place, but they were not effective enough for the management of medicines.

Risk assessments included information about action to be taken to minimise the chance of harm occurring. Staff were able to explain the procedures that should be followed in the event of an emergency.

People said that staff generally arrived on time and if they were delayed for a significant amount of time then they were informed. People also said that they knew the staff well and generally received a service from a group of known workers.

Recruitment checks were completed to ensure staff were safe to support people in their homes.

All new staff completed an induction programme at the start of their employment. Training was provided during induction and then on an ongoing basis.

People were supported at mealtimes to have the food and drink of their choice. The support people received varied depending on people's individual circumstances. Staff were available to support people to attend healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

People confirmed that they had consented to the care they received. They told us that staff checked with them that they were happy with support being provided on a regular basis. Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise.

People had care plans in place for identified needs. Staff understood the importance of promoting independence and this was reinforced in people's care plans. People were supported to express their views and to be involved in making decisions about their care and support. People told us that the agency was responsive in changing the times of their visits and accommodating last minute appointments when needed.

Positive, caring relationships had been developed with people. Everyone that we spoke with told us they were treated with kindness and respect by the staff who supported them. Staff were respectful of people's privacy and maintained their dignity.

People using the service and their relatives told us they were aware of the formal complaint procedure and that they were confident that the registered provider or staff would address concerns if they had any.

People using the service and their relatives said that the agency provided a good service. Staff were motivated and told us that they felt fully supported by the registered provider. They said that the registered provider and senior staff was approachable and kept them informed of any changes to the service.

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.

People's medicines were administered safely but medicine records were not always completed correctly.

There were effective safeguarding procedures in place to protect people from potential abuse. Staff were aware of their roles and responsibilities.

Risk assessments were in place to provide direction to staff and promote people's safety.

Recruitment practices were safe and relevant checks had been completed before staff commenced work.

Is the service effective?

Good

The service was effective.

Staff were provided with training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

Assessment and care planning processes ensured people's legal rights were upheld with regard to consent.

People were supported with their health and dietary needs.

Is the service caring?

Good

The service was caring.

People who used the service valued the relationships they had with staff and expressed satisfaction with the care they received.

People were treated with dignity and respect and were involved with all aspects of their care. They were encouraged to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

People received care that was responsive to their needs. People felt that the service was flexible and based on their personal wishes and preferences.

There was a culture of openness which supported people to raise issues in the confidence, and that these would be listened to and acted upon.

Is the service well-led?

Good

The service was well-led.

Systems and arrangements to regularly assess and monitor the quality of the service was in place, however during the visit we identified issues regarding the recording of medicines which were rectified by the registered provider.

The provider had sought, encouraged and supported people's involvement in the improvement of the service.

People told us the staff were friendly and supportive.

Office 1

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 10 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to ensure that someone would be available. The inspection team consisted of two inspectors.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is because they would not have had time to complete a PIR as the inspection was carried out in response to concerns we had received. 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.

Before the inspection, we checked the information that we held about the service and the service provider. This included the concerns that we had received and statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

When visiting the agency office we spoke to the registered provider. After the inspection, we spoke with two people who received care and support, four relatives and three care workers by telephone.
We reviewed a range of records about people's care and how the domiciliary care agency was managed. These included care records for three people, 10 medicines administration records and other records relating to the management of the domiciliary care agency. These included staff training, support and employment records, quality assurance audits, and incident reports.

This was the first inspection of the service since the provider's registration with the Commission.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe and secure with the staff who provided care and support. A person told us, "I feel very safe with them. They are nice people who are interested in me." A relative told us, "My family member is very safe with them." Despite people's positive views of how safe they and their relatives felt we found there were areas that required improving.

We viewed the medicines administration records (MARs) and found that these were not always accurately completed. The medicines administration records contained gaps and errors. For example, not every entry was initialled by staff to denote that medicines had been administered. All of the records were hand written and some were difficult to read. Some entries were crossed out which could cause confusion for the staff administering the next dosage of medicines. People were at risk of not receiving their prescribed medicines in a timely manner as documentation was not correctly completed.

