Care at Home Services (South East) Limited

Care at Home Services (South East) Limited - Tunbridge Wells

Inspection report

4 Linden Close
Eridge Road
Tunbridge Wells
Kent
TN4 8HH

Date of inspection visit:
09 December 2015
11 December 2015
14 December 2015
15 December 2015

Date of publication:
12 January 2016

Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

The inspection was announced and was carried out on 9, 10, 14 and 15 December 2015 by one inspector and an expert by experience. We gave the registered manager short notice of the inspection because we needed to make sure they and staff would be available to speak with us.

Care at Home services - Tunbridge wells is a home care agency based in Tunbridge Wells. The service provides care and support to people in their own homes including people with physical disabilities, people living with dementia and adults over 65 yrs.

The registered manager had recently left their 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. A new manager had been appointed and had applied to be registered with the Commission.

People we spoke with told us they were happy with the service they received. Everyone described their care as either excellent or very good. People's relatives confirmed that they were happy with the service provided and that they felt their relatives were safe and well cared for.

People medicines were not always managed in a safe way. There were gaps in the records to confirm people had received their prescribed medicines and some records showed people had received an incorrect dose. You can see what action we have asked the provider to take at the end of this report.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to report any concerns. There was unclear guidance in the policy for staff to follow to report concerns anonymously. We have made a recommendation about this. People told us that they felt safe using the service.

Risk assessments were centred on the needs of the individual. They included clear measures to reduce identified risks and guidance for staff to follow to make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how risks of recurrence could be reduced. Staff responded quickly to changes in people's health and worked with health care professionals to meet their needs.

There were robust procedures in place for the recruitment of suitable staff. There were enough qualified, skilled and experienced staff to meet people's needs. Staffing levels were calculated according to people's changing needs. There were some discrepancies in the consistency of arrival time for some people's calls. We have made a recommendation about this.

People told us that staff responded to their needs promptly and treated them with kindness and respect.

People were satisfied with how their care was delivered. The registered provider and manager had clear person centred values that formed the basis of the service and these were followed by staff in practice.

The registered provider kept up to date with relevant best practice guidance in person centred care and the care of people living with dementia. They encouraged and enabled staff to improve their knowledge and skills on an ongoing basis. Staff had completed the training they needed to care for people in a safe way. They had the opportunity to receive further training and qualifications specific to the needs of the people they supported. All members of staff were regularly supervised in their roles to ensure they were equipped to meet people's needs.

Clear information about the service and how to complain was provided to people. Information was available in a format that met people's needs. All staff were knowledgeable in the principles of the Mental Capacity Act 2005 (MCA) and the requirements of the legislation. Staff sought and obtained people's consent before they provided support.

People's privacy was respected and people were supported in a way that respected their dignity and independence. The staff promoted people's independence and encouraged them to do as much as possible for themselves.

Staff knew each person well and understood how to meet their needs. Each person's needs and personal preferences had been assessed before care was provided. People's care plans were reviewed regularly with their involvement and updated when their needs changed to make sure they received the support they needed. This ensured that the staff could provide care in a way that met people's particular needs and wishes.

The manager took account of people's comments and suggestions. People's views were sought and acted upon. The registered provider sent questionnaires annually to people to obtain their feedback on the quality of the service. The results were analysed and action was taken in response to people's views.

Staff told us they felt supported in their roles. The registered manager notified the Care Quality Commission of any significant events that affected people or 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?

Requires Improvement

The service was not consistently safe.

People's medicines were not always managed in a safe way.

Staff were trained in the safeguarding of vulnerable adults and were knowledgeable about recognising the signs of abuse.

Risk assessments were centred on the needs of the individuals and there were sufficient staff on duty to safely meet people's needs.

Thorough staff recruitment procedures were followed in practice.

Is the service effective?

Good

The service was effective.

All staff had completed the training they required to safely and effectively meet people's needs. Staff held a health and social care qualification that enabled them to deliver effective care.

The provider was meeting the requirements of the Mental Capacity Act 2005.

People were referred to healthcare professionals promptly when required and staff worked in partnership with them to meet their health needs.

People were provided with the support they needed to eat and drink sufficient amounts to meet their needs.

Is the service caring?

Good

The service was caring.

Staff knew people well and treated them with kindness and respect. People knew the staff that supported them and benefitted from consistency in the staff that supported them.

Information was provided to people about the service and people were supported to make decisions about their care.

