Care Quality Commission

Meadow Home Care Services Limited

Meadow Home Care Services Ltd

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
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

Meadow Home Care is a domiciliary care agency registered to provide personal care to people living in their own home. At the time of this inspection visit they provided 108 people with personal care and employed approximately 60 care staff.

At the last comprehensive inspection in April 2017, we found improvement was required in the key areas of responsive and well led and we rated the service as Requires Improvement. At this inspection we found improvements had been made and the service is now rated as Good.

In May 2017 commissioners stopped referring people funded by the local authority to the service. This was due to concerns about the quality of care identified during a monitoring visit. The provider made the required improvements to the service and in August 2017 the local authority recommenced referrals.

Since our last inspection we have reviewed and refined our assessment framework, which was published in October 2017. For this inspection, we have inspected all key questions under the new framework, and also reviewed the previous key questions to make sure all areas were inspected to validate the ratings.

The office visit took place on 27 February 2018 and was announced. We told the provider we were coming so they could arrange to be there and arrange for staff to be available to talk with us about the service.

A requirement of the provider's registration is that they have a registered manager. There was a registered manager in post at the time of our inspection. 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 our last inspection in April 2017 the provider had revised the management structure to include the role of senior care worker. Senior care staff had specific responsibility for reviewing people's care service and their role had been developed to include observations of care staff while working in people's homes. All the managers and the senior member of staff we spoke with were positive about the impact this had on the service. They said it had reduced the number of minor concerns they received as they were able to identify and resolve issues as they arose.

People who used the service felt safe and procedures were in place to keep people safe and manage identified risks to peoples care. Staff completed training in safeguarding adults and understood their responsibilities to protect people from abuse and harm. The provider conducted pre-employment checks prior to staff starting work, to ensure they were suitable to support people who used the service.

People who required support to take medicines received these from staff that had been trained to administer them safely. Staff used protective clothing, such as disposable gloves and aprons when providing

personal care, to reduce the risk of infection being passed from one person to another.

People had an assessment completed at the start of their service to make sure staff could meet their care and support needs. There were enough trained staff to allocate all the visits people required and to meet people's needs safely. When needed, arrangements were in place to support people to have enough to eat and drink and remain in good health.

People's right to make their own decisions about their care were supported by managers and staff who understood the principles of the Mental Capacity Act. Staff respected decisions people made about their care and gained permission before they assisted people with care or support.

At the last inspection some people had experienced inconsistency in the time of their calls and with the care staff that visited them. At this inspection we found this had improved, people told us their calls were made by care staff they knew and who arrived around the time expected.

People told us staff were kind and treated them with respect. Staff we spoke with knew the people they visited well, and spoke about people in a caring and considerate manner.

People said staff stayed long enough to provide the care agreed in their care plan and did not rush them. Care plans were personalised and provided information for staff about people's care needs and the details of what they needed to do on each call. The managers and office staff were in regular contact with people, or their relatives, to check the care provided was what people needed and expected. At the last inspection we found people's care plans had not always been reviewed and updated when their needs had changed. We found this had improved and people's care needs were regularly reviewed and plans updated when needed.

People knew how to complain, and information about making a complaint was available for people. People knew who the managers were and felt they listened to them and dealt with any concerns they had.

Staff felt supported to do their work effectively and said the managers were approachable and available. There was an 'out of hours' on call system which ensured support and advice was always available for staff. Staff had regular supervision and observations of their practice to make sure they carried out their role safely. The management team and office staff, worked well together and were clear about their roles and responsibilities.

The provider's quality monitoring system included asking people for their views about the quality of the service. This was through telephone conversations, visits to people to review their care and satisfaction questionnaires. The management team checked people received the care they needed by observing staff during visits to people and through feedback from people and staff.

