Care at Home Services (South East) Limited

Care at Home Services (South East) Limited - West Kent & High Weald

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

Care at Home South East is a domiciliary care service. It provides personal care to people living in their own homes in the community. The service is provided to mainly to older adults, some of whom have complex needs such as dementia or complex health conditions. The service supports people in Tunbridge Wells and surrounding rural areas but not everyone received a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of inspection,192 people were receiving the regulated activity of 'personal care'.

The service had a registered manager in post. A registered manager is a person who is 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 received a service that was safe. People felt safe with the staff. Staff understood the importance of keeping people safe and care staff followed the guidance that was in place. However, the registered manager did not notify us of an incident where an alleged theft had been reported to them and that the police were assisting the service with an investigation.

There were enough staff to meet people's assessed needs and staff were recruited safely.

Potential risks posed to people and others had been assessed and mitigated.

Referrals were made to health care professionals when people's needs changed. People were supported to maintain their nutrition and hydration and remain in good health.

Medicines for people were managed safely and administered by staff that were trained. Systems were in place to support people safely and effectively with their medicines.

Staff received the training, support and guidance needed to fulfil their role and meet people's needs. Staff worked alongside external health care professionals to support people that had specialist needs. New staff completed an induction before starting work for the agency.

People's needs had been assessed prior to receiving a service from the agency. People received a personalised service that placed them at the centre of their care and support needs. Care records were regularly reviewed to ensure they continued to meet people's needs.

People's rights were promoted and protected. People were encouraged to make their own choices about their lives. 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.

Staff were kind and caring towards people.

Staff respected people's privacy and dignity. Staff knew people well and had knowledge about people's histories, likes and dislikes. People's equality, diversity and human rights were promoted and respected. People were supported to express their views and were involved in the development of the service they received.

Complaints were investigated and responded to in line with the providers policy. Systems were in place to monitor and improve the quality of the service that people received.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the registered office where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating with the registered office and on their website.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of Registration Regulations 2009. You can see what action we have asked the provider to take at the end of this report.

Further information is in the detailed findings below

This is the first time the service has been rated Requires Improvement.

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.

Safeguarding processes had not been followed to ensure people were kept safe.

Risk assessments were carried out to mitigate any risk to people's health.

The premises and equipment were properly maintained. People were protected from the risk of infection.

Accidents and incidents were recorded and analysed.

Is the service effective?

Good

The service was effective.

People or their relatives met with staff before moving to the service, to assess their needs.

New staff received an induction to their role and ongoing training to enhance their knowledge and skills.

Staff received regular supervision from their line manager, and a programme of annual appraisal was in place.

Staff were working within the principles of the Mental Capacity Act 2005.

People were supported to eat a balanced diet. People were encouraged to lead as healthier life as possible.

Staff referred people to other health professionals when their needs changed.

Is the service caring?

Good

The service was caring.

People were treated with kindness and respect.

People were encouraged and supported to be involved in their care and support.

People were supported to be as independent as possible.

Is the service responsive?

Good

The service was responsive.

Each person had a care plan which contained details about people's choices and preferences.

People received person centred care, that met their needs and were supported in a dignified way at the end of their lives.

Complaints were recorded and investigated

Is the service well-led?

Requires Improvement

The provider had not kept CQC informed of events that happened in the service as required by legislation.

Staff completed checks and audits.

People were comfortable in the company of the management team.

People, relatives, staff were asked their views on the quality of the service.

The service worked with other agencies to deliver joined up care.

Care at Home Services (South East) Limited - West Kent & High Weald

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 7, 8, 12 and 14 November 2018 and was announced. We gave the provider 48 hours' notice of our inspection so that they could arrange consent for us to visit people in their own homes for us to observe the care they received. On the first and second day, the inspection team consisted of two inspectors. On the third day, the inspection was concluded by one inspector.

Before the inspection, we looked at notifications about important events that had taken place at the service. We asked for a Provider Information Return (PIR). 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.

