

At Home Support Services Limited

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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

About the service

At Home Support Services Limited is a domiciliary care agency providing personal care to older people living in their own homes. At the time of the inspection there were 27 people receiving support from the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People and relatives were happy with the care provided by the service. People said they felt safe with staff when they were in their homes conducting care visits. People felt staff treated them with dignity and respect and listened to their needs.

People's personal risks were assessed. However, there was no guidance available to staff on how to minimise the known risks. Whilst we did not find anyone was harmed because of this issue, this placed people at potential risk of harm.

At our last inspection there were significant concerns around late visits. At this inspection this had greatly improved. We received positive feedback from most people and relatives who told us staff were on time. However, some feedback indicated that late visits still happened, but much less regularly.

People received their medicines safely and on time. People and relatives were happy with the support care staff gave with medicines. There were enough staff to ensure people's needs were met. People told us they usually had the same care staff visiting them. Staff were safely recruited.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Where identified as a need, people were supported with preparing simple meals and encouraged to eat and drink. Staff received appropriate supervision, appraisal and training to support them in their roles.

People and relatives were involved in planning care and care plans were reviewed regularly. People understood how to make a complaint and felt confident issues would be addressed if they did.

There was an open culture within the service that promoted learning. Any issues were discussed, and actions put in place to address them. Staff were fully informed of any changes. There were systems in place to audit various aspects of the service. Surveys encouraged people and relatives to provide feedback which was then acted on to promote a better quality and experience of care for people.

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 requires improvement (published 17 December 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations. The last rating for this service was requires improvement. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report. We found no evidence during this inspection that people were at risk of harm from this concern.

Enforcement

Please see the action we have told the provider to take at the end of this report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

At Home Support Services Limited

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector and one 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 supported this inspection by making telephone calls to people and relatives to gain their feedback.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that 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. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and formal notifications that the service had sent to the CQC. Notifications are information that registered persons are

required to tell us about by law that may affect people's health and wellbeing. 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 used all of this information to plan our inspection.

During the inspection

We spoke with one member of staff, the director, who was present in the office during the on-site inspection. We reviewed a range of records. This included three people's care records and five medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. At the time of the on-site inspection, the registered manager was on leave. We spoke with the director and registered manager by telephone following the on-site inspection. We also spoke with five people and four relatives and four care staff. We reviewed training records, three people's risk assessments, safeguarding information and policies and procedures that had been sent to us.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's personal risks were assessed. This included risks associated with mobility, pressure ulcers and other physical health needs.
- However, whilst there were multiple assessments, these were tick box or yes / no questions. There was no guidance provided for staff on how to minimise people's known or identified risks.
- For example, where people may be at risk of developing pressure ulcers, there was no information for staff on how to recognise if a person's skin was breaking down or specific actions they should take. Another person had a history of urinary tract infections. However, there was no risk assessment in place.
- We discussed this with the registered manager and director who told us this would be reviewed.

The lack of guidance to staff on how to minimise people's known risks potentially put people at risk of harm and meant that the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- For one person who was diabetic, the director told us there was diabetic information on their diet that had been created in conjunction with the person's relative. This was placed clearly in the person's home so staff could easily see it.
- Staff understood how to report any accidents and incidents. Accidents and incidents were well documented with what had happened and the outcome.
- The management team operated an out of hours 'on-call' service. This meant that staff and people were able to access help and support out of office hours if necessary. Staff confirmed they were always able to reach a senior manager for help via the on-call system.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and relatives told us they felt safe with the care staff that came into their homes. People said, "Oh yes, I feel safe [with the staff] and "Yes, no complaints."
- Staff had received training in safeguarding which was regularly refreshed.
- Staff understood their responsibility around safeguarding and understood how to report any concerns. Staff said they were confident the registered manager would immediately address any concerns they may raise.
- The service actively learnt from the investigations and outcome of safeguarding concerns. We saw one safeguarding where the service had taken on board suggestions and implemented measures to minimise the risk occurring.

- The service actively ensured staff were aware of any learning or changes following accidents, incidents or safeguarding concerns. This was done through supervisions, staff newsletters and a secure social media group. Staff told us they were always kept up-to-date with any learning.

Staffing and recruitment

At our last inspection the provider had failed to ensure there were adequate staff recruitment systems in place. This meant that people were not receiving safe care and support from appropriately vetted staff.