There was a programme of other checks and audits which the provider used to monitor 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? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service was responsive. People's care needs were assessed and regularly reviewed. People received a service that was based on their individual choices and preferences. Care plans provided staff with the information they needed to provide care safely and effectively. People knew how to complain if they needed to.	**Good**
Is the service well-led? The service was well led. People were satisfied with the care they received and were able to share their opinion about the service provided. Care staff received the support and supervision they needed to carry out their roles and felt confident to raise any concerns with the management team. The managers understood their roles and responsibilities and there were processes to regularly review the quality of service people received.	**Good**

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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.

The service is a domiciliary care agency. It is registered to provide personal care to people living in their own homes.

This comprehensive inspection was carried out 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. The expert by experience made telephone calls to people prior to the office visit.

The provider had not been asked to complete a Provider Information Return (PIR) before this inspection. The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gave the registered manager the opportunity to discuss these areas with us during our office visit.

We reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us. Commissioners are people who contract care and support services paid for by the local authority. Following a visit by the local authority commissioners in May 2017 the commissioners stopped referring people who received local authority funding, to the service. This was because of concerns about the quality of care provided. The management team worked with the local authority to address the improvements that were required and the placement stop was lifted in August 2017.

The office visit took place on 27 February 2018 and was announced. We told the provider we were coming so they could arrange to be there and arrange for care staff to be available to talk with us about the service.

Before the office visit we asked the provider for a list of people who used the service. This was so we could contact people by phone to ask them their views of the service. We contacted 27 people by telephone, 17 people responded, nine of who agreed to speak with us. We used this information to help make a judgement about the service.

During our visit we spoke with the registered manager, who is also a director of the company, the provider's nominated individual, (this is a person who is able to make decisions about the service and who also has regulatory responsibilities with CQC), the office manager, a care co-ordinator, two office administrators and three care staff. We reviewed four people's care records to see how their care and support was planned and delivered. We looked at three staff recruitment files, staff training records, records of complaints, and records associated with the provider's quality monitoring systems.

Good

Is the service safe?

Our findings

At our last inspection we rated safe as good. At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection. The rating continues to be good.

People who received a service from Meadow Home Care told us they felt safe with their care workers because they had regular care staff that they knew and trusted. Comments from people included, "Yes (feel safe), I've got regular carers that I know and like," and, "Yes, because they are very nice and pleasant and will do anything I want." People knew who to contact if they had any concerns and said they had the appropriate contact details for the office in their home folder.

Staff had received training in how to keep people safe and protect them from avoidable harm and abuse. They understood how to recognise signs of abuse and told us they would report concerns to the management team straight away. The managers understood their responsibility for reporting any safeguarding concerns to the local authority safeguarding team and to us.

There was a procedure to identify and manage risks associated with people's care. People had an assessment of their care needs completed at the start of the service that identified any potential risks to providing their care, and risks staff needed to be aware of in the person's home. Since the last inspection in April 2017 the provider had revised their risk assessment process to provide more information for staff about how to manage identified risks. For example, where people required help to move around, risk assessments detailed how they should be moved, the number of staff required to assist the person, and how to use the equipment in their home. A staff member told us, "Risks are included in the care plan that tells you everything you need to know."

There were enough care staff to support people safely and meet their needs in a timely way. People told us care staff usually arrived when they expected them and they let them know if they were running late. For example, one person said, "Yes it's very good. If they are going to be late due to an emergency, for example, they would let me know." People usually knew in advance which staff would be visiting them and most people said they had small team of regular care workers that provided their care. People told us care staff always stayed long enough to do everything recorded in their care plan.

The managers and care co-ordinator told us there was enough staff to allocate all the calls people required. Staff we spoke with confirmed they had weekly rotas that informed them the people they would be visiting and the time they should arrive at people's homes. Staff said calls to people usually remained the same on their rotas to ensure continuity of care.

The provider had an out of hour's on-call system to support staff when the office was closed. Staff said there was always someone available if they had any concerns or worries.

