

At Home With You Limited

At Home With You

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?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

At our last comprehensive inspection of this service on 09 August 2016, we rated the service as 'requires improvement.' We found the provider to be in breach of Regulation 17, good governance because systems and processes in place to monitor and improve the quality of care people received were not robust in identifying areas requiring improvement and ensuring that action was taken in a timely way. We asked the provider to complete an action plan to show us what they would do to improve this and the action plan was received by us within the requested time frame.

This inspection was announced and took place on 06 June 2018. We gave the provider 48 hours' notice of our intention to undertake the inspection. This was because the service provides domiciliary care to people in their own homes and we needed to make sure someone would be available at the office.

At Home with You is registered to provide personal care to people living in their own homes. There was a registered manager in place who is also the registered provider. 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. At the time of our inspection nine people received care and support services.

People told us they felt safe with the support of staff but staff frequently did not arrive for calls at the agreed time and this could leave people waiting for care or not knowing if staff were coming. People told us they received their medicines as required and staff said they had received medication training to support people appropriately.

People received care from staff that understood how to keep them safe and minimise the risk of potential harm.

The provider did not consistently complete appropriate employment checks to ensure staff were suitable to deliver care and support before they started work.

People told us regular staff knew them well and had the skills and knowledge to meet their needs. Staff told us they received the right training for the people they supported.

People said staff supported them by preparing a choice of meals and drinks to support their wellbeing. Staff understood they could only care for and support people who consented to being cared for.

People told us that although individual staff were caring they felt the service was not caring because calls were not made on time and they were not always informed in advance. Staff treated people with privacy and dignity and respected people's homes and belongings.

People told us they felt happy to raise any concerns with staff and when they had raised concerns action had been taken in response. The registered provider had a system in place to deal with any written complaints.

Governance systems and processes to monitor and improve the quality of care people received were not robust in identifying areas requiring improvement and ensuring that action was taken in a timely way.

Staff said the management team were available to them and provided advice and guidance when required.

You can see what actions we told the provider to take at the back of the full version of this report.

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 consistently safe.

The provider did not consistently complete appropriate employment checks to ensure staff were suitable to deliver care and support before they started work.

People told us they felt safe with the support of staff but staff frequently did not arrive for calls at the agreed time.

People received care from staff that understood how to keep them safe and minimise the risk of potential harm.

People told us they were prompted to take their medicines as required and staff said they had received medication training to support people appropriately.

Staff had access protective equipment to reduce the risk of cross infection when providing personal care and support.

Is the service effective?

Good ●

The service was effective.

Staff said training received helped them do their job.

Staff had a good understanding of their responsibilities and sought people's consent before providing care.

People said staff supported them to prepare a choice of meals to support their wellbeing.

Is the service caring?

Requires Improvement ●

The service was not consistently caring.

People told us although individual staff were caring the service was not because staff frequently did not arrive for calls at the agreed time and this was not always communicated to them in advance.

Staff treated people with privacy and dignity and respected

people's homes and belongings.

Is the service responsive?

Good ●

The service was responsive.

Staff provided care that took account of people's individual needs and preferences.

People told us they knew how to raise concerns and when they had raised concerns action had been taken. The provider had a system in place to deal with any written complaints.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Governance systems and processes to monitor and improve the quality of care people received were not robust in identifying areas requiring improvement and ensuring that action was taken in a timely way. We found call times had not been monitored and audits had not identified the improvements required in staff recruitment.

Staff felt supported by the management team and able to ask for support and advice.

At Home With You

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 06 June 2018 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service. The provider can often be out of the office supporting staff and we needed to ensure that someone would be in. The inspection team consisted of two inspectors.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also asked the local authority if they had any information to share with us about the service. The local authority is responsible for monitoring the quality and for funding some of the people receiving care support.

During the inspection we spoke with one person who received care by telephone. We also spoke with three relatives of people who received care. We spoke with the registered provider, the deputy manager and seven care staff. We also looked at four staff recruitment files, four care plans for people receiving care, medicine prompting record sheets, carer's communication logs and management reports of call times.

Is the service safe?

Our findings

At our last comprehensive inspection of this service on 09 August 2016, we rated this key question as 'requires improvement.' We found that although people's risks were understood by staff, risk management processes did not guide staff to ensure they were consistently managed. We also found processes did not ensure that people were always safely supported with their medicines. At this inspection we found that some improvements had been made and risk processes had improved. However, we found that people experienced calls that were not at the agreed time and this had not been identified by the provider. We also found the provider did not consistently complete appropriate employment checks to ensure staff were suitable to deliver care and support before they started work. Therefore the rating for this question remains unchanged.

