

Morepower Limited

AQS Homecare Dorset

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

About the service

AQS Homecare Dorset is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of this inspection 90 people were receiving care and support from the service.

People's experience of using this service and what we found

People and relatives told us that the service provided staff who were caring and supportive. People received care that was responsive to their individual needs. Staff had a good understanding of how people preferred to have their care and support provided. People had access to healthcare services and were involved in decisions about their care. Partnerships with other agencies and health professionals enabled effective outcomes for people.

Staff supported people to take medicines safely. We have made a recommendation about the management of some medicines. Risks to people were assessed and regularly reviewed. Staff understood the actions needed to minimise the risk of avoidable harm including the prevention of avoidable infection. Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

People felt listened to and consulted when planning and agreeing what care and support they needed. People and relatives told us they could confidently raise any concerns, and these were addressed appropriately.

There were sufficient numbers of trained, experienced staff to meet people's needs. Safe recruitment practices were followed, and appropriate checks completed to ensure that only suitable staff were employed. Staff received induction and on-going training and support that enabled them to carry out their roles positively and effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People and where appropriate their relatives were involved in decisions about their care.

Governance systems and oversight of the service was robust. Issues were identified, and actions taken to address any shortfalls.

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

Rating at last inspection

The last rating for this service was good (published 14 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

AQS Homecare Dorset

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of 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. Their area of expertise was with older people.

Service and service type

AQS Homecare Dorset is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit. We needed to be sure that people were informed that we would be contacting them by telephone, and we needed a manager to be available to facilitate this inspection.

Inspection activity started on 30 July 2019 and ended on 9 August 2019. We visited the office location on 30 July and 1 August 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also spoke with

commissioners of the service from the local social services department and clinical commissioning group to obtain their views about the service. We used all of this information to help us plan the inspection.

During the inspection

During the inspection we spoke with 15 people and 11 relatives or friends. We also spoke with the registered manager and five staff.

We reviewed a range of records including five care plans and medicines records, two staff files, staff rotas and training records and other information about the management of the service. This included quality assurance records and audits, medicines records and maintenance of equipment.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This including seeking staff opinions via email and contacting health professionals and commissioners to ask for their view of the service. We received feedback from one health professional.

We also looked at training data and quality assurance records and analysed all the information we had gathered.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines when they were needed and in ways that suited them. There were systems in place to ensure this was done safely.
- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly. One person told us, "I get help with my medication because of my sight loss. They are dependable. When I thought I was two tablets short, the carer checked for me."
- A Medicines Administration Record (MAR) was in place to detail people's prescribed medicines and when they were administered. These were created, printed and checked in the office. The name of the creator was recorded, and it was checked to ensure it was correct by a second member of staff. This check was not recorded but not recorded. This meant that, in the event of a query or concern, there was no evidence that the check had been completed.
- Some people were prescribed medicines part way through a month and staff handwrote these items onto the MAR. The service policy stated that a second member of staff should check the entry and sign to confirm it was correct. This was not always being done.

We recommend the provider act on current guidance on the recording of medicines management and administration.

- Some medicines, such as topical creams and eye drops, were only effective for a specific period once opened. The medicines policy instructed that staff should record opening dates on such items. However, there was no system in place to check that this was happening.

We recommend the provider act on current guidance with regard to checking medicines are not used beyond their expiry date.

Systems and processes to safeguard people from the risk of abuse

- Staff fully understood their role in protecting people from abuse and had received appropriate training on safeguarding adults.
- The registered manager had a good knowledge of safeguarding and understood how to raise concerns with the local authority if this became necessary.

Assessing risk, safety monitoring and management

- Staff understood the actions they needed to take to minimise the risk of avoidable harm.
- People told us they felt safe and well cared for. A relative told us, "[person] feels safe with the carers. Their

faces are familiar, and he greets them warmly."

- Assessments were carried out to identify any risks to people and to the staff supporting them. This included environmental risks in people's homes and any risks in relation to people's care and support needs.
- Individual risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff.
- There was a contingency plan in place in case of events that effected the service running safely, such as staff sickness, problems with the building or adverse weather.