Recruitment procedures minimised, as far as possible, the risks to people safety. Care staff confirmed their references had been requested and checked. They told us and records showed they had not provided care

to people until their DBS (Disclosure and Barring Service) clearance had been returned. The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services.

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines, or their relatives helped them with this. Where people were supported by staff, they told us their medicines were administered as prescribed. Comments from people included, "I am a diabetic and I take a lot of medication. It all works very well and I've never had any problems."

Staff told us, and records confirmed they had received training to administer medicines and had been assessed as competent to give medicines safely. We noted that competency assessments were not being reviewed as regularly as recommended by the National Institute for Clinical Excellence (NICE) guidance. This recommends that care workers who are responsible for administering medicines have an annual review of their knowledge skills and competencies. The office manager told us an annual competency assessment would be put in place.

Staff said they checked medicines against the person's medicine administration record (MAR), and recorded in people's records that medicines had been given. They then signed to confirm this on the MAR. The managers told us MARs were checked by staff during visits to people, and by senior staff during unannounced checks (spot checks) to make sure they had been completed correctly. MARs were returned to the office monthly for auditing. We noted where people's medicines were dispensed into a monitored dosage system by the pharmacy "blister pack" was recorded on the MAR. There was no additional information available for staff to let them know the amount of tablets in the pack or what the tablets were. We advised the managers about CQC guidance for recording medicines dispensed in a 'blister pack.' This advices, there should be a separate, accurate record of the medicines contained in the blister pack, which is kept with the administration record. The managers told us this would be implemented.

Staff understood their responsibilities in relation to infection control and hygiene and had completed training in the prevention and control of infection. They were aware of how to minimise the possibility of cross infection by wearing disposable protective clothing and washing their hands thoroughly between tasks. People and relatives we spoke with indicated they were happy with the hygiene standards and with staff taking appropriate measures and precautions by wearing protective gloves and aprons to reduce cross infection.

The provider had a system to record and monitor any accidents and incidents that occurred. There had been no accidents or incidents involving people who used the service since the last inspection.

Care staff were issued with identity badges and uniforms for use when attending people's homes so people could be reassured they were Meadow Home Care staff.

The provider had an emergency contingency plan in place so that the service could continue to operate in adverse situations. For example, in severe weather conditions the provider had an agreement with a local company who could provide 4X4 vehicles to transport care staff to people's homes if needed. The provider also had a priority calls system to identify people who would be at high risk if they did not receive their call. For example, people who lived alone or required medicines at a certain time.

Good

Is the service effective?

Our findings

At our last inspection we rated effective as good. At this inspection we found staff continued to have the experience and skills to provide effective care to people. The rating continues to be good.

We looked at four people's care records. An assessment of people's care and support needs had been carried out prior to people using the service to ensure the person's needs could be met by staff. This included their physical, mental and social needs. People confirmed they were involved in the assessment process and felt their care support reflected their needs.

Care plans had been developed from people's assessments. Plans included identified risks and informed staff what care and support people required and how they liked this carried out. People told us care staff knew what care and support they needed to meet their needs and maintain their welfare. One person told us, "They look after me really well."

The managers told us they supported some people from the Asian community who were unable to speak English. They were able to provide staff who spoke the person's language which enabled them to understand and meet the person's care and support needs.

We asked people if they thought care staff were competent and trained to meet their needs. People told us they were, for example, "Yes I do, because of the way they look after me."

Care staff completed training to make sure they had the right skills to meet the needs of people who used the service. Newly recruited staff undertook induction training when they first started to work for the service which was based on the principles of the Care Certificate. (The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours). An on-going training programme was in place to ensure care staff were effective in their role. Staff confirmed they completed regular training to keep their skills updated. Staff training records contained certificates of completed courses including, safe handling and administration of medicines, moving and handling people, safeguarding adults and infection control. Staff told us 'field observations' were completed following each training module to assess their understanding and learning.