We visited the office location on 7 and 8 November 2018 to meet the registered manager. We also spoke with a care co-ordinator and two members of care staff. On 12 November we visited six people in their own home. During these visits, we spoke with three relatives. On 14 November, we spoke with an additional seven relatives via telephone.

We looked at 10 people's care plans and the associated risk assessments. We looked at a range of other records including five staff recruitment files, staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

Requires Improvement

Is the service safe?

Our findings

The provider had a clear policy for safeguarding adults from harm and abuse. This gave staff information about preventing abuse, how to recognise the signs of abuse and how to report it. It also included contact details for other organisations that could provide advice and support should they require it. Organisations like the Kent and Medway Safeguarding Team for example. Staff had received training in safeguarding and the provider checked their understanding of the policy at meetings and one to one discussions.

However, the provider did not always report to us and investigate concerns raised with them by relatives. On one occasion, a relative told the registered manager that jewellery and cards could have potentially been stolen from their loved one's address as they could not be located. The registered manager reported this to the police to investigate. At the time of the inspection the registered manager had not reported the incident to the local authority safeguarding board immediately upon becoming aware of any allegation of such abuse.

Furthermore, the provider did not follow their own safeguarding reporting guidelines and action was not taken to reduce the risk to people they were supporting whilst the police conducted their investigation. This potentially placed people at unnecessary risk of harm.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Staff did, however, tell us they were confident to report abuse to management if this was needed. Staff also knew how to whistle blow poor practice to agencies outside the organisation. A member of staff told us, "I can tell you (CQC) if I needed to."

People told us the service delivered care that made them feel safe. They told us that they felt safe with the staff that visited them in their own home and had no cause for concern regarding their safety or the manner in which they were treated by staff. One person said, "Having a regular carer makes me feel safe. They are like extended family. I know who is coming into my home, carers are regular". Another relative said, "I know he is safe with his carer. I trust them completely."

People's care had been risk assessed to keep people safe. Before people received a service, the provider carried out risk assessments of the environment, and for the care and health needs of the person concerned. Environmental risk assessments were completed and included risks inside and outside the person's home. For example, risk assessments for inside the property highlighted, if there were any obstacles in corridors and if there were pets in the property. People's individual risk assessments included information about action to take to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home.

Incidents and accidents were reported. Staff knew how to inform the office of any accidents or incidents. They told us they would contact the office and complete an incident form after dealing with the situation.

The provider said that there had been no accidents or incidents to date. The provider said they would view any accident or incident report, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

People were supported to manage their medicines and at the time they needed them. One person told us, "Staff always prompt me to take my medicine and ask if I've checked my sugar levels." Checks were carried out to ensure that medicines were stored appropriately. Staff had been trained to administer medicines. Records showed us that regular audits and competency checks were carried out to ensure good practice of medicine administration and management. Lessons were learned following a recent audit where a Medicine Administration Record (MAR) sheet had been filled in incorrectly. The member of staff completed further training covering the importance of MAR sheets and how to complete them more accurately. Staff were informed about action to take if people refused to take their medicines, or if there were any errors. Records showed that people received the medicines they needed at the correct time.

Staffing levels were provided in line with the support hours agreed and determined by the number of people using the service and their needs. There were enough staff to cover all calls. The care planning systems allowed staff sufficient time to travel from one call to another. One person told us, "They are normally on time. Only when there is traffic or something unexpected happens at the previous call. Either way, they always call to let us know what is happening."

The providers' recruitment practices made sure that staff were suitable to work with people in their own homes. These included checking prospective employees' references, and obtaining Disclosure and Barring Service (DBS) checks before successful recruitment was confirmed. DBS checks identify if prospective staff have had a criminal record or have been barred from working with people that need supporting within social care. The registered manager told us that if information is held on the DBS check, they would risk assess the information and further discussions would be held before allowing people to work for the provider.

Staff had received infection control training. They knew how important it was to protect people from cross infection. During visits to people's homes, we observed staff using appropriate equipment to carry out their roles. For example, they were issued with gloves and aprons. Staff confirmed that they had access to personal protective equipment (PPE) kept in the office, and could stock up when they visited the office. One relative said, "They have uniforms and have plastic aprons and gloves."