We looked at the records of employment checks for four staff completed by the provider to ensure staff were suitable to deliver care and support before they started work. Staff files did not contain evidence that robust recruitment practices had been undertaken. For example, one member of staff had left the company to work for another care provider before re-joining At Home with You. We found no new application form and no reference had been obtained from the previous employer.

In another staff file, we found two character references had been obtained from people who knew the member of staff but neither were previous employers. There were also gaps in the staff member's employment history which had not been followed up.

In the third staff file, there were again gaps in the staff member's employment history which had not been followed up. In the final staff file we saw a check had been made of the staff member's right to work at the time they were employed. However, the information showing the person's right to work had subsequently expired and the provider had not followed up with a further check to ensure their on-going eligibility.

We saw that checks had been made with the Disclosure and Barring Service (DBS). This was confirmed by one member of staff who said, "You can't start until your DBS is in place."

People were not protected by robust recruitment practices to ensure staff were suitable to deliver care and support. We consider this is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us staff frequently did not arrive for calls at the agreed time. One relative said, "Time keeping is poor... it is worse in the morning." They told us their family member needed support with personal care in the morning and if the call was late, "It is not nice for [person's name] to have to wait and [they] needs their medication on time so this is a problem. If they come late, it sometimes gets close to their lunchtime call." Another relative said, "The carers are good but they are very rushed; always seem to be struggling to get here on time and worried about how far they have to travel between jobs." They told us, "If they are late it is difficult for me because I can't help [person's name] myself."

Relatives also gave examples of staff arriving too early for evening calls. One relative told us an early evening call would mean their family member would have to go to bed earlier than they wanted.

Staff we spoke with also told us calls were made late on occasion. One member of staff told us on calls requiring two staff, "[The other member of staff] can be late and you can't provide care if only one carer. [It's] an inconvenience [to people]." This was confirmed by one relative we spoke with who told us, "If one [member of staff] is late, we have to wait around for the second one."

We spoke to staff about the actions they took when calls were late, one member of staff said, "We always call people to tell them we are running late. The problem is if the first call is late it has a knock on effect." Another member of staff told us that they ran late for appointments on a regular basis; more than once a week. They told us this was a combination of some calls taking longer than the allocated time and because they felt the provider did not allow enough travel time between calls. They felt assured that people were safe but told us people had expressed that late calls left them anxious and worrying that no-one was coming.

We looked at a report for all care calls during May 2018. We could see that staff worked over the allocated time on some calls, whilst on other calls they stayed for less than the allocated time. We asked staff about this, one member of staff said, "Sometimes if I work over on one call, I work shorter on the next call to balance it." We asked people if staff stayed for the full allocated time, one relative commented, "Staff usually stay for the full time unless they have been late and then they have to try and catch up with the next call."

We asked the registered provider about this. They advised there were enough staff to meet people's needs but acknowledged it was challenging to balance travel times between calls as staff preferred shorter gaps during their working day. The registered provider said they would address the issues identified immediately following the inspection.

Staff we spoke with confirmed that they had received training in safeguarding people and demonstrated a good understanding of the types of abuse people could be at risk from. Staff were clear about the steps they would take if they had any concerns. Staff told us they were confident to report any concerns with people's safety or welfare to the provider and felt that action would be taken.

All staff we spoke with were able to describe the different risks to people and how they supported them. For example, when people would need the support of two carers. Staff told us people's risks were reviewed regularly and changes recorded in their care plans. Staff said the assessments gave them the correct level of information to provide care and support and were kept up-to-date to ensure they were aware of any changes to people's care needs.

Some people were prompted by staff to take their medication. People told us they received their medication as required. One person said, "They support me with medication and they do a good job." Staff told us they had received training in supporting people to take their medicines.

People we spoke to had no criticisms about the quality of cleanliness and hygiene of staff and said they left their homes 'neat and tidy.' People told us all staff wore uniforms and used aprons and gloves when carrying out their duties. One relative commented, "Staff always wear aprons and gloves and there is a stock here [in the person's home]."

Is the service effective?

Our findings

At our last comprehensive inspection of this service on 09 August 2016, we rated this key question as 'requires improvement,' because people were not always supported by staff who had received guidance about the specific needs of some people. We also found people were not consistently supported to make their own decisions and people's food and fluid intake was not always monitored as required. At this inspection we found that improvements had been made; therefore the rating for this question is now 'good.'

People told us a number of staff had recently left, but things had begun to improve and their regular carers were trained and suited to their caring roles. Staff we spoke with told us that training helped them to do their job and that they were happy with the amount of training they had received. Staff gave examples of where training had improved the care they provided to people. For example, one staff member told us how manual handling training had improved their confidence in supporting people and commented, "I sat in the equipment myself so I know what it feels like. It helps you understand."