This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice which the provider submitted an action plan on how they were going to address this issue.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19 around staff recruitment.

- Staff were recruited safely. The registered manager and director had thoroughly reviewed their staff recruitment process since the last inspection.
- Staff files showed a range of checks including two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.
- Where staff were recruited from abroad, there were appropriate checks and visas in place.
- There were enough staff to ensure care visits were covered. There had been no missed calls since the last inspection. People and relatives confirmed they had not experienced any missed calls.
- Since the last inspection the service had recently changed their electronic call monitoring system. The director told us this had greatly decreased late care visits.
- At our last inspection people and relatives said late visits were a significant issue. At this inspection feedback from people was much better but remained mixed.
- People said, "They come twice a day and they come on time. They let me know everything", "Oh yes, they are on time, they have never missed a call" and "The timing issue is the only problem, they have travel problems. They chop and change my timings" and "Weekends their timing are not great actually." One person said that when staff were going to be late, the office did not always let them know.
- People and relatives told us they generally had the same care staff visiting them. This created a continuity of care and allowed staff to build a rapport with people. A staff member said, "Sometimes they [the office] change your rounds. But they are all regular clients. Yes, I know them."
- Following the inspection, we spoke to the registered manager and director regarding feedback on the late calls. The director told us this was an area they were focusing on and the new electronic monitoring system was helping with this.

Using medicines safely; Preventing and controlling infection

- People told us staff administered their medicines. People said, "They [staff] make sure they give me my medication always" and "No medication but they cream my legs."
- All staff had received medicines training. Following training, staff had a competency assessment to ensure they were safe to administer medicines.
- There were regular medicines audits. These identified any concerns, which were then addressed.
- Any changes to people's medicines were well communicated to staff and staff were confident they understood people's medicines. One staff member said, "We call to say a new one [medicine] has come in

and the supervisor comes to people's homes to check it."

- The director told us, and staff confirmed there was a regular supply of gloves and aprons available to staff.

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 requires improvement. At this inspection this key question has now improved to good. 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

- The service completed a full assessment of need prior to providing care. Assessments looked at people's care needs, times they wanted care visits and how they wanted to receive their care.
- People, where able, their relatives and any healthcare professionals were fully involved in the assessment process. A relative said, "They [the service] came and did an initial assessment and it was thorough."
- Care plans were written using the information gained during the assessment. However, not all information was carried over into care plans. This meant that staff needed to read both the assessment and care plan to fully understand people's needs. We discussed this with the registered manager who told us this would be reviewed and, where necessary, outstanding information would be included into people's care plans.
- The registered manager was aware of standards guidance and the law relating to providing care. This included NICE guidance on administering medicines in a community setting. Policies and procedures were updated following any change in legislation or nationally recognised guidance.

Staff support: induction, training, skills and experience

- People and relatives told us they thought staff were good at their jobs. People said, "Oh yes there are fine" and "I think so they do what I want." Relatives commented, "They are brilliant at their jobs. I can't fault them at all" and "The wife says yes, some are good and better than others."
- Staff received induction when they started working. Staff completed two days in the office which included understanding policies and training. Training included topics such as safeguarding, manual handling and mental capacity.
- Staff also completed three days of shadowing a more experienced member of staff on care visits. A competency assessment was then completed before staff were able to work alone. One staff member said about their induction, "It covered everything!"
- Staff were supported through quarterly supervisions and annual appraisal.
- Records showed, and staff confirmed, that they received regular training. There was a schedule in place to refresh training regularly. This included safeguarding, mental capacity and manual handling. Staff received a mix of on-line and face to face training.

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

- Where support with eating and drinking was an identified need, this was documented in people's care plans.
- Staff made simple meals for people or heated up food where required. One person said, "If I need help [with food] they [staff] will always help." A relative commented, "Yes, they stick to the small of list of [food]"

what she likes."

- Staff understood people's likes and dislikes regarding food and were able to tell us how they worked with people to provide choice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service did not support people with routine healthcare appointments as these were often managed by relatives or friends.
- Staff knew people well and concerns were quickly notified to the office and dealt with. A staff member said, "If I notice anything different with someone or they didn't seem well, I always call the office and they always follow through and let me know what's happening."
- On day one of the inspection we observed a care staff calling the office due to a change in someone's usual presentation. The director was fully aware of the person's history and immediately contacted the person's GP and relative.
- People and relatives were confident staff would report any concerns around people's health and take appropriate action. One person said, "They always ask if I'm okay, if they are worried, they would call my son." A relative said, "If my mother is not well they are quick to get on to the phone to me."

