

At Home - Specialists In Care Ltd

At Home-Specialists in Care Ltd

Inspection report

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19 March 2018

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

At Home–Specialists in Care Ltd are a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older people, younger adults, people with a learning disability or autistic spectrum disorder, people with physical disabilities and people living with dementia. Our inspection took place on 16 and 19 March 2018 and was announced. At the time of our visit the service provided care to 38 people.

At the time of our inspection there was a registered manager at the service. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

At the last inspection on 12 November 2015 and 15 January 2016 we found that care and treatment was not provided in a safe way. This related to training for staff on medication administration. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities). We also found that checks were not in place to ensure fit and proper persons were being employed. This related to staff starting work unsupervised before all checks were in place. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities).

During this inspection we reviewed actions the provider told us they had taken to become compliant with the breaches identified at the last inspection. We looked to see if improvements had been made in respect of the breaches. We found the breach of Regulation 12 had been fully met but the breach of Regulation 19 had not. We also found a breach of Regulation 17 in relation to good governance.

This is the second consecutive time the service has been rated Requires Improvement. You can see what action we told the provider to take at the back of the full version of the report.

Recruitment checks needed to be more robust to ensure the safe recruitment of staff before they worked independently in people's homes.

The registered manager had not informed CQC and the local safeguarding authority of all significant events as required by regulation. We have written to the provider about this.

Care records for people had not been accurately maintained and some were incomplete. We have made a recommendation about care plan reviews.

There was a positive culture within the service; people were treated with dignity and respect. People received person centred care.

People were supported to make their own decisions; this was encouraged and reflected in their care plans.

Care plans demonstrated that the principles of the Mental Capacity Act (MCA) 2005 had been applied.

Staff had access to an induction period and on-going training. The management carried out competency checks and spot checks to ensure staff were competent in the role they were carrying out.

Staff understood what action to take to safeguard people from abuse.

There was a complaints procedure in place which allowed people to voice their concerns if they were unhappy with the service they received. The management completed investigations into incidents and accidents. However the registered manager recognised the need for a more robust system of recognising and recording of accidents, incidents and complaints.

People were protected from the risks of infection through the provision of personal protective equipment.

People's nutritional and hydration needs were catered for. Staff supported people with their choice of meals.

We found the management and administration of people's medicines were safe. Recent improvements had been made to help reduce the risk of any medication errors.

There were quality audits in place completed by the care coordinator and the registered manager. However, checks in relation to care planning and recruitment needed to be more robust.

All of the people we spoke with told us they felt the service was well-led and that they could approach management with any concerns.

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 was not always safe.

Recruitment checks needed to be more robust.

The registered manager had not informed the appropriate authorities of all significant events.

People received their medication safely.

People were safeguarded from the risk of abuse.

People had individual risk management plans in place to keep them safe.

Requires Improvement 

Is the service effective?

The service was effective.

People's needs were assessed and they were supported by staff who had the skills and the knowledge to assist them.

Staff received regular supervision and support from management.

Care plans took into account the principles of the Mental Capacity Act 2005.

People were supported to maintain good health and had access to healthcare professionals and services.

Good 

Is the service caring?

The service was caring.

Positive feedback was received from people who used the service and their relatives.

People gave examples of how the service went above and beyond what was expected.

People's rights to privacy and dignity were respected.

Good 

Is the service responsive?

The service was not always responsive.

People received person centred care but care records were not adequately completed or reviewed.

People and their relatives knew how to raise concerns and were confident the registered manager would listen.

Requires Improvement ●

Is the service well-led?

The service not always well-led.

The service had a registered manager in post. Staff felt well supported by the registered manager.

The registered manager had not informed CQC of all significant events as required by regulation.

Some quality assurance systems required improvement.

Requires Improvement ●

At Home-Specialists in Care Ltd

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 was planned to check 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 16 and 19 March 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one adult social care inspector.

Before the inspection, we reviewed the information we held about the service. This included notifications we had received. A notification is information about important events such as accidents or incidents, which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The PIR was submitted within the required timescale.