We looked at induction training for new staff. Staff told us they had been given opportunity to shadow existing staff as part of their induction training and this was recorded in their staff files. One member of staff said, "I got to shadow [another member of staff] on lots of occasions." Some of the new staff had previously worked in care; however where staff were new to care some told us they felt it would have been beneficial to complete more training courses before they started providing care.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. We checked whether the service was working within the principles of the MCA. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection.

Staff we spoke with were aware of their responsibilities to ensure people's consent to care and treatment was sought. This was confirmed by people we spoke with. One relative commented, "The carers do listen to [person's name] in terms of what they want." All staff we spoke with also confirmed people's consent was sought to care. Two members of staff told us where people were unable to give verbal consent they looked for facial expressions and hand gestures to gain consent and enable people to communicate choices. Some staff told us they had completed MCA training but other staff had limited knowledge. We advised the registered provider and they advised they would address this following the inspection.

Some people were being supported by staff to eat and drink enough to keep them well. One person said, "They support me with food and they do a good job. They take care to cut my food up for me." Staff we

spoke with told us about the importance of giving people choice, which was also confirmed by the people we spoke to. One relative commented, "They ensure [person's name] has a variety. They do give a choice and leave a drink for [person's name] to have later."

Relatives we spoke with told us although they arranged their family member's healthcare appointments they were assured staff would help them if needed. Staff gave examples of when they had sought healthcare input in support of people's wellbeing.

Is the service caring?

Our findings

At our last comprehensive inspection of this service on 09 August 2016, we rated this key question as 'good.' At this inspection people told us they felt the service was uncaring due to management of late calls and the turnover of staff. Therefore the rating is now 'requires improvement.'

People and their relatives spoke positively about their regular staff; however some people said the service was not caring due to the management issues with calls not being made on time and this was not communicated in advance. One relative said staff were rushed and were late for calls and added, "We don't see them as a caring company." They added, "They [staff] don't always call ahead if they are running late." Another relative we spoke to said, "We are not happy with the company; the carers are friendly and do the job properly but time keeping is poor."

People also told us that a number of staff had left the service therefore it was difficult to develop good relationships with staff. One relative said, "They are not a bad company but the management should do more to retain staff. You get a good carer [staff] but then they leave its hard on people to keep having new carers." One member of staff also said, "Turnover is a problem. People want the same carers."

We spoke the registered provider about this. They advised that recruitment was on-going to cover staff turnover and they had a number of staff ready to start once recruitment checks had been completed. They advised that the number of people they supported had reduced over the past 12 months therefore although some staff had left they currently had enough staff employed to support people.

People told us they liked the staff that supported them. One person told us, "They [staff] do a good job.... in fact sometimes they do a bit extra." One relative also commented, "We [the family] have a good relationship [with the member of staff]."

Staff knew how to provide care in the way people wanted. One relative said, "They [staff] speak to [person's name] because they love to talk and they are good with them." Staff told us they had built up knowledge about people by talking to them and how they liked things. One member of staff commented, "People are able to tell us what they like and how to do things."

People and relatives said staff were caring treated them with dignity and respect. One relative said, "The carers [staff] we've currently got are very good and very caring." Another relative commented, "The carers [staff] ...are very respectful."

Staff spoke in a caring way about the people they supported. One member of staff told us, "I love the people I care for. I am assured they get good care." Staff told us about the importance of respecting people's homes. One member of staff said, "I respect their house and belongings...it's important."

Staff we spoke with also shared their understanding of caring for someone with dignity. They told us about practical ways in which they maintained a person's dignity such as closing curtains when people were

getting dressed as well as ensuring doors were closed when supporting people with personal care.

Is the service responsive?

Our findings

At our last comprehensive inspection of this service on 09 August 2016, we rated this key question as 'good,' at this inspection we found the service remained responsive and the rating remains unchanged.

People and relatives said staff provided care in the way they wanted. One relative told us staff understood their family member's needs and they felt comfortable to discuss any concerns or questions with them.

One relative told us it was important for her family member to know which staff to expect; therefore a rota had been requested. They advised a rota was now provided by the office staff, giving them the requested information.

We saw that people's care needs were assessed when they first received care and then updated with any changes. For example, we saw the care plan and risk assessments had been updated for one person following a change in their health. The care plan had been reviewed with the person who had expressed their satisfaction with the support being given.

The deputy manager explained that it was part of their role to assess new people and they would also go out and introduce new members of staff to people when a new package was started. The deputy manager advised they looked to select the member of staff for each person based on their needs and preferences.