Information about the dosage and frequency of the medicines were not always recorded. For example entries about the description of medicines were sometimes recorded as blister pack; antibiotic or paracetamol. It is important that the correct information is recorded so that people receive the correct medicines in a consistent and timely manner. People were at risk as staff were not following best practice in line with current guidelines.

People were at risk of not receiving their PRN [to be taken as required] medicines in a consistent way. There were no written individual PRN protocols for each medicine that people took. This would provide staff information about the person taking the medicine, the type of medicine, maximum dose, the reason for taking the medicine and any possible side effects to be aware of. Where people had been administered PRN medicines, information was recorded about when, at what time and the reason for administering the medicines but the dosage was not recorded.

We recommend that the registered provider ensures that the documentation of medicines are completed in line with current guidelines.

People told us that they received their medicines safely. We raised these concerns with the registered provider during the inspection. After the inspection the registered provider provided evidence of new MAR charts and informed us of the new training and monitoring arrangements put in place.

People told us they were happy with the support they received with their medicines. People confirmed that they received their prescribed medicines in a timely manner from staff and that their medicines were stored securely in their own homes. People told us, "Yes I get my medicines on time." and "They are very competent to give my family member their meds." A medicines profile had been completed for each person, and any allergies to medicines recorded so that staff knew which medicines people received. Any changes to people's medicines were verified and prescribed by the person's GP.

Staff were able to describe how they supported people with their medicines. Only staff who had attended

training in the safe management of medicines were authorised to administer medicines. Staff attended regular refresher training in this area and after completing this training, the registered provider or supervisor observed staff administering medicines to assess their competency before they were authorised to do this without supervision. However, the errors we found meant that staff were not always following the training they had received in practice.

Although some staff had not received safeguarding training from the provider, they had from their previous employer. Training records confirmed that not all staff had received this training in their current roles and they were waiting for a date to attend the training. Staff were aware of their responsibilities in relation to safeguarding adults at risk. Staff were able to describe the different types of abuse and what might indicate that abuse was taking place. A staff told us, "If I saw anything that put someone at risk of abuse would report it to the manager." The staff had access to the most recent Surrey County Council (SCC) multi agency safeguarding policy. This provided staff with guidance about what to do in the event of suspected abuse.

There was a staff recruitment and selection policy in place. All applicants completed an application form which recorded their employment and training history. The provider ensured that the relevant checks were carried out as stated in the regulations to ensure staff were suitable to work with people. Staff were not allowed to commence employment until satisfactory criminal records checks and references had been obtained. Staff files included employment history, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or are barred from working with people who use care and support services.

Incidents were recorded by staff and actions had been taken to ensure people were as free as possible from the risk of harm. We saw three incident records. All the incidents had been discussed with the family of the person, the person and healthcare professionals. For example where one person had fallen as their knees had given way. An occupational therapist assessment had taken place and instructions provided to staff to remind the person about how to support themselves. Risk assessments reflected the risks identified and any changes in people's care needs.

Assessments were undertaken to assess any risks to people who received a service and to the staff who supported them. These included environmental risks and any risks due to the health and support needs of the person such as certain medicines. Risk assessments included information about action to be taken to minimise the chance of harm occurring. Some people had restricted mobility and information was provided to staff about how to support them when moving around their home, transferring in and out of chairs and their bed. Assessments included what equipment should be used, who provided this and when it was last serviced. Staff were aware of the risks to people, they had read the risk assessments and knew what to do in accordance to people's needs.

Safety arrangements were in place in the event of an emergency to minimise the disruption to people. The service had a business contingency plan that identified how it would function in the event of an emergency such as fire, adverse weather conditions or flooding.

People said that staff generally arrived on time and if they were delayed for a significant amount of time, they were contacted to inform them of the reason. People also said that they knew the staff and generally received a service from a group of known workers. They also said that if their staff felt that it was necessary to stay for longer than their allotted time, then they did so to ensure that people were safe and all tasks completed to their satisfaction. A person told us, "They are very good, they always arrive on time, and nothing is too much trouble for them." A relative told us, "We have the same carers; if they can't make it then the (registered provider) will come instead." They went on to say, "They generally turn up on time, they

are no more than 5 minutes late."