We visited the office location on 16 March 2018 and spoke with the registered manager, the care coordinator and three care workers. We visited two people who used the service in their own homes. On 19 March 2018 we visited two people in their own homes, spoke with two care workers and two relatives of people who used the service.

We reviewed the care records for four people who used the service. We also looked at other important documentation relating to people who used the service, such as incident and accident records and medication administration records. We looked at how the service used the Mental Capacity Act 2005 to

ensure that when people were assessed as lacking capacity to make their own decisions, actions were taken in line with the current legislation.

We looked at a selection of documentation relating to the management and running of the service. This included four staff recruitment files, training records, staff rotas, minutes of meetings with staff, complaints and quality assurance audits.

Before the inspection, we contacted five professionals who knew the service, to seek their views and opinions. One professional provided feedback.

Is the service safe?

Our findings

At the last inspection we found the provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed. This was because a member of staff had started to work in people's homes unsupervised, without a Disclosure and Barring Service (DBS) check in place. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults.

At this inspection, we looked at the records of four newly recruited staff to check the provider's recruitment procedure was effective and safe. Evidence was available to confirm appropriate DBS checks had been carried out before staff started work. However, we found that two applicant's employment references had not been returned prior to them working unsupervised. One employee had not provided photographic identification to confirm who they were and another had not provided a full employment history. The provider addressed all of these concerns before the end of the inspection.

This was a continued breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Fit and proper persons employed.

There were systems in place to safeguard people from the risk of abuse. A safeguarding and whistleblowing policy and procedure was in place, informing staff on how they could both report and escalate concerns. The staff we spoke with were clear about what they would do and who they would speak with about concerns.

People and their relatives told us that they felt safe. One person told us, "Yes I am very happy, I feel safe." A relative told us, "They use a key safe to gain entry. I feel it is safe."

Records of accidents and incidents were kept. The registered manager informed us that all incidents and accidents were reported and would be escalated to senior care staff and investigated by the management. We found one should have been referred to safeguarding and CQC and another should have been dealt with as a complaint. Both incidents were thoroughly investigated by management. The registered manager recognised the need for a more robust system of recognising and recording accidents, incidents and complaints.

We looked at the systems in place to manage people's medicine. For people who needed support to take their medicines, information had been included in their plan of care. Each person had a medication administration record (MAR) with instructions for staff on each medicine prescribed. Staff signed this document each time they administered a medicine to a person. We saw a sample of MAR's and they were completed clearly and appropriately.

Recent improvements had been made to help reduce the risk of any medication errors. The registered manager introduced a separate medication folder for each person containing further information about people's medication needs and related documentation. We observed people receive their medication and

saw staff administered medicines respectfully and patiently. There were records of medicine's training and competency checks in place.

Systems were in place to identify and reduce risks to people. People's care plans included risk assessments. Documents were individualised and provided staff with a description of risks and guidance on the support people needed to manage these.

People and their relatives told us they were supported by familiar staff members and staff we spoke with told us they thought there were sufficient members of staff to support people. Staff confirmed they received regular people to support and knew them well.

The office premises were secure and well maintained. A business continuity plan was available which provided guidance to follow in the event of an emergency. A meeting room was available for confidential meetings and training.

People were protected from the risks of infection because all staff were issued with personal protective equipment such as disposable aprons and gloves. Staff were observed wearing these items when we visited people at their home.

Is the service effective?

Our findings

The service was effective. One person told us, "I would say they are quite well trained and they are easy to talk to." A relative told us, "The staff have the right skills and training. They know what they are doing and they are good at arranging shadowing for new staff."

Staff were sufficiently trained to meet the needs of people and plans were in place to develop the training provided. Staff training records were organised and detailed all the training staff had received. Staff told us they were satisfied with the amount of induction training they had received. One staff member told us, "I had my training before I started working on my own. I was shadowing whilst waiting for my DBS, which gave me chance to get to know people."

Staff told us they felt supported by the management and received regular supervision. This was verified in staff records which included spot checks on staff when they were supporting people. A staff member told us, "The registered manager has been very supportive as this was a complete change of career for me. I can go to them at any time with any problems." A staff member stated, "The registered manager is brilliant, we get one to one's and I can ring them at any time if I need to."