People's care could continue if there were unforeseen circumstances. The provider had a business continuity plan which ensured effective care could still be provided, such as in bad weather.

Good

Is the service effective?

Our findings

People and their relatives told us they received effective care. One person told us "They're excellent, we can't fault them". Another person told us, "There's not a thing I would change about them. I can reply on them." A relative told us "It's a very good service, especially as I can compare it to others; I value the care givers their punctuality and that it's the same staff."

People's needs had been assessed by the registered manager and provider, and care was delivered in line with current good practice. Before the person received a service, the registered manager or provider completed an assessment of their needs. People were asked if they wanted their loved ones involved during the assessment. The assessment completed considered people's background, history, likes and dislikes, and their daily routines.

Food and hydration needs were recorded along with the person's mobility. During the assessment, the registered manager completed risk assessments for people's needs. Staff were introduced to people by the registered manager or provider, before they supported the person.

After the first visit, the registered manager followed up with the person making a courtesy call to ensure everything was as they wanted. People told us there was a 'thorough' assessment process. One person told us, "They came down to meet me, they seemed so nice and caring. They knew what I needed."

People were supported by a staff team that had appropriate skills, knowledge and experience to deliver effective care. People and their relatives told us they had confidence in the skills and knowledge of their staff. We observed staff speaking clearly, bending down to speak to people at the same level as them so they could hear them and have eye contact. Staff members told us the training they had completed helped them to do their jobs.

One member of staff told us, "The training and induction process from start to finish is great", another commented, "Training and updates are great." Training was delivered in person as well as some courses being completed online. The registered manager was responsible for completing or arranging for other senior staff to carry out competency spot checks and observations on staff to ensure staff were competent in their roles.

People were supported to eat and drink sufficient amounts to maintain a balanced diet. People's care plans contained detailed guidance for how best to support people and we observed staff supporting people, giving them options in relation to food and drinks and their preferences. Risks to people had been identified relating to their eating and drinking and they were recorded in care records. There was clear guidance for staff on how to support people and what action to take to reduce any risks. People being supported with complex nutrition or hydration needs were referred to a dietician or the local Speech and Language Therapy team. Staff told us of the importance of ensuring people had sufficient amounts to drink and eat. We observed staff in people's homes ensuring plenty of fluids were available and in easy reach of people with reduction in mobility.

People were encouraged to maintain their independence. One relative told us, "[loved one] likes to make a sandwich at lunchtime and staff support them with this. They do try to let them keep their independence." People's care files had accessible information that could be shared with the relevant healthcare professionals, for example if the person needed to go into hospital. This included information relating to any allergies the person may have. People were supported to access healthcare services and receive ongoing healthcare support. One person had recently been discharged from hospital and required a change to their morning routine. This was detailed in their care plan and staff knew about the recent changes.

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 law 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 make 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedure for this in community settings is via application to the Court of Protection. We checked that the service was working within the principles of the MCA, and found that people's right to make decisions were promoted and staff were working within the principles of the MCA. Staff we spoke with had a good understanding of the need for consent. One staff member told us, "You always have to assume a person has capacity. Give people choices and options and be patient with them for the answer."

The registered manager and provider understood their responsibility to ensure mental capacity assessments had been carried out when concerns were identified. For more complex decisions, we saw evidence that multi-disciplinary team were involved, such as the mental health team and GPs.

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person told us, "They're friendly, always there to help if I need anything. I can't fault them, they are very friendly too." Another person told us, "The staff are caring and trustworthy." People and their relatives told us staff had time to spend with people, and give them support, an ear for them to talk into sometimes, if needed and they never rush."

Positive relationships had been forged between people and staff. People and staff new each other well and asked about their family members and their well-being. At home visits conversations flowed and people were relaxed with their care and the manner in which they were receiving it. One relative told us, "My husband needed help with a shower each morning, and to be honest, I was hesitant at first but now I am fine with it. The staff really are lovely."