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. These could be adjusted according to the needs of people using the service. The registered provider told us that staff would pull together to cover shifts and if not, other staff from the agency including themselves were used. They also tried to match staff to people who received a service to ensure continuity of care.

Good

Is the service effective?

Our findings

People felt staff were trained and competent in their work. A person told us, "I am delighted with the care, they are great." They went on to say, "Yes they do know what they are doing." A relative told us, I do have some concerns around new members of staff. I don't know how much training they get before they start." They went on to say "I know there is always an experienced one with them." Another relative told us, "Yes I think they are trained to do the job."

People received care and support by competent staff. A person told us, "I know that the nurse that supports me had offered training to staff. I know that they did attend the training session." They went on to say, "The nurse is pleased with the care they give me." The provider's records confirmed there was a training programme was in place that included courses that were relevant to the needs of people who received a service from the agency. Staff had received training in areas that included manual handling, safeguarding, food hygiene, and safe administration of medicines, stoma care and diversity. In addition staff were completing training linked to the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs. As some of the staff are new to the service aspects of the training programme is still ongoing.

Staff confirmed they received support to understand their roles and responsibilities through supervision. The registered provider confirmed that supervision consisted of individual 6 weekly sessions and provided staff with the opportunity to discuss concerns, overall performance and key outcomes and objectives. The provider's records reflected what they and staff had told us. Senior staff observed staff in practice and any observations were discussed with staff, this was to review the quality of care delivered. This enabled staff to be observed in practice and ascertain that best practices are integrated into the care and support provided. All staff had received regular supervision but all had not been long enough in the role to have an appraisal. A plan for appraisals was in place. Appraisals are part of the regulation to ensure that staff are delivering care to the expected standards and have a chance to reflect on how they deliver effective care to people.

People were supported by staff who had the knowledge and skills required to meet their needs. Staff confirmed that they had attended or were attending the equivalent of a diploma level training in health and social care. Staff we spoke with said that they were fully supported by the registered provider. A staff member told us, "I have had training in safeguarding, food hygiene, health and safety and fire training."

People confirmed they had consented to the care they received. They told us that staff checked with them that they were happy with support being provided on a regular basis. Staff maximised people's decision making capacity by seeking reassurance that people had understood questions asked of them. They repeated questions if necessary in order to be satisfied that the person understood the options available. Where people declined assistance or choices offered, staff respected these decisions. A person told us, "They always ask for my permission before they do something, particularly when doing personal care." A relative confirmed that staff ask their family member's permission before they do something or to carry on with a task if they had stopped.

People's rights were protected. The majority of the people using the service had the capacity to make decisions for themselves. Mental capacity assessments were completed for people and their capacity to make decisions had been assumed by staff unless there was a professional assessment to show otherwise. The registered provider told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken. This was in line with the Mental Capacity Act (2005) Code of Practice (MCA) which guided staff to ensure practice and decisions were made in people's best interests.

People were happy with the support they received to eat and drink. A person told us, "I provide the food and they prepare it for me." A relative told us, "We have a choice of meals that my [family member] likes, staff know what she likes as well, they will prepare the meal and make sure it is ok for [family member] to eat."

People were supported at mealtimes to have food and drink of their choice. The support people received varied depending on people's individual circumstances. Some people lived with family members who prepared meals. Some staff reheated food and ensured meals were accessible to people, whilst others required greater support where staff prepared and served meals, snacks and drinks.

People had access to healthcare professionals such as doctors, district or specialist nurses, and other health and social care professionals. Staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. A relative told us, "Staff always look out for [family member] as she has falls or is down in the winter and they will let me know if they have concerns." Outcomes of the visits were recorded, so that staff had up to date information in accordance to people's needs.

Good

Is the service caring?

Our findings

People told us they were treated with kindness and respect by the staff who provided care. A relative told us, "They are fond of my [family member]. She is happy with the carers." Another relative told us, "They are very chatty and [family member] gets on well with them." One person told us, "I get the feeling that they care about me."