Some people told us they had previously raised concerns and action had been taken. For example, one person told us they had asked for a change of staff. They said action had been taken and the issue had been resolved. One relative also told us they had raised a concern and that action had been taken in response. They told us, "When I ring they [office staff] do take action."

Staff we spoke with told us they knew how to raise concerns or complaints on behalf of people receiving care and support. The registered provider advised us that no written complaints had been received and said that as a smaller service any issues could be picked up and dealt with immediately.

At the time of this inspection, the provider was not supporting people with end of life care. However the registered provider said if people required end of life care they would have conversations with the person and professionals to discuss the person's wishes and preferences in relation to end of life care. One member of staff told us they had requested training supporting people with end of life care. They advised the provider had responded and training had been arranged.

Is the service well-led?

Our findings

At our last comprehensive inspection of this service on 09 August 2016, we rated this key question as 'requires improvement,' because we found the provider to be in breach of Regulation 17, good governance. Systems and processes in place to monitor and improve the quality of care people received were not robust in identifying areas requiring improvement and ensuring that action was taken in a timely way. We asked the provider to complete an action plan to show us what they would do to improve this and the action plan was received by us within the requested time frame.

At this inspection we found improvements had not been made and the provider's audit systems had still failed to identify where improvements were required and ensure action was taken in a timely way. The rating for well-led remains as 'requires improvement.'

We looked at a management report of actual calls times in May 2018. We could see a number of calls where staff arrived later than scheduled or when staff had not stayed for the full allocated time. For one person records showed an evening call scheduled for 30 mins was completed in 20 minutes or less on six occasions in one week with one call was recorded as only 11 minutes long. For a second person we saw on six occasions in one month their evening call started over 30 minutes later than agreed.

We spoke to the provider about how calls were organised and monitored. The provider had a call planning system in place, which required staff to log into the system at the start and end of each call so calls could be monitored. They advised the system would alert them to any calls not made on time or if staff did not stay for the full agreed time. They told us they would call and discuss with staff if the planning system alerted any issues, however there was no written record of these calls. When we spoke to staff about this three members of staff told us office staff did not call them about late calls. Another member of staff commented, "I think they [management team] should monitor more and take action."

The provider acknowledged they had not been running management reports to get an overall picture of the actual calls times or length of care calls. When we informed the provider of the concerns we had found they advised they would look at the issue immediately following our inspection.

We looked at the governance processes completed by the provider because we wanted to see how regular checks and audits led to improvements in the service. We found audits had been completed but failed to identify where improvements were required and ensure action was taken in a timely way. For example, we found medication prompt sheets had been signed as checked by office staff but areas requiring improvement, for example, sheets not signed or completed correctly had not been identified. We also found daily record sheets had been signed as checked by office staff. We saw areas had been highlighted for action, for example, incorrectly completed sheets. However, we could not see where subsequent action had been taken to address these areas.

We asked the registered manager and provider about these issues. They told us that they had not routinely looked at audits and data to identify patterns or trends. They told us they would take immediate action and

commented, "You have highlighted areas we need to work on. I am clear what needs to be done."

We also found that checks had not identified the areas requiring improvement in staff recruitment records. For example, checks had not identified that appropriate references had been sought and recorded.

Relatives said communication could be improved, for example, calls were not always made to advise people when staff were running late. We asked the registered provider about this, they advised that individual staff were responsible for calling people if they were running late and this was not done by office staff. Two members of staff told us they felt that communication could be improved. They both gave examples of when they called information into the office and said this had not been passed onto other staff.

The providers systems had not been effective at improving the quality of the service. This is a continued breach of regulation 17 'Good governance' of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us although they didn't have regular supervision meetings they felt able to ask the management team for support and advice. One member of staff said, "I can ask if I have any issues." Another member of staff said, "No matter whether its carers [staff], office staff or people [registered provider's name] has time for us all." All staff told us they had access to management staff via an on-call phone system and that management staff were always responsive.

We saw the management team had completed spot checks to observe staff care practice. We saw the record for one spot check where a required improvement had been identified and the member of staff concerned had been provided with additional guidance in response. However this was not consistent across all staff with one member of staff telling us they had not been observed giving care.

The registered provider said they kept their knowledge up-to-date by attending the local authority provider meetings. They also sought advice and guidance from the local authority and CQC websites and by linking with other providers. One initiative they were looking to develop was linking with day care services to provide signposting to people receiving care and support to help maintain community links and minimise the risk of them becoming isolated.

The registered provider was open to the findings of our inspection. They commented, "The inspection has highlighted areas we need to work on; I am clear on what needs to be done."

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 19 HSCA RA Regulations 2014 Fit and proper persons employed People were not protected by robust recruitment practices to ensure staff were suitable to deliver care and support.