Staff respected people's privacy and promoted people's independence. They encouraged people to do as much for themselves as possible.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before care was provided. People's care plans were personalised to reflect their wishes and what was important to them. Care plans and risk assessments were reviewed and updated when people's needs changed.

People knew how to complain and their views were listened to and acted upon.

Is the service well-led?

Good

The service was well-led.

The manager and staff held strong person centred values and delivered care that reflected these. There was an open and positive culture which focussed on people.

The registered provider sought people and staff's feedback and welcomed their suggestions for improvement.

Staff felt supported in their roles and were confident in the leadership of the management team.

There was an effective system of quality assurance in place. The manager carried out audits to identify where improvements could be made and took action to improve the service.

Care at Home Services (South East) Limited - Tunbridge Wells

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 was carried out on 9, 10, 14 and 15 December 2015 and was an announced inspection. Notice of the inspection was given because we needed to be sure that the manager, staff and people we needed to speak with were available.

The inspection was carried out by one inspector and an expert by experience. The service was supporting 133 people at the time of our inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at records that were sent to us by the registered provider or social services to inform us of any significant changes and events. We reviewed our previous inspection reports.

We spoke with ten people and seven people's relatives to gather their feedback about the service. We also spoke with the manager, the nominated individual for the organisation and three members of staff.

We looked at records that included five people's care plans and records. We looked at three staff files, staff rotas, staff training records, satisfaction surveys, quality assurance checks, audits and sampled the service's policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe using the service. They told us that the staff treated them well and they were comfortable with them being in their home. One person said, "The Carers are good; they treat me with respect; very polite and cheery" and another said, "They are professionals."

People's relatives told us that they were confident the service was safe for their family member. One person said, "I like the carers, they come and chat to her and I always feel she is safe." Another person told us, "I feel ever so comfortable when they are around, I know she is safe, sometimes I am not around, but they look after her all the time."

People told us there were enough staff to meet their needs. They said that they did not feel rushed and that staff stayed for the agreed length of time. One person said, "Yes they arrive on time and if there is a problem they let us know." Another person told us, "There has never been a time when they did not turn up and they never rush me." One person told us the staff had never missed a call, but sometimes had traffic problems during peak time, but that they always apologised.

People were supported to manage their own medicines. Where they required assistance a risk assessment had been completed to establish what support they required. Staff had completed training in the safe handling of medicines, but we found errors in the completion of medicines records. For example one person was prescribed eye drops to be given twice a day, but the records we viewed showed that this had only been given once a day on four occasions. They were also prescribed another eye drop to be given once a day, but records confirmed this had been given twice a day on five occasions. Another person was prescribed two antibiotic tablets to be given twice a day, but an entry on the record showed that on two occasions only one tablet had been given. A person was prescribed a medicine to be given as one tablet per day. On one occasion they had been given two tablets. There were also gaps in the medicine administration records for two people we looked at. The medicines records were hand written by staff and did not provide staff with guidance about the possible side effects of the medicines they were administering. The manager carried out a medicines audit every three months, but this had not been effective in identifying the errors. This meant that people were not always receiving their medicines as prescribed.

People could not be assured that their medicines were managed in a safe way. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Staff training records confirmed that their training in the safeguarding of adults was up to date. The manager and registered provider worked positively with the local authority to respond to concerns and minimise the risk of abuse taking place. The members of staff we spoke with understood what was meant by abuse, how to recognise it and how to respond. One member of staff said, "We know our clients well so would be able to spot if there was anything that was worrying them." The registered provider had a whistle blowing policy to protect staff if they wished to raise concerns anonymously; however it was not clear in the policy that staff could raise concerns with other agencies directly without first contacting their

line manager. We recommend the whistleblowing policy be reviewed to make it clear to staff that they can raise concerns with other agencies directly.

There were robust systems in place to ensure that people's money was safeguarded. Where staff handled money on behalf of a person, for example to carry out shopping, they issued a receipt and kept accurate records about expenditure. The service had a policy to protect people's belongings and financial interests. This ensured that people were protected from the risks of abuse.

