

Care at Home Services (South East) Limited

Care at Home Services (South East) Limited Sussex Weald

Inspection report

Arun House
The Office Village, River Way
Uckfield
TN22 1SL

Tel: 01825767857
Website: www.careathomeservices.co.uk

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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

Care at Home Services (South East) Limited Sussex Weald is a service providing care to people in their own homes. Not everyone who used the service received the regulated activity of 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. At the time of our inspection, the agency was providing support with personal care to 156 people.

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

Systems were not always effective at keeping people safe and best practice was not always followed to protect people from the risk of infection. People had detailed risk assessment in place and were administered their medicines appropriately. Recruitment at the service was conducted safely.

Communication with people was not always good and the risks of deviating from national guidance in relation COVID-19 had not been considered. People and their relatives spoke positively about the registered manager and the service had worked well in partnership with health and social care professionals.

The registered manager carried out detailed assessments of people's needs before support started and staff received appropriate training and supervision for their role. Referrals were made to health and social care professionals appropriately when people's needs changed.

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.

People's care plans were reflective of their needs, including the support they needed with their healthcare, medicines, nutrition and personal care. People were encouraged and supported to take part in activities and staff treated people with respect and dignity.

People received personalised care and the service worked flexibly in order to meet people's needs. Staff said they had enough time to meet people's care and support needs and any complaints were responded to promptly with actions followed up.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People who used the service could live as full a life as possible and

achieve the best possible outcomes. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them. Staff understood how to communicate with people effectively to ascertain and respect their wishes. People were supported with dignity and empowered to maintain important relationships, to access their local community and supported to prevent becoming socially isolated.

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 the service under the previous provider was requires improvement, published on 7 February 2019.

Why we inspected

The inspection was prompted in part due to concerns received about infection control and staff. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full 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 

Care at Home Services (South East) Limited Sussex Weald

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

Service and service type

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 June and ended on 19 July 2021. We visited the office location on 30 June and 06 July 2021.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 eight people who used the service and four relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, senior care co-ordinator, care workers and the provider's head of service delivery.

We reviewed a range of records. This included 15 people's care records and multiple medication records. We looked at four 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. We looked at training data and quality assurance records. We spoke with two social care professionals who had worked in partnership with the service.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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.

Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of abuse. There had been a recent safeguarding concern raised by the local authority when a service user's package of care was cancelled by the provider in error ahead of when it should have been which meant there was a period of a few weeks when this person was not receiving their required support. Improvements had been made to the provider's systems in response to this incident to reduce the risk of a similar situation occurring again
- During the inspection we found there had been an incident when a person was injured whilst receiving their care. Medical assistance was requested immediately by the carers however this incident had not been reported to the local authority as a safeguarding concern at the time.

We recommend the provider considers reviewing their procedure for reporting incidents to the local authority where abuse could have occurred.

- People and their relatives we spoke to told us they felt safe when receiving their care. One relative told us about their husband receiving care, "He feels safe, they [the carers] are all very nice."
- Staff spoken with confirmed they had completed training in safeguarding adults and were able to demonstrate their understanding of what constituted abuse.

Preventing and controlling infection

- During the inspection we found that not all staff were following government guidance on regular COVID-19 testing for home care workers. The registered manager took action following the inspection to ensure that from that point onwards the guidance was followed by all care staff.
- Staff had received training about infection prevention and control and had access to the required PPE, which was worn when visiting people in their homes. One person told us, 'They wear a mask and a gown to protect me from infections.'
- The provider had an up to date infection prevention and control policy. They sent regular bulletins to staff to ensure they were aware of any changes in policies or updates to government guidance

Assessing risk, safety monitoring and management; ; Learning lessons when things go wrong

- Risks to people were assessed and monitored. Detailed risk assessments and care plans were in place so staff knew how to support people. One person was at risk choking, there was a risk assessment and care plan in place which detailed the support this person would need to support them safely at mealtimes and minimise the risk of them choking.
- Another person was at risk of falls. They had a risk assessment in place detailing how to support them

safely with mobilising including the equipment that they needed and instructions for care staff to give them plenty of time for transfers.