We were told by the registered manager that the nominated individual (NI) provided practical moving and handling training for staff. On the day of the office visit the registered manager was unable to provide evidence that the NI had an up to date 'train the trainer' qualification to provide this in line with good practice guidelines. We asked the registered manager to forward this information to us. Following the inspection the registered manager advised the certificate could not be located and provided confirmation the NI had booked a refresher course for April 2018. This would make sure they had the correct skills to provide safe, effective training to staff.

Staff received regular direct observations of their practice, 'spot checks', to make sure they put their training into practice. A staff member told us during 'spot checks' the senior staff checked 'to see if you do things

correctly' and checked they wore the correct uniform and used disposable gloves and aprons for infection control.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. The managers understood their responsibilities under the MCA. They told us all the people they supported were able to make daily decisions about their care, or had relatives who could make decisions in their best interests.

Staff completed training in the MCA and staff we spoke with knew this was about decision making and gaining people's consent before providing care. A staff member told us, "I always ask if it's alright before I start. Everyone I visit can make decisions about their daily routines." People confirmed staff made sure they were in agreement before commencing care. One person told us, "Yes she [care worker] does. She always asks 'Is it ok…"

People who required assistance with meals and drinks were supported to have sufficient to eat and drink. Most people we spoke with were able to prepare their own food or had relatives who helped them do this. Where people required staff to assist them with meal preparation, this was recorded in their care plan. People who had assistance from staff to prepare their meals indicated they were satisfied with the service they received.

All the people we spoke with arranged their own health appointments or had family who supported them to do this. Staff told us, if a person was unwell during their call, they would ask if they would like to see a doctor and call the GP. People confirmed staff did this, one person said, "If I'm not well and need the doctor they'll contact them for me." Staff said if they contacted the doctor they would also inform the person's family and contact the office staff to let them know, so they could follow this up if needed. Records showed health professionals such as GPs and district nurses were consulted where concerns had been identified.

Good

Is the service caring?

Our findings

At our previous inspection we rated the service as good in caring. At this inspection, we found people continued to have their privacy and dignity upheld by care staff who were kind and caring. The rating continues to be good.

One person told us, "Things are going well. The girls are great and they are all polite. They do all the things they should and we usually have the same person all the time. We are happy with the service and would recommend it without hesitation."

People told us care staff were polite and looked after them well. For example people said, "If I'm not well they adapt the care," and, "They are not bossy at all." People said staff had a caring attitude; for example, "They are very careful and gentle," and "I am very happy and they are all very kind." None of the people we spoke with had any concerns about how staff maintained their privacy.

We asked people if staff offered choices and showed concern for their wellbeing. People told us, "Yes they do. They are all very good," and, "They will do anything I ask." People said they were able to build friendships with staff as they had the same staff who visited them regularly. They said staff had time to talk with them during the visit did not rush their care. One person told us, "I couldn't and wouldn't want to be without them." Care staff we spoke with were familiar with people's preferences and how their support should be delivered.

Senior care staff who carried out observations of care staff in people's homes told us, as part of their observations they watched how staff communicated with people and if they were respectful. During the visit they would ask the person if they were satisfied with how the call was carried out, and if they were happy with their care worker.

People told us the service they received helped them to remain independent so they could remain living at home. One person told us, "Before I became ill, I was very independent and they respect that. However, if I'm not well they will ask if I need help with extra things." Another said "They will ask me if I need help with tasks but respect my decision to do it myself." Care staff told us they had time to support people to do things for themselves. Care plans included what the person could do and what support was required, so staff were aware of the level of peoples' independence.

People felt involved in the planning of their care and in making day to day decisions. People said staff listened to them and they were able to express their views about how their care was delivered.

Discussions with the managers assured us people's diversity was respected. Care staff had received training in equality and diversity and the provider had a policy to provide guidance for staff. The care planning process included a discussion with people around their diversity and the support they needed to live their lives as they chose. This included their preference of gender of care worker and any cultural or religious routines. For example we were told about one person where the care worker would make a fresh chapatti to

go with their meal. A member of care staff told us, "If it was important for the person it would be recorded in the care plan." Another said, "We always ask people how they prefer their care, including any particular routines for washing. We always follow their choices."