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.

- At the time of the inspection, no people were subject to a Court of Protection Order.
- Staff had received training on the MCA which was refreshed yearly.
- Staff that we spoke with demonstrated a good understanding of the MCA and how this impacted on people that they worked with. One staff member told us with regards to people's capacity, "You still need to respect them and ensure they are given choice and information in regards of what they want to do. We want to give them as much independence."
- People told us staff asked their permission before carrying out any care tasks. Two relatives said, "Yes, they [staff] always ask."

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 requires improvement. At this inspection this key question has now improved to good. 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

- We asked people and relatives if they thought staff were kind and caring. People told us, "They always ask if I'm okay and if I need a cup of tea" and "I can't fault the carers." Relatives commented, "The carers always engage, anything I have asked as her daughter they had done" and "They are fantastic. All of them."
- At our last inspection some people and relatives were concerned about late visits and staff conduct during care calls. At this inspection people and relatives told us that there were occasional late visits, but this had greatly improved since the last inspection. We did not receive any concerning feedback about staff conduct. People and relatives were complimentary of how staff conducted themselves during care visits.
- Where people had any specific cultural or religious needs, this was documented in their care plans.

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

- People and relatives were able to express their views about care and were fully involved, where appropriate, in the needs assessment, care planning and review process.
- People were able to request their choice of male or female care staff. One relative said, "We asked for just female carers and the office sorted this out for me."
- People told us staff asked them about their care daily at every care visit. This ensured staff understood people's day-to-day needs and were able to respond appropriately.
- People and relatives said that staff understood and acted on their needs. One relative said, "They [staff] know what we need."

Respecting and promoting people's privacy, dignity and independence ☐

- People were positive that staff treated them with respect. One person said, "The carers are good. Yes, very good." Relatives commented, "They treat him with respect and are polite" and "They [staff] are respectful."
- Staff understood the importance of respecting people and promoting independence. One staff member told us, "If a client is able to make his or her own decision, we have to give them the choice, we don't make decisions for them. In terms of personal care or feeding it's up to them as long as they are capable doing it. We must give choice."
- Staff that we spoke with talked about ensuring people's dignity and privacy when conducting personal care and how they did this.
- Staff also understood how their actions and tone of voice impacted on the experience of the people receiving care. Staff said, "I go into my clients house, initially I knock, I greet them ask if they slept well and how they are" and "Respect their view, their opinions, ask if they are happy with the care, respecting their

home and personal private space."

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 requires improvement. At this inspection this key question has now improved to good. 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

- We asked people and relatives if they felt care staff listened to them and provided them with choice. People commented, "Yes, always" and "Yes the carers do, they are always asking." However, one person said, "Yes [staff listen] but not always." Relatives said, "Yes, they [staff] ask me how's its been and ask me all the questions, they are all brilliant" and "The carers listen."
- Care plans contained person-centred information on the tasks staff needed to complete at each care visit. This included identified needs such as, personal care, dressing, eating and medicines administration.
- People's care plans were reviewed six monthly or annually depending on complexity of needs and care provided. People and relatives were involved in reviews.

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.

- Care plans documented any communication needs people had. This included if people required hearing aids or glasses.
- One person's assessment noted, 'Due to my long-term conditions, my concentration and my retention of information has been affected and my daughter helps me with communication where I do not understand'.
- During the inspection, the director showed us the service user guide and told us they were in the process of arranging this to be printed in large font to ensure people would be able to access it. The service user guide is a document that tells people and relatives what they can expect from the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service completed care visits of between 30 minutes and 1.5 hours. Social activity was organised by families or the people themselves, where they were able.
- Where a person attended day centres, was going out with family or friends or had an appointment, the service ensured care staff attended prior to these appointments to get people ready or ensure they had eaten and/or taken their medicines.
- Care plans documented relatives and friends that were involved in people's care. Staff knew people well and understood people's social support networks.