Risk assessments were centred on the needs of the individual. They included clear measures to reduce the risks to people and appropriate guidance for staff. For example, the risk of falls and the risk of developing pressure wounds had been assessed in people with mobility difficulties. This included action to be taken to reduce the risk, such as recording areas of redness, using equipment appropriately and helping people to change position frequently. Accidents and incidents were recorded and monitored by the manager. The manager and registered provider audited all accidents and incidents monthly to check whether there were any common triggers that could be further avoided. Assessments of people's home environment were carried out before the staff started to provide support. This included ensuring gas and electricity safety checks, the safety of appliances and any possible trip hazards. Staff continually reviewed the safety of people's living environment and raised concerns with the manager to ensure their care plan was reviewed. This meant that people could be confident that staff considered their safety effectively.

The registered provider ensured that the office premises were secure and alarmed. The premises were accessible to wheelchair users to enable them to access office staff based on the ground floor. All fire protection equipment was regularly serviced and maintained and evacuation plans were clearly displayed in the office to ensure the safety of staff and visitors. Staff working in care roles were issued with equipment, as they required it, to ensure their safety. This included torches, gloves, hand gels, aprons and face masks. The registered provider had a business continuity plan to ensure that people continued to receive support in the event of an emergency or a staff absence. Staff and people using the service had access to an emergency out of hours contact number, staffed by a member of the management team, should they require support or advice. This ensured that staff and people using the service could be assured that emergencies would be responded to quickly by a manager.

There were sufficient staff to meet people's needs. The manager reviewed the staffing levels whenever people's needs changed to determine the staffing levels needed and consulted with people, their relatives, and their funding authority if appropriate, to discuss increasing the support provided. Staff told us that there were vacancies for care staff, but that the vacancies were sufficiently covered between members of the existing team. Staff were allocated travelling time between calls and they told us that they were usually able to arrive at the scheduled time. The manager and staff told us that people were made aware that their call would take place within half an hour of their scheduled time. People told us that the staff arrived on time for their call; however records showed that there were occasions where there had been discrepancies of up to 2 hours in arrival time for some people. We recommend that the registered provider establish a system for monitoring and responding to discrepancies in call arrival times.

Recruitment procedures included interview records, checking employment references and carrying out Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff had a criminal record or were barred from working with people that needed care and support. Gaps in employment history were explained. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. They were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff

were of good character and fit to carry out their duties.

Good

Is the service effective?

Our findings

People said that their needs were met by the staff and that they had the knowledge, skills, experience and the right attitudes to carry out their roles. One person said, "Yes, I think the staff have on-going training, they seem to know what they're doing; they have the right skills." Other people commented, "The staff are excellent; know what they are doing" and "Excellent; brilliant; the carers they are polite and competent and efficient."

One person told us, "They have made a huge difference to my life. They get me to the bathroom, help me dress and help me get into the car to go to work. If it weren't for them maybe I wouldn't be able to work."

Staff had appropriate training and experience to support people with their individual needs. Staff confirmed they had received a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own. New staff starting work were required to complete the Care Certificate, which was launched in April 2015 and is an assessment based learning programme designed for all staff starting to work in care roles. Staff also had the opportunity to receive further training specific for the needs of people they supported. This included dementia and end of life care. Staff were supported to gain qualifications relevant to their role. All staff, with the exception of three new staff members, had completed a health and social care qualification at level 3 or above. The manager held a recognised qualification on the management of care service.

Staff told us they were given the support they needed to carry out their roles effectively. All members of staff participated in four supervision session with their manager each year. This included a one to one meeting, a team meeting, an observation of their practice and an appraisal of their performance. When additional support was required additional meetings were arranged. This had taken place recently to support staff with the changes in management. The manager operated an 'open door' policy at the offices for staff to drop in at any time.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the manager and staff. They demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make certain decisions. Staff were trained in the principles of the MCA and were knowledgeable about the requirements of the legislation. A system was in place to assess people's mental capacity for specific decisions; however this had not been warranted since our last inspection. Staff sought and obtained people's consent before they supported them and people had signed to consent to the delivery of their care plan. The manager and registered provider understood people's right to liberty and the legal framework provided by the Court of Protection. They had a good understanding of people's rights and their duty to report any potential restrictions on their liberty. This meant that people's rights were protected.

Staff were quick to respond to people's health needs and supported people to make appointments with their GP when needed. The manager and staff were proactive in contacting health professionals on behalf of people to obtain additional assessments, support or equipment. For example, where people had a reduction in their mobility staff had requested an assessment by an occupational therapist. People were

involved in the regular monitoring of their health and were supported to register with healthcare professionals. This system ensured the delivery of people's support responded to their health needs and wishes.