- There was an out of hours call service available to people and staff. This meant contact could be made with the registered manager or a senior member of staff if an incident occurred outside of normal working hours.
- The registered manager described how they and their team learned from incidents and which had taken place in order to improve people's care. When issues had arisen they reviewed care plans and made changes as needed to people's support. For example, when a service user fell whilst trying to take something to the bin outside their care plan was updated to include this as a task for the care staff to complete.

Staffing and recruitment

- People told us that carers arrived on time for most of their visits. One relative told us, "They usually turn up on time – sometimes they can be late, but not often. Usually it's due to a communication issue rather than anything else." Another relative said, "On occasions they can be late and I ring the office, it's usually when something has happened at the previous call."
- We discussed these concerns with the registered manager who told us that there had previously been some staffing difficulties which had led to some people getting their visits later than planned but that these issues had since been resolved. Records we saw supported this.

We recommend the provider works with the people affected by late visits to better understand the impact of this and review visit times accordingly.

- A robust recruitment process was carried out for all employees. Pre-employment checks were completed to ensure staff were suitable for the role including evidence of the right to work in the UK, performance at previous employment and a Disclosure and Barring Service (DBS) check. DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.
- Staff told us there was always enough of them on duty and they didn't work with unsafe staffing levels. Staff confirmed if someone was not able to attend work the manager or one of the care co-ordinators would arrange for cover. One member of staff, who was responsible for arranging visits told us, "Part of the on call is that if you can't get the calls covered then you go out and do them [yourself]."

Using medicines safely

- Medicines were managed and administered safely. Where people required support to take prescribed medicines, up-to-date risk assessments and care plans were in place to ensure staff understood how to provide this support in a safe managed way. One person told us, "They put my medication out for me every morning."
- Staff were suitably skilled and qualified to assist with people's medicines. The management team carried out regular observations of care staffs' medicines practice and competencies to ensure they followed best practice guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 registered manager met with people and their relatives prior to offering a service to assess their care needs and understand their preferences. The registered manager told us, "We ask about interests, 'what is your favourite drink?' 'Where were you born?' We want to get to know them, not just their care needs...It's nice to have that link and have something to talk about".
- People and their relatives told us care was being provided as they wanted it to be done. One person told us, "Nothing is too much for them." Another person said, "My carer knows me well, I get on very well with her. I have no complaints with regards to the carers."
- There were regular reviews of the care plans and risk assessments to ensure all changes of circumstances were reflected and to accommodate changes to people's needs. The registered manager told us, "If there any changes it is an immediate review, we don't wait."
- Care was delivered in line with relevant standards guidance and the law. This included the provider following guidance from the National Institute for Health and Care Excellence (NICE) and ensuring people were protected from discrimination in accordance with the Equality Act 2010.
- The service obtained information from other health care professionals such as social workers before carrying out their assessment. This meant they had information to support their own assessment.

Staff support: induction, training, skills and experience

- People told us they felt that staff had received the training they needed. One relative told us, "They appear to be well trained...Very occasionally I have had carers turn up who haven't got experience with [specific equipment]. They can't carry on with the call so they call the office and a replacement is sent. It hasn't happened often." We discussed this with the registered manager who informed us that when staff support someone with specific equipment they must first shadow a colleague who is experienced with this.
- Regular supervisions gave staff the opportunity to discuss training and practice, reflect on difficult or challenging situations, and identify areas of learning and development. One member of staff told us, "Yes we do have regular supervisions. [we are] supported by the manager." Another member of staff said, "Care at Home as an agency they care about their staff...If you want any extra training you can have it".
- Training was supported by new staff shadowing established care workers and observations were undertaken to check they were using their care skills effectively. A probationary period was in place to review the work of new staff and gave the opportunity for both management and care worker to address any concerns and reflect on learning.

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

- Care staff supported people to eat healthy foods and drink sufficient fluids. Care plans detailed what

support people required for them to eat and drink enough and described what their dietary preferences were.