Staff enjoyed their work and thought the management team were caring and valued staff. A staff member told us, I love my job. I love helping people. I don't feel stressed at all, it works really well." Another said, "Yes I do think they value me. They give positive feedback and say thank you."

The provider had received many compliments about the service people received. For example "Thank you for the care, kindness and concern you showed our [relative] I can't express enough our gratitude.

Information about the service was available and accessible to people. People were provided with a home folder that contained information about the service and how it operates. Information provided to people also included the telephone numbers for the service, and how to make a complaint. The managers told us if required, information would be made available to people in other formats and languages.

Good

Is the service responsive?

Our findings

At the previous inspection in April 2017 we rated responsive as requires improvement. This was because, some people did not receive their care at the times expected; care plan reviews were not taking place regularly and complaints management required improvement. At this inspection we found improvements had been made and we rated responsive as good.

People told us the support they received from Meadow Home Care was personalised and met their needs. For example, a relative told us, "It's going very well. [Person] has a small number of regular carers who have got to know her and how she likes things to be done." Everyone knew they had a care plan in their home and had been involved in devising the plan and how their service was arranged.

At the last inspection we found people's care plans were not always reviewed and updated when people's needs had changed. During this inspection we found this had improved. People said they had regular reviews of their care and care plans were updated to make sure care staff continued to have the correct information to meet their needs. One person told us, "They ask me what I want help with and I can add to my care plan if necessary." Care staff told us if a person's needs changed they would tell the managers or senior care staff and their care plan would be updated.

A copy of the person's care plan was kept at the office. We reviewed four people's care records. All contained an assessment of people's needs and a care plan that included how any identified risks were to be managed. Plans provided guidance for staff about everything they needed to do on each visit and how people liked their care provided. People told us staff read their plans and recorded what they had done during the call.

At the last inspection people did not always receive their care from staff that visited them regularly and were familiar with. People told us this had improved and they received support from staff that knew them well and understood their needs. People said, "I've got three regular carers who all know me well" and, 'It's the same person so they have got to know me very well and vice versa."

Care staff told us they visited the same people regularly, had enough time to provide the care required and to sit and talk with people. People we spoke with told us during each visit care staff completed everything agreed in their care plan.

We looked at the call schedules for people whose care we reviewed and the rotas for the staff who visited them. These showed people were allocated regular staff at consistent times. People's experiences of consistency of call times had improved since the last inspection. No one we spoke with raised concerns about late or missed calls. Care staff told us, "My calls are all close together, we do have travel time but calls are arranged so they flow."

We looked at how complaints were managed by the provider. At the last inspection we found how the managers recorded and learnt from complaints required improvement. This was because the provider had

received complaints but instead of entries being made in the complaints log, complaints and concerns were being recorded individually on people's electronic record. This meant the provider did not have an overview of the issues people had raised and could not identify if there were any trends or patterns of concern that needed to be addressed. At this inspection complaints had been recorded in the complaints log. There were no trends or patterns to complaints.

People we spoke with knew how to complain. They told us they had complaints information in their home and would feel comfortable raising any concerns. None of the people we spoke with had made a formal complaint although some people said they had raised minor concerns with the office staff and were satisfied how this had been responded to.

Good

Is the service well-led?

Our findings

At our last inspection in April 2017 we rated well led as requires improvement. This was because, staff training had not been updated in line with provider's timescales, people had experienced late and missed calls, the procedure for reviewing records returned to the office was not robust and there was no evidence of any learning from complaints or feedback from people. At this inspection we found improvement had been made and we rated well led as good.