People at risk of poor nutritional intake had an assessment of their needs. A care plan was in place where people required assistance to prepare or eat meals. Staff had completed training in safe food handling and understood what people's preferences were around their meals. Concerns about people's nutritional wellbeing had been referred to the GP as needed.

Good

Is the service caring?

Our findings

People told us the staff were kind and caring. One person said of their allocated staff member, "She is the best" and another said "I think they're very kind." A person's relative told us "The staff are good; they treat her with respect; very polite and cheery." People told us that they knew the staff that supported them well. One person's relative told us "She has built a rapport with the carers [staff]." A person told us that they had regular care staff visit them and had got to know them, they said, "I have had the same ones for years."

People told us they were involved in making decisions about their care. One person said "When they suggested we come up with a care plan I volunteered to write it up myself , so I emailed it to them." Another person said "They asked me what I wanted them to do and then came up with a plan."

Positive caring relationships were developed with people and their families. Staff told us that the minimum visit time of 30 minutes allowed them to spend time chatting with people as well as providing for their physical care needs. They told us that they valued the people they supported and cared about their wellbeing. One member of staff said, "I love my job and I love my clients." Staff gave examples where they had stayed for extra time when a person had additional needs or if they were distressed. The manager described the additional support given recently to a relative who was anxious about the process for their husband to be discharged from hospital. Staff had a caring approach to supporting people.

Staff knew people well and understood what was important to them. They told us that they got to know relevant information about people's life history through reading the care plan and through discussion with the person and their family. The manager and staff told us that they found the information useful to aid discussion with people and to better understand their needs, personality and responses.

People knew the staff that supported them. They were provided with support from a team of regular care staff and were issued with a rota each week to confirm the staff that would be providing their care. The manager used an IT system that identified which staff were most frequently allocated to each person. This allowed the manager to allocate staff that knew people well in the event of a staff member going on holiday or being unwell.

Information was provided to people about the services available, including a clear fee structure. People were given information about how to complain. A brochure that included information about what to expect from the service was given to people before care started. The service held information about advocacy services and followed guidance that was provided by the local authority. An advocate can help people express their views when no one else is available to assist them.

People told us their privacy was respected they were supported in a way that respected their dignity. Staff gave examples of how they promoted people's dignity whilst providing care. The staff promoted people's independence and encouraged people to do as much as possible for themselves. A staff member told us "It is important to try and keep people as independent as possible so we always ask what help they need." Staff gave examples where they encouraged people to be independent, for example by supporting people to

make their own lunch rather than do it for them. All the people we spoke with told us they were encouraged to do as much for themselves as they wished.

There was a robust system for ensuring that people's personal information was safeguarded. Staff were required to collect personal information, such as care plans, from the office to ensure confidentiality. Information about agreed access arrangements to people's homes was stored securely. Information stored electronically was password protected. This meant that people were assured that they were cared for by staff who respected confidentiality and discretion.

Good

Is the service responsive?

Our findings

People received care that was responsive to their individual needs. People told us that staff provided care that met their needs and preferences. One person said, "They always check what and when I need something" and another said "They take care of my needs." Another person told us, "They give me the care that I need; no complaints."

People told us that they were asked for their feedback about the service and that their views were taken seriously. One person said, "Someone came round, I think it's the supervisor, and asked what I thought of the care." Another said "They phone time and again to see how we are getting on" and another said "They do listen to concerns and sort them out." People knew how to make a complaint if they needed to. One person said "I know how to complain, but have never had reason to."

Relatives told us the service was responsive and met their relative's needs. One person told us, "We have got a very good carer, she is reliable and listens to our needs and is helpful."

The manager carried out an assessment of people's needs and risk assessments before care was provided. This included people's mobility, daily living skills, nutrition, mental health, social needs, physical health and their communication needs. The assessment also requested important information about their life history and their personal preferences. People were asked about the way they would prefer their care to be delivered. In the event a service had to be provided to a person urgently an initial assessment visit was carried out and a care plan put in place within 48 hours of the start of the contract. A summary of the key information in the care plan was placed in the front of each person's file in their home to ensure staff had access to key information a glance. This also showed any changes to their plan to ensure staff were up to date.

When planning people's care the manager took account of the skills, background and personality of staff to ensure they were a suitable match to support people. People were asked about their preference for a male or female carer and this was included in their plan and delivered. Care plans were then developed with people's involvement and they had signed to agree them. This meant that people could be confident that their wishes were respected in practice.