At the time of our inspection, no one was receiving support from an advocate, as people received support from relatives. An advocate is someone who supports people to express their views and wishes, and stands up for their rights. The registered manager had plans to increase people's knowledge about advocacy, following a workshop they had completed.

People told us they were involved in their initial needs assessments, and receive regular care reviews. One person told us about their care review and an improvement that was suggested for them, "They're going to change my morning call as they come a bit too early sometimes; we talked about that at my last review."

Another person told us they liked the service to liaise with their relatives about changes, concerns and reviews, which the provider did. A relative said, "We also liked the idea of the rotas being sent each week so we can tell Mum who is coming the following week." Some people told us that the rotas were being received on the Friday, but sometimes did not arrive in the post until the following Tuesday and people are needing to phone the office for information about their calls. We spoke to the provider about this and they were exploring a better way to get this information to people.

Staff treated people with respect and dignity. One person was being supported with personal care following a fall, and asked to have staff support them whilst washing to increase their confidence. Staff told us that once the person had showered, they would leave them to get dressed, but stay close enough so that they could support if the person needed it. Staff told us they always knocked on doors, and made their presence known when they arrived at people's houses. One person told us, "The girls know I always leave the door on the latch but they still give the bell a press to let me know they have arrived."

People told us staff supported them to maintain their independence, and stay at home where they wanted to be. One person told us how staff had been supporting them with food preparation. The person was able to tell us how they have re-gained enough strength to make meals for themselves again, and how they owe it to the staff for their support.

Good

Is the service responsive?

Our findings

People and their relatives told us they received person centred care responsive to their needs. One person told us, "Staff do things exactly how I like." People were involved in creating a care plan specific to their needs, focusing on their strengths and highlighting the support they needed, and how they wanted it to be delivered.

Care plans contained information highlighting people's daily routines and preferences with a focus on the aims for the person and supporting them to maintain their independence. For example, what people like to wear after a shower or bath and where people liked to get dressed was documented. We observed staff asking people if they were ok before moving on the next part of their morning routine. People's relatives told us staff provided personalised care. Care plans were developed using a person-centred approach. This included talking to people and asking all about their likes and preferences which were recorded in a document called "All about you". One person liked to have their curtains drawn at night and all their lights switched off. Another person told us, "I like clothes put back in certain places. I'm a bit like that. I don't need to tell them, they just do it."

The provider told us that one of the aims of the service was to support people to, "maintain independence, and support them to remain at home where they wanted to be." People were supported to do this through regular care reviews and monitoring of the service they received. There were systems in place to regularly check on the quality of the service, and review the person's needs. Care reviews took place every six months. People told us they were involved in reviews, and a relative told us they were very happy with the service review.

Complaints and concerns had been documented and responded to appropriately. The registered manager and provider kept a log of all complaints received and the action taken to resolve the complaint. There was a complaints policy in place, which provided people with information who they could escalate their complaint to, if required including the local authority safeguarding. There had been two complaints logged in the previous 12 months to our inspection. The complaints had been resolved accordingly and within the timescales covered in the provider policy. People and their relatives told us they knew how to raise concerns, and make complaints. One person told us "I would call the staff and tell them if I wasn't happy with something, I am sure they would change it." Staff we spoke with were aware of how to support people to raise concerns and complaints but had not had any issues to raise.

At the time of our inspection, the service was not supporting anyone at the end of their lives. The registered manager was able to describe how they would support people to have a comfortable and dignified death. The registered manager informed us they were due to attend end of life training, and that until this time they would not support anyone who was at the end stages of their life. The registered manager understood that it could be a difficult subject to approach with people and their families, and planned to bring this conversation into the initial assessment to ensure people's wishes were known as soon as they started to receive the service.

Requires Improvement

Is the service well-led?

Our findings

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of certain changes and important events that happen in the service. These are referred to as Statutory Notifications. This enables us to check that appropriate action had been taken. This is important so that we can check that people are being kept safe.