Following a local authority contracts monitoring visit in May 2017, the commissioners identified several improvements needed to ensure people received a safe, well led service. They stopped new referrals to the service of people funded by the local authority while the provider worked with them on an action plan to improve the service. The action plan included reviewing all care plans to make sure they were personalised. Reviewing and updating the risk assessment procedure to provide staff with detailed information about the risks to people's care and how to manage risks. Some people's call times were different from the service agreement with the local authority. The managers reviewed all call times with people and completed a local agreement form with people where they had requested their calls at a different time to the original agreement. The local authority action plan also identified the issues we had found during our inspection in April 2017 in regard to gaps in returned MARs and daily recording made by staff, complaints management, and refresher training for staff. The placement stop was lifted in August 2017 following confirmation by the local authority that they were satisfied with the action the provider had taken to improve the service.

At the last inspection some people were dissatisfied with the service as they had experienced late and missed calls. At this inspection no one we spoke with had experienced a late call and people were happy with the service they received. One person told us, "I'm happy with the care they are providing. I don't like having to need the help but that's about me not the care."

People told us they would recommend the service to other people. For example, "I am very happy and would definitely recommend it," and, "I would recommend them, I had the chance to move but I chose to stay with them."

There was a registered manager in post who understood the responsibilities and the requirements of their registration. For example, they understood what statutory notifications were required to be sent to us. The provider did not have a website at the time of our visit. The registered manager told us this was something they were in the process of developing.

The registered manager was supported by a management team that consisted of the, provider's nominated individual, an office manager, care co-ordinators, senior care staff, and office administrators.

The role of senior care staff had been developed since our last inspection and continued to have a positive impact on the service. Senior care staff had responsibility for regular care plan reviews, observation of staff practice in people's homes and discussions with people about their care service. The office manager told us, "The senior care staff role has made huge improvements to the quality monitoring of the service. We now

have eyes and ears out there that feedback everything to the office so we all know what's going on." They went on to say "Reviews of people's care and satisfaction visits, now happen routinely and there have been improvements in the frequency of staff supervisions and spot checks."

Care staff felt supported by the managers, they told us managers were 'always there to listen', 'very approachable' and 'cared about their staff'. Care staff said communication from the office worked well and that they were able to speak with the managers about any issues connected with work or of a personal nature. Staff had regular supervision meetings to make sure they understood their role and spot checks to make sure they put this into practice safely. Staff said they felt appreciated and valued by the management team. One staff member told us, "The managers always say thank you for what we do."

We asked care staff if there were any improvements the provider could make. Staff told us, "No I think it works perfectly the way it is." And, "Everyone is very friendly and caring and the clients are really happy."

There was an out of hour's telephone support service for staff when the office was closed. People and staff said they had no problem contacting the out of hours service if they needed to.

Care staff were aware of their responsibility to report any concerns about other staff's practice. They told us they would report any concerns to the managers and were confident appropriate action would be taken. Staff knew the provider had a whistleblowing policy so they could share any concerns in confidence.

People indicated that they had appropriate opportunities to provide feedback about the service they received. Feedback was gathered by an annual quality assurance survey, observations of staff in people's homes, review meetings with people and satisfaction telephone calls. A senior care staff told us, "Clients feedback is very positive, they give brilliant feedback on the observation forms."

The managers were able to demonstrate that systems were in place to monitor the service people received. However, there was not always evidence of any learning or improvements from people's feedback. For example, comments made by people during telephone surveys and on the annual postal survey were responded to and recorded on the person's individual file. As this information was not centrally collated the actions taken were not easily available, or any trends or patterns monitored. The managers advised that systems would be implemented to evidence the actions taken in response to people's comments without having to look at people's individual files.

A range of policies and procedures were available to support staff in their role and to ensure the service operated effectively and safely. Policies and procedures had been recently reviewed by the provider but we noted where these referenced our regulations they referred to the previous Health and Social Care Act not the amended 2014 Act, and associated key lines of enquiry. The registered manager said this would be amended.

The managers told us how they worked in partnership with other agencies such as commissioners of services and health care professionals to make sure people's needs were fully assessed and the right care was in place.