People's individual assessments and care plans were reviewed every six months or sooner if people's needs changed. People were involved in reviewing their plans and their views were acted upon. For example, a person had requested a change in call time and this had been accommodated. People were asked for feedback about the attitude and approach of staff at their care review and whether they felt their care plan continued to meet their needs. Staff gave examples of how they were flexible to meet people's individual needs and preferences, for example they had been able to move a person's visit time forward to accommodate a trip out they had on that day. Examples were seen in the records where staff had referred back to the funding authority where a person's needs had changed to ensure their care package was reviewed and updated. The service was flexible and responsive to people's changing needs and wishes.

People received a personalised service. Their care plan was written to reflect their views, individual needs and preferences. People received different support depending on what they required. For example, in addition to their personal care needs some people required assistance to prepare their meals and others received support to go out for coffee to meet their social needs.

People told us that they knew how to raise concerns and that complaints were handled quickly and efficiently. The provider had a clear complaints policy and procedure. People were made aware of the complaints procedures to follow as this was provided at the start of their care package. They were also asked if they had any complaints at their six monthly care plan review meeting. Complaints were recorded and responded to appropriately.

People's views were sought and acted upon. People's feedback was sought and recorded when their care plans were reviewed and through a satisfaction survey every year. The last survey had been completed in December 2014 and indicated people were satisfied with the support they received. The survey specifically asked people their views on the approach of the staff, whether their needs were met and if they felt they were treated with dignity and respect.

Good

Is the service well-led?

Our findings

Our discussions with people, the manager and staff showed us that there was an open and positive culture that focussed on people. One person told us "Professional is the word I choose" and another said "They are really good, everything is well organised." People told us that they knew how to contact the office and could speak to the manager if they wished to. One person said "I have phoned them and they communicate well."

People told us that a manager contacted them regularly to check they were satisfied with their care and made regular checks on staff performance to ensure they were meeting individuals' needs.

The manager of the service had transferred from another branch of the organisation and had made an application to the commission for registration. The registered provider was also in the process of recruiting a deputy manager. The manager of the service was supported by the registered provider and a care coordinator. The manager told us about their vision and values about the service, which reflected person centred principles. Staff were clear about the values they were expected to display in their roles and the manager ensured they monitored that the values were embedded in the culture through the supervision and appraisal of staff. People were supported by staff with clear person centred values and practice.

Staff felt supported in their roles and were satisfied with the arrangements for obtaining advice and support from a manager when they needed to. Staff were confident that sufficient training was provided to enable them to deliver effective care and they were clear about their roles and responsibilities. Members of staff confirmed that they had confidence in the management and one staff told us "I have worked with the company for a long time; they are good to work for." The registered provider had obtained and retained the Investors In People award for several years running. Staff were supported in their roles to ensure they could deliver effective care.

The nominated individual for the registered provider participated in forums with other managers of similar services to exchange views and information that may benefit the service. They, and the manager, used a range of resources including Skills for Care and the Social Care Institute for Excellence to stay up to date with changes in legislation and good practice guidance. Information about changes in guidance were cascaded to staff through training, team meetings and supervision. People benefitted from the proactive approach of the registered provider and manager in developing the service to reflect best practice.

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

People were asked their views of the service at regular intervals. An annual satisfaction survey was carried out, which the manager reviewed to identify how the service could improve. The manager or care

coordinator visited each person every six months to review their care plan and seek feedback on the service they were receiving.

A system of quality assurance checks was in place and implemented. The way that staff provided care for people was monitored through regular checks that recorded staff performance. The manager sampled people's care plan records each month to ensure that staff were consistently delivering the agreed care plan. The manager carried out a six monthly check of all people's care plan to ensure it was effective and being delivered appropriately.

Audits were carried out to monitor the quality of the service and identify how the service could improve. These included checks of documentation to ensure that all care plans and risk assessments were appropriately completed and followed. The quality monitoring system had been effective in identifying areas for improvement in the service, with the exception of identifying risks to the safe management of medicines.

People's care records were detailed and provided staff with clear information about how to meet their needs. Daily records of the visits made to people outlined the care provided as required by their care plan. The records were sufficiently detailed to allow the manager to monitor that people received the care they needed.

The registered provider consistently notified the Care Quality Commission of any significant events that affected people or the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People medicines were not always managed in a safe way. Regulation 12(2)(g)