Care plans showed that people's needs were assessed. People's care plans gave information about their health needs and how they were to be addressed. We saw records which detailed community health professional's involvement, for example doctors, district nurses and chiropodists.

Care plans clearly identified people's capacity to make decisions under the Mental Capacity Act 2005. 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. The provider had not made any applications to the Court of Protection to deprive someone of their liberty.

We checked whether the service was working within the principles of the MCA. Most of the people currently using the service were able, and were supported, to make their own decisions. A staff member told us, "We are very keen to offer people choice. I show them meal choices and let them decide and the same with clothes they want to wear that day." A person told us, "If I don't want something doing I tell them and they listen to me." A person said, "I have control, I can say I want this doing."

The service provided support to some people at meal times. Those people, who were able, were encouraged to be independent in meal preparation. Care plans contained information about people's abilities in relation to eating and drinking, for example, 'I can sometimes eat by myself if my food is cut up, I can use a special cup on my own.' Care plans provided a section to record people's dietary preferences; however the care files we looked at contained limited or no information on this. We raised this with the registered manager who assured us this information would be included in care plans moving forward.

Is the service caring?

Our findings

The service was caring. People we spoke with told us that staff were kind and caring. Comments included, "I am very happy, we have laughs and jokes with the male and female carers" and "They are all caring, I have had no problems with them." A relative told us, "We have had a really good experience. They are very caring and understanding, always on time and we can rely on them."

We were given examples where staff had gone above and beyond what was expected. A relative told us, "We contacted the registered manager in an emergency as we needed to go to hospital which meant no one would be with my relative. The registered manager responded immediately saying she would get a carer to come and sit with my relative. The registered manager even came to pick us up from the hospital to bring us back home." A staff member told us, "We often go above and beyond. I pick up people's favourite coffee or food items when out and about in my own time and drop them off for them. Last week I got one person some fish and chips and stayed with her in my own time to eat them with her. I felt she needed the company." A person told us how one day she had not been well; she said, "The staff are so caring; they came back on the night when they didn't need to, to check I was feeling ok."

People were treated with dignity and respect. Staff we spoke with explained how they always treated people with respect and maintained their dignity. One staff member told us, "I always respect someone's privacy and dignity; I make sure I shut doors when providing personal care and I talk in an appropriate voice." The coordinator informed us of people who had chosen not to have male carers for personal care and this had been respected. A relative told us, "Respect for dignity is very good. They are always mindful of that when delivering personal care and instinctively ensure my relative is covered up if someone comes into the room."

Staff told us they understood the importance of promoting people's independence. A Staff member told us, "The key for the people I work with is to get people out and to keep them independent." People felt that their independence was respected and promoted. A person told us, "I try to be as independent as possible and they respect this."

Care plans showed that an assessment of the persons care needs was completed so the provider could be sure they could meet their needs. Care plans included information about people's abilities and what they could do for themselves and what they needed support with. There was opportunity to capture people's cultural and religious needs in the care plan however, this was not always recorded. Some people's plans also contained personal history information to enable staff to gain a better understanding of that person.

We saw that people were provided with a 'client handbook.' This contained contact details of the office, details of the management and how to contact them, a copy of complaints policy, a copy of the person's care plan and medication forms.

The service had received some compliments and thank you cards from people who used the service. Comments included, 'A great service...very happy with the nice group of carers who go in, always happy,

cheerful and very helpful.'

Is the service responsive?

Our findings

People and their relatives were involved in the development of their care plans. Plans had the facility to provide detailed individualised information about all areas of support including personal care, mobility and communication. However, we found that not all sections of the care plan were completed. Of the four files we reviewed only one was completed fully with detailed information. One file did not reflect the person's current support package and another did not clearly reflect someone's risk of falls. Staff had good knowledge of the people that they supported and delivered care in a person centred way, however this was due to the skills of the staff and not through directions taken from the care plan. The registered manager advised that files were reviewed annually or sooner if necessary. We recommend the provider carry out a full review to ensure they accurately reflect people's current needs.