Positive, caring relationships had been developed with people. A person told us, "We have a happy relationship, we are always chatting with each other." A relative told us, "They are reliable, people are nice and they do try to please." People told us that having consistent staff enabled them to get to know the staff and staff get to know them and their family.

People were involved in making decisions about their care and support needs. People told us that they had been involved in planning their care and that staff took account of their individual choices and preferences. A person told us, "They know how I like things; I would tell them if I didn't." A relative told us, "It is in accordance with my [family member]'s preferences and wishes. My [family member] always has a choice. They always ask her what she wants."

People told us that staff treated them with respect, and maintained their dignity. Staff understood the importance of respecting people's dignity, privacy and independence. Staff told us they gave people privacy whilst they undertook aspects of personal care. People's needs varied regarding the support they required with personal care, so staff would either provide full support or would be nearby to maintain the person's safety, for example if they were at risk of falls. With regard to personal care, one staff member told us, "I make sure the doors and curtains are closed, offer reassurance all the time and keep them covered up as best as I can. It's important that people have time to talk at the level and pace that suits them. It's all about respecting them."

Staff knew the people they supported. Staff were able to talk about people, their likes, dislikes and interests and the care and support they needed. Information in care records highlighted people's personal preferences, so that staff would know what support people needed. For example one person told us of a fall they had whilst putting out the rubbish, so they called one of the members of staff, who responded to her immediately, they attended to her and waited for the ambulance to be called. Now staff ensured they take out the rubbish to minimise the risk.

Staff had detailed information in care records that highlighted people's personal preferences, the support and care required and equipment to be used, so that staff would know what people needed. Information was recorded in people's plans about the way they would like to be spoken to and how they would react to questions or situations. Staff knew people's personal and social needs and preferences from reading their care records and getting to know them. Care records were reviewed on a regular basis or when care needs changed.

People were supported to express their views and to be involved in making decisions about their care and

support. A relative told us, "They are very good at adapting to my [family member]'s health needs." They went on to say, "If staff have any concerns, I am the first point of contact so we can discuss the." A person told us, "Yes I am involved in my care."

Staff were able to explain how they supported people to express their views and to make decisions about their day to day care. For example, one staff told us, "If a person does not want to get up I will encourage them but I will not force then to do anything they don't want to do." They went on to say, "It's all about giving choices. It's important to ask people their preferences with things such as food and what they want to wear."

The registered provider was motivated and clearly passionate about making a difference to people's lives. This enthusiasm was also shared by the staff we spoke with.

Good

Is the service responsive?

Our findings

People were satisfied with the service provided and their needs were responded to in a timely manner. A person told us, "I am very happy with the service, if the girls cannot come out for some reason, then one of the bosses will." A relative told us, "We have the same staff team so we know them and they know us. [Family member] is happy with the carers." They went onto say "They help her with things and they take her for a little walks which she likes."

People's care and support was planned in partnership with them. Everyone that we spoke with said that their care was planned at the start of the service. A representative of the agency spent time with them finding out about their preferences, what care they wanted/needed and how they wanted this care to be delivered. The agency encouraged people to contact them to discuss any changes to their care or support needs. A person told us, "They will step in to provide care even at short notice."

Pre assessments were carried out before care was delivered by the service then were reviewed once the person had settled down with the care provided. The information recorded included people's personal details, care needs, and details of health and social care professionals involved in supporting the person such as doctor and care manager. Other information about people's medical history, medicines, allergies, physical and mental health, identified needs and any potential risks were also recorded. This information was used to develop care and support in accordance to people's needs to ensure staff had the most up to date information.

People received personalised care that was responsive to their individual needs and preferences. People told us that the agency was responsive in changing the times of their visits and accommodating last minute appointments when needed. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised and responsive service. People were also able to receive support from their preferred gender of staff. A member of staff told us, "We have information about people's care, but I also look up information on the internet for further information about people's medicines, side effects etc., so I can see if they are making them ill."