- If people had any risks relating to nutrition, these were recorded in people's care plans. For instance, one person was at risk of choking when eating or drinking. They had a risk assessment in place which included clear guidelines for staff about how to prepare the person's food in line with guidance from a speech and language therapist (SALT).

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

- People and their relatives told us staff proactively supported them in monitoring their health needs and would involve healthcare professionals when this was needed.
- People had been given additional support to access health appointments including COVID -19 vaccinations. The registered manager told us; "We take people to their COVID-19 jabs, we don't want people to miss out."
- There were plans in place for working in partnership alongside other local domiciliary care agencies to support the people who were most vulnerable in the event of an emergency.
- People's records included information about treatment received from health professionals and any recommendations made to improve their health were incorporated into care plans. For example, a health professional had advised that a service user should be supported to use a steam inhaler regularly and their care notes showed that staff were doing this.

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.

- People felt that staff respected their decisions and they were asked about how they wanted to be supported. One person told us; "They ask the way that I like things done."
- When people had their initial assessment they were asked for their consent for care staff to contact health professions such as GPs on their behalf.
- Where people had authorised others to make decisions on their behalf, the registered manager reviewed this information to ensure they had the authority to make decisions on other's behalf.
- Care staff had received training in the MCA and were able to describe to us how they gave people choice and respected people's decisions within their day to day life. People's care plans and systems were designed to ensure people's right to make a decision about their care was promoted and respected.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People and their relatives spoke positively of the staff team that supported them. One person told us, "They are kind and caring. I usually have the same person. She knows me well." Comments from people's relatives included, "...our main carer is lovely" and, "They are very good with [person] they understand him and help him."
- Staff knew people well, including their likes and dislikes, preferred routines and activities. One member of staff told us about the people they support, "They are comfortable with me and I am comfortable with them. I know when I leave them I am leaving them safe."
- People's cultural needs were respected. The registered manager told us, "We had a lady who was a Muslim and wouldn't allow male carers. This was highlighted in her care plan." The provider had ensured that this person only had female carers.

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

- People, or those acting on their behalf, were kept involved in planning their care. One person said, "I was given a choice and didn't want a male helper. I always have females." A relative told us, "I have been very pleased with it [package of care] and they are very supportive and if I change my mind they are happy to accommodate. They don't make me feel like it's a bother to them."
- People were involved in regular reviews of their care. The registered manager and other office staff maintained regular contact with people through telephone calls and review meetings. This gave people a chance to give feedback about their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported to remain as independent as possible. One relative told us, "They respect his dignity. They try to retain his independence but it can be difficult as he isn't able to do much lately for himself."
- Staff treated people with dignity and respect. For example, one member of staff told us, "When they are on the toilet I cover their lap and close the door. When getting [people] dressed I do the top half first, making sure they are comfortable with what I am doing."
- People received care from staff they knew well and who understood how they wanted to be supported. One member of staff told us, "I tend to have the same people. I feel I know them well. With the clients who have dementia seeing the same face seems to really help."
- Records were stored securely to ensure these were kept confidential.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated 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; 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

- People's care reflected their individual needs and care plans identified their preferences for support. For example, one person's care plan detailed that they liked to have music playing whilst the carers were with them. Another care plan detailed which shampoo someone liked to use when they were receiving support to wash their hair.
- People received personalised care from staff who knew them well. People told us staff were reliable, flexible and they were regularly supported by the same staff team. This enabled staff to get to know people and their needs well. One person described staff as, "Very kind, very supportive".
- When care staff were unfamiliar with someone's culture or religion, they were provided with information about this. The registered manager told us; [We] give information to the staff so they know the basics for going into someone's house. For example, if you're not able to wear shoes, it's about knowing this and making sure the carers are prepared."
- People were supported to pursue activities and interests that were important to them. For example one person had been supported to go out for a regular walk which enabled them to meet people in their local community.

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.