The registered manager had failed to inform us as part of their regulatory responsibilities. These included not notifying CQC of an allegation of theft from a person's home and not notifying CQC that the police had been involved with the incident that had been reported to them. Had the provider notified us, CQC could have asked for regular updates with regards to the police investigation and also what action had been taken internally to safeguard people from abuse.

Failure to report notifiable events to CQC is a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

People and relatives told us they thought the service was well-led and the registered manager and the people in the office were approachable. Relatives told us they were confident in approaching the management team to discuss any issues needing to be discussed. Staff told us that they enjoyed working for Care at Home.

The manager of the service was supported by the registered provider and three care coordinators. The manager told us about their vision and values about the service, which reflected person-centred principles. This resulted in ensuring the people they supported received care that helped maintain an independent life and flexible support to suit needs.

Staff were clear about the values they were expected to display in their roles and the manager ensured they monitored that the values were embedded in the culture through the supervision and appraisal of staff. People were supported by staff with clear person-centred values and practice. Staff felt supported in their roles and were satisfied with the arrangements for obtaining advice and support from a manager when they needed to. Staff were confident that sufficient training was provided to enable them to deliver effective care and they were clear about their roles and responsibilities.

The registered provider had obtained and retained the Investors In People award for several years running. This award recognises the importance of investing in staff; helping them to achieve their potential and improving outcomes for everyone. Staff were supported in their roles to ensure they could deliver effective care. The registered manager participated in forums with other managers of similar services to exchange views and information that may benefit the service. The registered manager told us, "This is a good arena to share good and sometimes not so good practice that everyone can learn from."

Information about changes in guidance were cascaded to staff through training, team meetings and supervision. People benefitted from the proactive approach of the registered provider and manager in

developing the service to reflect best practice. Staff had easy access to the policies and procedures for the service. The policies were continually reviewed and updated by the registered provider. An annual review of all company policies was undertaken as part of the providers statutory obligations under the Care Standards Act. Annual reviews were undertaken by the provider, and these policies reviewed and updated accordingly.

The registered provider had an effective system for ensuring they remained up to date with changes in legislation that could affect the service. Staff had signed to confirm they had read and understood the policies and were issued with a handbook containing key policies relevant to their roles. This system ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective and responsive support for people.

People were asked their views of the service at regular intervals. An annual satisfaction survey was carried out, which the manager reviewed to identify how the service could improve. The manager or care coordinator visited each person every six months to review their care plan and seek feedback on the service they were receiving. Feedback received was very complimentary especially how caring the staff were. People also fed back that care rotas were sometimes delayed in reaching them. This meant some people didn't know which carers would be supporting them. This is being addressed by the provider and they are seeking more robust ways in getting this information to people. Another fed back that some requests to change times of certain calls were accommodated where they could but not always, but they did their "level best".

A system of quality assurance checks was in place and implemented. The way that staff provided care for people was monitored through regular checks that recorded staff performance. The manager sampled people's care plan records each month to ensure that staff were consistently delivering the agreed care plan. The manager carried out a six monthly checks of all people's care plans to ensure it was effective and being delivered appropriately. Audits were carried out to monitor the quality of the service and identify how the service could improve. These included checks of documentation to ensure that all care plans and risk assessments were appropriately completed and followed.

The service also had a standard form which highlighted areas of required observation. They conducted spot checks on a regular basis and used this opportunity to observe care staff delivering care. Regular telephone monitoring conducted by the coordinators also gave a good understanding on a more regular basis of the quality of work being delivered.

The provider had forged good links with partner agencies. They had recently held meetings with the local fire service regarding fire safety in people's homes. The provider also sent their head of care to registered manager meetings and other similar meetings arranged by local authorities.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. That is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the entrance hall and on their website.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 Registration Regulations 2009 (Schedule 3) Statement of purpose The registered manager had failed to inform us of some events, such as an allegation of abuse. Regulation 18(1)(2)(e)(f)

Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment The Provider had failed to report an allegation of abuse in line with the procedures agreed by the local Safeguarding Adults Board. Regulation 13(1)(3)