Staffing and recruitment

- Recruitment practices were safe. The relevant checks had been completed before staff worked with people in their homes.
- People were supported by enough staff to meet their needs. Staffing arrangements provided the flexibility to meet people's changing needs whilst ensuring consistent care. One person told us, "I have no qualms about safety or security. They are occasionally late but that is not a problem." Another person said, "I feel safe knowing that they are on time."
- People described the staff as reliable and confirmed that they stayed for the agreed length of the visit and only left earlier if asked to do so. People said, "They don't make me rush." A member of staff told us, "If I have any spare time [at the end of a call], I always ask if there is anything else I can do."
- Three people and a relative told us there were occasions where staff were late for visits. Staff rotas showed that time to travel between visits was always included. The registered manager acknowledged that staff did sometimes run late due to local traffic conditions. They explained their contract with people does explain that staff may arrive up to 15 minutes early or late and that they tried to inform people if staff were delayed more than 15 minutes. One person told us, "They will ring if there are any delays and reassure me that someone will come."

Preventing and controlling infection

- People were protected from the risk of infection because staff were trained in infection control. Everyone we spoke with said the staff put their training into practice. One person told us, "I have no immunity and the carers know not to come if they are unwell."
- Staff told us they were supplied with personal protective equipment for use to prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and analysed by the registered manager so that any trends could be identified, and learning could be facilitated.
- Accidents and incidents were seen as an opportunity to reflect on practice and continually improve outcomes for people.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs and choices were assessed before the service started to provide any care or support and were then regularly reviewed.
- Assessments had been completed in line with current legislation, standards and good practice guidance and the information was used to create person centred care and support plans.
- Assessments included gathering information about people's cultural, religious and lifestyle choices and any equipment that was needed such as key safes, storage of medicines and telephone emergency alarm systems.

Staff support: induction, training, skills and experience

- People told us they felt their needs were met by staff with the right skills, experience and attitude for their roles. A relative told us, "The carers are always helpful and do what is asked. They ask if anything else is needed before they go. If [person] can't go out, they are friendly faces for her to see. They are always clean and tidy."
- Staff told us they received training that was effective and felt sufficiently skilled to carry out their roles. A member of staff told us, "The training is really good, especially with the new electronic and interactive system."
- Staff were knowledgeable about their roles and how to provide the correct support to meet people's needs.
- Staff completed a comprehensive induction and did not work unsupervised until they and the management team were confident they could do so. An ongoing programme for updates and refresher training was in place.
- Staff said they felt well supported by their manager and told us they had regular supervision meetings which allowed them to discuss their performance, concerns or training and development needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff who understood their food and drink needs and preferences. One person told us, "Sometimes I can't get out of bed and they leave plenty of drinks for me." Another person said, "They get my breakfast. I have a choice and they do what I want."
- Care plans reflected the support the person needed to eat and drink.
- Staff had received training in how to support people with eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care

- Collaborative working with other agencies, such as GPs and district nurses, had ensured effective care and improved people's quality of life.
- Staff spoke knowledgeably about people's health needs and recognised the importance of being proactive in seeking guidance and support from health professionals.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when they needed this. This included support from GP's, community nurses, opticians and chiropodists.
- People told us this was done in a timely way and records confirmed this. One person told us, "They know what to do when I am unwell. Once the carer phoned the GP for me."
- Records showed that instructions from healthcare professionals were carried out.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible.
- People had signed their care records to show that they consented to the care and support they were being provided with.
- Training records confirmed that staff had undertaken training in relation to the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and staff spoke highly about how caring and supportive the service was. One person told us, "The carers are friendly, supportive and helpful. I have the same carer in the morning. She knows my routine."
- Staff understood and respected people's lifestyle choices. When we discussed with staff the people they supported, they demonstrated an open, non-judgemental attitude that respected people's diversity.

Supporting people to express their views and be involved in making decisions about their care

- Everyone we spoke with felt included in how their care and support was planned and delivered. They had opportunities to have their opinions heard.
- If people needed independent support with making decisions, the registered manager had information available about advocacy services.