Improving care quality in response to complaints or concerns

- There was a system in place for people to complain. People and relatives confirmed they were given information on how to complain when they started using the service.
- People told us they knew how to complain and would be happy to do so if need be. People said, "I have a number to ring if I wasn't happy but I'm happy" and "Yes, I would complain if I wasn't happy." A relative said, "Oh yes, I would [complain] and I would know what to do."
- Whilst relatives were confident about how to make a complaint, two relatives told us they had informally told the service they were unhappy about late visits, but this had not yet been resolved. During inspection feedback, we told the registered manager and director about some people still experiencing late visits. The registered manager told us they were continually looking at this and the new electronic monitoring system was improving this.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider had failed to act quickly enough on people's concerns about the service and the competence of staff. Results of surveys were not acted on. The provider did not have effective oversight of staff recruitment practices which led to some staff being allowed to start work without being properly vetted.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a requirement notice and the provider submitted an action plan on how they were going to address this issue.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17 around good governance.

- At this inspection we identified concerns around risk assessments and the lack of any guidance available to staff to minimise known risks. Whilst risks had been assessed it was not clear what steps staff should take to keep people safe and the providers auditing process had not picked this up.
- However, staff understood people's known risks and we observed a staff member calling the office during the inspection to report a concern. The concern around risk assessments was around the providers understanding rather than the auditing process.
- The staff recruitment process had been thoroughly reviewed. Audits of staff files were completed to ensure all relevant information was obtained and staff were appropriately vetted before commencing work.
- Staff competency was assessed regularly, this included medicines competencies as well as quarterly staff spot checks. Any concerns were documented and discussed in staff supervisions.
- Staff were regularly reminded through staff bulletins about their conduct during care calls.
- People were fully involved in planning their care and there were systems in place to gain people, relatives and healthcare professionals views of the service.
- Since the last inspection, the provider had completed two surveys with people, relatives and healthcare professionals. One had been completed in October 2019 by the Home Care Provider Association (HCPA) as part of the service they provided. Results of the survey were positive. Another survey had been completed by

the service in May 2019. Results from this survey was also positive with some minor actions identified such as staff not always wearing identification badges and staff not always staying the correct amount of time.

- However, where action points had been identified by the surveys, there was no documented information these had been addressed. We raised this with the director who told us issues had been addressed through the staff bulletin and auditing of the electronic call monitoring system and would be documented going forward.
- There was a clear management structure in place that staff understood.
- The registered manager understood their responsibilities in reporting significant events to CQC through statutory notifications.
- There were regular audits of people's daily logs completed by staff, timing of care visits, staff files, medicines and care plans. The director told us they audited nine people's care files each month.

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

- There was an open culture within the service that was actively promoted by the registered manager and director. People, relatives and staff were kept informed about any changes to the service and were able to put forward any concerns or ideas.
- Staff told us they felt supported by the registered manager and other members of the management team. One staff member said, "We really do feel supported. For instance, when we have a problem, they are willing to listen to us and always take measures to try and sort it out."
- Staff were positive about changes in how the service was run since the last inspection. One staff member said, "When I started working for them it was more difficult, they have got better, and we are very rarely late. It has all changed and they [the management team] are really trying." Another staff member said, "I feel like I am making a difference."
- Relatives were positive about the communication they had with the office. Feedback included, "I get calls from the manager and they keep me informed and up to date" and "I believe they do a good job and ring me if there is a problem."
- People and relatives we spoke with all said they would recommend the service. A relative said, "They are very in touch. They know what they are doing. There is good continuity of staff. I would recommend this agency for sure."

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; Continuous learning and improving care; Working in partnership with others

- Where safeguarding concerns had been raised, the service was actively involved and attended safeguarding meetings. The service worked with the local authority that commissioned people's care to review safeguarding concerns and learn from any outcomes.
- People were informed of outcomes of safeguarding's and complaints.
- The service was a member of the Home Care Provider Association (HCPA). This service provided access to management training as well as other professional workshops. It also allowed registered managers and care providers to get together to share learning and good practice.
- The director told us they had access to training from the local authority that placed people. This included supervision training and medicines. This meant the service was able to work in partnership with the local authority according to their procedures.
- The service worked in partnership with healthcare professionals and made appropriate referrals when necessary.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to ensure guidance was provided to staff on how to minimise people's known risks.</p>