Staff were kept informed about the changes in visits and the support people required. There was an on call system which would inform staff of any changes to people's needs either in person or via phone or text. All changes to people's needs and any appointments scheduled were documented.
Most of the support provided by the service was for personal care, cleaning, meal preparation or administration of medicines. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. Information was recorded in people's care plans about how to support people. Some people required support shopping or accessing the community which staff carried out. A relative told us that staff would take their family member out on a regular basis to the shops or to a café which helped lift their mood.

People were encouraged to give their views and raise concerns or complaints. People using the service and

their relatives told us they were aware of the complaint procedure and that they were confident that the registered provider would address concerns if they had any. A person told us, "I have never had to make a complaint but I would speak with the [owner] if I had any problems." A relative told us, "I have never had to make a formal complaint, what I try to do is, if I have any issues I won't leave them, I would deal with them there and then with the staff."

The staff and registered provider sought the views of people and relatives as part of driving improvement. We saw that the agency's complaints process included information given to people when they started receiving care. The agency had not received any formal complaints within the last twelve months. We saw results from a survey conducted in 2015, where the themes were service provided, how would they rate the service, any improvements, and approach of the support worker. Generally the feedback was good. A family had asked for a copy of the rota, it was recorded that this is now sent the family member.

Good

Is the service well-led?

Our findings

People using the service and their relatives said that the agency provided a good service. A person told us, "I am very happy with the service." A relative told us, "We are happy with the care provided." Another relative told us, "We are very happy with the service. We can trust them."

People were involved in how the service was run. The registered provider wrote to all people that received a service in September 2015 in order to obtain their views on the service provided. People were asked for their opinion in relation to the service provided, rating the service and any improvements. The general feedback was positive.

Staff were involved in the running of the service. Staff told us regular staff meetings and supervisions were held and they felt they could make suggestions and that these were listened to. Staff told us, "Yes I feel I have the support from the management team and they always give me advice when I need it." The minutes of the meetings recorded discussion about new staff, use of mobile phones, uniforms and equipment. Therefore the provider was updating staff about the expected standards of their work. In December the provider circulated a newsletter to staff reminding staff of any changes to service users' needs.

People could be confident that their personal details were protected by staff. There was a confidentiality policy in place. Care records and other confidential information about people were kept in a secure office. This ensured that only people who were involved in people's care could gain access to their private information.

There were a number of systems in place to ensure staff assessed and monitored the quality of care provided to people in their homes. The provider conducted regular spot checks to people's homes to assess the quality of work undertaken by staff and to review environmental risks to people and staff. The provider also reviewed care documentation during these checks. People's care and welfare was monitored on a regularly basis to make sure their needs were met within a safe environment. The findings from the audits were reviewed and action put in place to drive improvements. For example where care notes had been identified as needing to be more robust, guidance had been given as to what information needed to be included. This ensured that staff provided up to date information about the care and support provided and any changes to people's needs were documented. There were a number of systems in place to make sure the provider assessed and monitored the delivery of care. However during the visit we identified issues regarding the recording of medicines. During the inspection, this matter was discussed with the registered provider. After the inspection the registered provider informed us of the new systems that had been put in place to improve the quality of documenting the administration of medicines.

Staff told us that they felt fully supported by the registered provider and that they received regular support and advice via phone calls, texts and face to face meetings. Records confirmed information communicated to staff. They said that the registered provider and senior staff were approachable and kept them informed of any changes to the service.

The provider had implemented a Duty of Candour policy. Duty of candour forms part of a new regulation which came into force in April 2015. It states that providers must be open and honest with service users and other 'relevant persons' (people acting lawfully on behalf of service users) when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology. Providers must have an open and honest culture at all levels within their organisation and have systems in place for knowing about notifiable safety incidents. This demonstrated that the provider understood their responsibility and was working within the regulations.

We looked at a number of policies and procedures such as environmental, complaints, consent, disciplinary, quality assurance, safeguarding and whistleblowing. The policies and procedures gave guidance to staff in a number of key areas. Staff demonstrated their knowledge regarding these policies and procedures. The policies and procedures were reviewed on a regular basis. This ensured that people continued to receive care and support safely.