We looked at the way the service managed and responded to concerns and complaints. The complaints process was given to people when they started receiving a service. People said they had no complaints but knew who to speak to if they had any concerns or complaints; they were confident they would be listened to. A person told us, "I haven't ever needed to make a complaint; if I did I would ring the registered manager." A relative told us they hadn't complained but did attend a meeting with the registered manager to discuss some small concerns. There had been no recorded complaints since our last inspection. We saw one concern that had been recorded as an incident that should have been handled as a complaint. The registered manager, in discussion, recognised this and assured us they would consider how incidents and complaints were categorised and recorded moving forward.

The service did not routinely support people with end of life care but we saw that appropriate staff would be available to deliver care and support to people and relatives as the need arose. Care plans contained a section called 'end of life wishes' which could be completed with a person if they chose to. This section would capture anyone's personal, cultural or spiritual preferences at end of life. Staff spoke about supporting people on end of life care. One staff member stated, "I hadn't attended any training on end of life care but there are clear protocols in place to follow if someone has passed. I got a lot of support from the senior and registered manager."

The provider complied with the accessible information standard. Through asking, recording and sharing communication needs people had. Communication needs were recorded in some care plans for example, "I can communicate my likes and dislikes through expression and eye movement, I have been known to sometimes say yes or no."

People were supported to access the local community and to pursue leisure interests in line with their care plan. We noted people were supported by care staff to attend appointments, visit the shops and attend leisure activities.

Is the service well-led?

Our findings

Although there was a system for monitoring the service provided to people, we found that checks of care records such as care plans and risk assessments needed to be more regular and more robust. Of the four care plans we looked at we found three required further information and updating. We found daily visit records and medicine administration records were reviewed on a monthly basis and the coordinator and registered manager used these audits to help monitor and drive improvements to the care that people received.

A lack of robust audits on recruitment procedures by the registered manager meant that staff had started working independently before all recruitment processes were completed.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance.

People, relatives and the staff all spoke highly about the registered manager and care coordinator. A staff member said, "The registered manager is very approachable and caring, she takes everyone's problems on board."

At the time of our inspection there was a registered manager in post. 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.

As part of the legal requirements of their registration, providers must notify us about certain changes, events and incidents that affect their service or the people who use it. Prior to the inspection we checked our records and we found the provider had notified us of some events. During the inspection we found an incident where the police had been involved to investigate a possible theft. We identified that the registered manager hadn't been aware of the need to tell us about this but was now familiar with what was required going forward.

We found that there was a culture of openness and of support. Staff told us they felt confident that any issues they raised with the management team would be dealt with appropriately and they would have no hesitation in raising them. Staff told us that the registered manager and support coordinator provided them with consistent support and guidance and was actively involved in the running of the service. They told us, "Staffing sometimes goes up and down but the management do a good job to cover and the coordinator mucks in and covers calls when needs be."

The registered manager and coordinator had good communication with their staff team. Staff told us that they were provided with the opportunity to discuss their work and share information. This was completed formally in supervision, team meetings and informally through discussions whilst in office. They told us, "I can ring the office at any time if I have an issue or I can speak to them on a Monday morning when I go to the

office to take in my rota."

Staff meetings were held regularly and minutes detailed actions to be completed. Topics discussed at these meetings included; rota cover, training, dress code, sickness protocols and medication.

We were unable to assess whether the provider listened and responded to people's feedback about the service as this information was being gathered at the time of inspection through a new quality assurance questionnaire. This was the first questionnaire sent out to people, relatives and staff since 2015.

Records showed that staff at the service had positive relationships and regular contact with visiting professionals, including GP's and chiropodists. A professional we spoke with said, "I find that their office staff are approachable and telephone calls are always returned. The field supervisor is proactive with contacting me with any concerns and with working collaboratively in regard to any issues or difficulties raised."

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 17 HSCA RA Regulations 2014 Good governance A lack of quality assurance systems for care planning and recruitment checks meant that shortfalls and inconsistencies were not identified.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment checks were not fully in place before people started work.