- The service adapted its approach to support people with their communication needs. One person had a sight impairment which made it difficult for them to read small print so information such as their schedule of care was sent to them in a very large font to enable them to read it.
- Another person was registered blind so had a phone call from the office staff to go through their schedule of care rather than receiving this in the post.
- People's care plans included details about their individual communication needs. For example, one care plan explained that the person was non-verbal but was able to recognise familiar voices.

Improving care quality in response to complaints or concerns

- People told us they were happy and felt comfortable raising concerns and complaints if they needed to. One relative told us "...I wouldn't hesitate to call the office. I find them very helpful." Another relative told us they had made a complaint and that it had been responded to quickly.

- Information of the provider's complaints procedure was shared with people when they started to receive a service.
- A complaints log was kept with details of the complaint, the investigation and the actions taken. This enabled quality of care to be improved and issues to be reflected upon. For example, when a complaint had been received about infection control the complaints log showed that the registered manager had discussed this with the staff involved and reminded them of the relevant requirements.

End of life care and support

- Where people required care at the end stages of their lives, this was provided in a caring and effective way. One member of staff told us, "[End of life care] is about making them comfortable and happy in their own environment. Be really supportive. Be there to talk to them."
- The service had systems in place to plan and deliver end of life care support jointly with other healthcare professionals as per people's wishes.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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; Continuous learning and improving care

- The provider had not recognised staff were not following government guidance in relation to COVID-19 testing. This was brought to the registered manager's attention and changes were made following the inspection so staff were being tested in line with guidance.
- Monitoring processes had not identified that one person's package of care being ended prematurely which had put them at risk. The error was discovered by the local authority who had to make the provider aware of this. The registered manager told us that following this incident a new system had been implemented for ending packages of care to reduce the risk of a similar occurrence happening again.
- The registered manager was clear about their role and took responsibility for the management of the service. There were a range of audits carried out to monitor the service which covered medication administration, care plans and other records necessary for regulatory requirements.
- Legal responsibilities were being met and statutory notifications to CQC were submitted to ensure effective external oversight and monitoring of the service.
- The time that people received their care visits was closely monitored with any concerns about late visits or visits being shorter than expected followed up with the staff involved and actions taken appropriately. For instance, where someone had been paying for time with the carers that wasn't necessary to meet their support needs the registered manager contacted the person to discuss shortening their visits.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us that communication with the office was sometimes poor. One person told us, "Recently I have had a review and been asked for feedback. Getting information in advance is difficult, the office doesn't always communicate quickly." A relative said, "Sometimes they forget about the communication." We discussed these concerns with the registered manager who informed us they had not received complaints about this and that the office team try to provide good levels of communication at all times with service users and their relatives.
- People and their relatives were given the opportunity to give feedback via surveys. This gave them the chance to express their views and opinions. These surveys had been analysed and an action plan was completed in relation to any area people felt needed improvement.
- Staff had a good understanding of whistleblowing and told us they knew how to access policies relating to this.

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

- People and staff spoke positively about the registered manager. One person told us, "[Registered manager] is very helpful." A member of staff said, "[Registered manager] is great, if I ever have any problem...she will deal with it straight away."
- There was a culture at the service which supported providing good outcomes for people. The registered manager told us, "We do extras for people and don't bill for it if they need emergency shopping, prescription picking up or something posting."
- There were regular staff supervisions and spot checks to help improve quality. Checks ensured staff wore their ID badge, used PPE correctly, and that people were spoken to in a kind and caring way. Supervision meetings included work performance and feedback from people and their relatives.

Working in partnership with others; 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

- Professionals spoke positively about working in partnership with the service. One social care professional told us, "I find [registered manager] very professional, accommodating and supportive of my clients and their needs. If I have any concerns all staff are very prompt in replying and attempt to resolve the issues straight away..." Another social care professional told us, "I always feel that [registered manager] is very genuine and clearly has the clients' interests at heart..."
- The registered manager told us that the service worked closely with health professionals such as GPs and district nurses to help achieve the best outcomes for people.
- The registered manager understood their responsibilities under the duty of candour regulation. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent.