

Miss Amanda Bussy

# AHSL Care At Home

## Inspection report

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Date of inspection visit:  
10 October 2018

Date of publication:  
06 November 2018

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection was announced and took place on 10 October 2018. This was the first inspection of the service by the Care Quality Commission (CQC).

AHSL Care at Home is an independent domiciliary care agency which provides companionship and personal care to people in their own homes. CQC only regulates the personal care aspect of the service. At the time of our inspection the service was providing personal care to one person.

The provider is registered with CQC as an individual and they have day to management of the service. This means the service does not require a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage a service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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.

Systems were in place to make sure people who used the service were safe. A person told us how support from the service had improved their personal safety.

Staff had received training in keeping people safe and knew what to do to report any concerns.

Medicines were managed safely.

Safe recruitment procedures were followed and staff received the training and support they needed.

Care was planned and delivered around the needs and preferences of people and their family. A person described the care staff as "Fantastic" and told us how their support had improved their life.

Peoples decisions about their care and privacy and dignity needs were respected and promoted.

People were supported to access healthcare services and to maintain their health. A person told us their health had improved with support from the service.

Systems were in place for people to voice any concerns.

The provider had systems in place to monitor quality care provision and to develop the service.

Views of people who used the service were sought and used to assess the quality of the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Staff had a good understanding of safeguarding and how to appropriately report abuse.

Risk was well assessed and managed to keep people safe.  
Medicines were managed safely.

There was a robust recruitment policy in place.

### Is the service effective?

Good 

The service was effective.

People felt that they were supported by staff with the skills and experience to provide the care they needed.

Staff received the training and support needed to be effective in their roles.

People were supported to access healthcare services.

### Is the service caring?

Good 

The service was caring.

People had confidence in carers.

The service promoted privacy, dignity and independence well.

People were involved in making decisions about their care the support they received.

### Is the service responsive?

Good 

The service was responsive.

Care needs were well assessed, documented and reviewed.

People were consulted in the review of their care.

The service had a system in place to manage complaints.

**Is the service well-led?**

**Good** ●

The service was well led

Staff and people told us the service was well led. Staff told us they felt included and listened to.

Systems were in place to check and improve the service.

Systems were in place for people and their relatives to provide feedback on the service provision.

# AHSL Care At Home

## **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.'

The inspection took place on 10 October 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small, and the 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 inspector. We spoke on the telephone with the person receiving personal care to gain their views about the support they received from the service. At the time of the inspection there was only one member of staff and the provider delivering personal care. We spoke with both during our visit to the office. We looked at the person's care records and recruitment records for the member of staff. We also looked at records and policies relating to the management of the service.

Before the inspection we reviewed the information that we held about the service. We contacted the local authority who told us they did not currently contract with the service and safeguarding who told us they did not have any information to share.

We had not, on this occasion, asked the service to send a provider information return (PIR) before the inspection. 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.

# Is the service safe?

## Our findings

The person receiving personal care told us they felt completely safe with their carer and gave us an example of how their personal safety had improved with the input of the service.

Staff had received training in safeguarding people and told us they would not hesitate to report their concerns. Staff knew how to report any concerns to the appropriate authority. A safeguarding policy was in place and staff had signed to say they had read it.

Systems were in place to promote the safety of staff and people using the service. The provider told us they completed a risk assessment of the person's home environment as part of the initial assessment of need. We saw this was included in the person's care file.

An assessment of personal risks to the person had been completed with instruction to staff of action to take to minimise these risks. Level of risk was rated as high, medium or low. The person had signed to say they had been involved in the development of their risk assessment although this was on a separate document to the risk assessment. We discussed with the provider the importance of the risk assessment being signed by the person to evidence they were aware of any updates. The person told us how risks to their safety had been reduced since they started receiving support from AHSL Care at Home.

At the time of the inspection the level of personal care activity meant that the service did not experience issues with staffing. The person told us they were always supported by the same carer or the provider. They described both as "Fantastic".

Systems were in place for reporting any accidents and incidents that might happen. At the time of our inspection there had not been any. The provider told us they would have an overview of any accidents or incidents and would look for any common themes about which action could be taken to minimise the risk of re-occurrence.

We looked at recruitment records of care staff. We saw that appropriate recruitment and identification checks were undertaken before staff began work. These checks helped to make sure job applicants were suitable to work with vulnerable people and included Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records and persons who are barred from working with vulnerable people.

The person told us staff supported them well with their complex and changing medication regime. The provider told us they were very keen to make sure the service managed medicines safely. Staff had received training in managing and administering medicines. We saw information sheets about the person's prescribed medicines were included within the care file. The medication administration record (MAR) had been developed using colour to make it easy to read and follow. The medication and prescription details had been handwritten on the MAR. We discussed with the provider the importance of this information being signed by the person completing it and where possible, checked and signed by a second person.

The provider said they would address this immediately.

# Is the service effective?

## Our findings

We asked the person using the service if they thought staff had received the right training to support them. They told us they did and said they had "very good insight" into their needs. They also told us "If something is different, we learn about it together".

Training records showed staff had completed a range of training. Areas covered included moving and handling, safeguarding, nutrition and care planning. The member of care staff had completed the care certificate when they started work at the service and was revisiting the principles as part of their current studies for level three diploma in health and social care. The Care Certificate is a set of standards for social care and health workers. It was launched in March 2015 to equip health and social care support workers with the knowledge and skills they need to provide safe, compassionate care. At the time of the inspection the provider was studying for level five diploma in health and social care in management and leadership.

The provider told us they were enthusiastic about training and was resourceful in finding out about and accessing training.

The member of care staff told us they had daily contact with the provider and sometimes worked together in supporting the person using the service. Although no formal supervisions had been recorded, we saw the provider had recorded two spot checks, where they had assessed the quality of the staff members work. The provider told us they understood the need for supervision and had planned to start this.

The Mental Capacity Act (2005) (MCA) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make specific decisions for themselves. We saw staff had received some training in this area but told us they felt they would benefit from further updates. The provider said they would arrange this.

The person we spoke with told us staff were completely respectful of their wishes and decisions and we saw examples of this within care records.

The person told us about how the staff supported them with their health needs. They told us how they accompanied them to medical appointments and spoke with medical professionals to improve their understanding of their needs. They also told us about how staff would contact healthcare professionals involved in their care such as the district nurse or GP as and when needed. They told us their health had improved with the support of the service.

We saw the care plan included detail about the person's nutritional needs and preferences.



## Is the service caring?

### Our findings

The person using the service was extremely complimentary about the care and support they received. They told us staff never made them feel they were "difficult" and said, "They very much make sure my privacy is maintained". The person also said of the staff "They make me happy" and "They fix my problems".

Staff clearly knew the person they supported well and demonstrated to us an empathetic and caring approach to their role. Care records also demonstrated a caring approach. Staff were very much aware of the importance of maintain people's privacy and dignity.

Staff we spoke with were aware of their responsibility to uphold people's rights under the protected characteristics of the Equality Act 2010; age, disability, gender, marital status, race, religion and sexual orientation.

The person told us how they and their family member were fully involved in the development of their care plan. They also told us how their family member had benefitted from the support of the service as they had become confident to leave the person in the company of the care staff.

The person concluded our conversation with them by saying "I'm so grateful, they have made my life so much better".

## Is the service responsive?

### Our findings

We saw the person's care file included a pre-assessment which showed how the provider ensured they could meet their care and support needs, wishes and expectations before they started using the service. We saw the pre- assessment was completed with the input of the person who used the service and their relative.

Care plans we looked at were detailed and personalised to ensure support was provided according to the person's preferences. For example, the overview of care stated '(name's) care is very much how (they) and (family member) decide. (Name) likes the flexibility of choice each day'.

We noted that one of the risks identified through the risk assessment process did not have an associated care plan. The provider told us they would address this without delay.

Staff told about how they supported the person to maintain their privacy and dignity by not including some detail of the care provided within the care plan kept in the person's home. This was detailed in the care record as being at the request of the person who said they would prefer to discuss this with their carer daily rather than have this level of detail in a document which could be accessed by people visiting their home. We discussed with the provider the possibility of using technology to support the person's privacy by using electronic care plans only accessible to people identified by the person. The provider said they would be happy to explore this option.

We saw an overview of the support the person needed at each visit although this varied in detail. For example, the support to be provided during morning call was very detailed whilst the detail of the support for the evening call was relatively brief. All documentation did however direct the carer to ask the person what support they would like to receive on each visit.

There was a system in place for people to raise concerns and complaints with the service. The provider told us they had not yet received any complaints but would address any received in line with their policy.

## Is the service well-led?

### Our findings

The provider also managed the service. This meant it was not necessary to have a registered manager in place. The provider told us how they were also, at this stage in the development of the service, able to provide care. They told us how they wanted to develop the service slowly and make sure they had sufficient staff in place before agreeing to take on any further provision of care.

We saw the provider had developed a system for auditing the quality and safety of service provision which included audit of care documentation, staff training and staff performance. We saw feedback had been sought from people who used the service in the form of a questionnaire. The provider told us they sought this approximately three monthly but, as they were also providing care, could ask the person using the service for their feedback on a regular basis. They told us they intended to use feedback from people to develop and improve the service.

The provider was aware of the requirement to send notification to the Care Quality Commission of such as abuse, injury to people during the provision of care, or events that might affect the running of the service. The provider had appropriately sent us notification of the death of a person who had used the service.

At the time of our inspection there was only the provider and one member of care staff working at the service. The member of care staff told us they spoke with the provider daily and would not hesitate to contact them to discuss any issues. They said the provider was supportive and encouraged them with such as training.

The provider told us how they were trying to set up a group to enable them with network with similar providers in the local area.

The provider was open and honest with us during the inspection process and told us they welcomed the inspection to assist in their quality monitoring before looking at further development of the service.