Respecting and promoting people's privacy, dignity and independence

- People confirmed that staff were respectful of their privacy, dignity and independence. One person said, "The carers are very efficient. Kind, caring, respectful and very loyal."
- People were supported to be as independent as possible. Care plans reflected what people were able to do for themselves and how to encourage them to do this. One person told us, "Nothing is too much trouble. It is awkward for me to move about, but they let me wash my arms if I want to but are there straight away if I need them."
- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People said staff provided them with the care and support they required; they told us they felt well cared for and were consulted about what they needed. One person told us, "If there are any changes to my care, they help with that. I requested not to have a certain carer and that was dealt with."
- The staff team were knowledgeable about people's personal history, which enabled them to have meaningful conversations. All staff confirmed that care plans and other records contained good detail to enable them to meet people's care needs. They also told us that they were always able to contact the registered manager or other senior staff if they had any queries.
- Care plans were personalised and detailed exactly how the person wanted their needs and preferences met. Each person's plan was regularly reviewed and updated to reflect their changing needs. One person said, "There was probably two or three hours spent on preparing the care plan. As a result, there is now a list of likes in the book, e.g. how the foot rest should be set so the carers can refer to it. It is a great help."
- Some people were living with specific conditions such as diabetes, Parkinson's disease and mental health conditions. Each person's file contained an information sheet about the condition but there was no personalised information about how the person was affected by their condition or any signs and symptoms staff should be aware of.

We recommend additional information is added to care plans to ensure staff understand and recognise the individual symptoms and effects people experience due to the specific conditions that they live with.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and detailed in their care plans. This documented the person's preferred method of communication, any impairments that could affect communication, and guided staff on the best ways to communicate with them.
- The registered manager confirmed they could provide large scale print of any documents if required for people with sight difficulties and could change documents to suit most needs.

Improving care quality in response to complaints or concerns

- People were given information about the service and how to complain when they first started to receive support from the service.

- People told us they knew how complain if they needed to and felt confident that they would be listened to.
- The complaints procedure explained how to make a complaint and set out how people could expect any concerns or complaints to be dealt with.
- Complaints were acknowledged, investigated and resolved in line with this policy.

End of life care and support

- The service was not supporting anyone with end of life care needs at the time of our inspection.
- Some staff had been trained to support people with end of life care needs.
- People had been given the opportunity to discuss their end of life wishes and these were documented where they had chosen to do so.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People, relatives and staff expressed confidence that the service was well run. A relative told us, "I have spoken to the manager, absolutely lovely. Brilliant at helping out when there are changes. I would 100% recommend the agency to others."
- The registered manager and staff were clear about their roles and responsibilities and felt well supported by the registered provider. People and staff said there was a clear management structure in place and that they were always responsive to any issues raised. A member of staff told us, "[registered manager] is fantastic. She has always got time to listen. I can't speak highly enough of her."
- Staff spoke positively about teamwork. A member of staff told us, "It's super to work here. There is a very good atmosphere."
- The registered provider continually monitored the quality of the service provided to people. Surveys were sent to people as well as discussions with people during reviews and unannounced spot checks on staff. This meant they were continually checking to ensure that people received the best possible care and support.
- Records of staff meetings, quality assurance and audits showed that when issues were identified, these were shared appropriately and action was taken to address any shortfalls.
- Legal requirements, such as displaying the rating from the last inspection and notifying CQC of significant incidents, were met.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff were motivated to provide the best possible person-centred care and support for people. A relative told us, "I have always found them pleasant. When I have sent feedback with any concerns they are dealt with. Continuity is good."
- People and staff told us the registered manager was very approachable and that they would have no hesitation in raising concerns or making suggestions. One person told us, "They are friendly and supportive from the office to the carers. They are understanding. I couldn't manage day to day life without them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted the ethos of openness and learning from mistakes. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and

transparent way in relation to care and treatment. A member of staff told us, "The office staff are really supportive with any concerns or issues. I have no problem saying anything and have head office to contact if I really needed to."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to express their views and suggestions about the service via face to face meetings with staff, surveys or reviews. This information was used to improve the service and to highlight good practice or care.
- Quality assurance surveys were sent out to people twice a year. Completed surveys were being returned during the inspection. The previous surveys showed high rates of satisfaction and any issues were attended to.
- One person had commented during the previous survey that they would like a carer who was more cheerful. Their new survey was received during the inspection and was very complimentary about how the registered manager had responded to their request.
- Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.

Continuous learning and improving care

- There was a process of continual improvement and quality assurance in place. There was a variety of audits completed to ensure the quality of the provision was maintained.
- There was evidence of learning from incidents. Investigations took place and appropriate changes were implemented.

Working in partnership with others

- The service had established good working relationships with health and social care professionals. This enabled the service to ensure the best possible outcomes for the people they supported.