

Support at Home Ltd

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Support at Home is a domiciliary care service providing personal care to people living in their own homes. At the time of the inspection 75 people were receiving care.

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

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

People were well protected from the risk of abuse or neglect and told us the service helped them to feel safe. Staff had completed training in adult safeguarding and were aware of their responsibilities to report any concerns. Risk was assessed as part of the management of the service and effective measures had been taken to reduce risk and maintain people's independence. Safe recruitment practices were used to ensure that new staff were suited to working with vulnerable people. Appropriate checks were completed before new staff started work. There were a small number of minor medicines' errors in the previous 12 months. Each error had been reported and addressed in accordance with best-practice. Staff recorded incidents and accidents in sufficient detail to aid analysis and reduce risk. Senior staff provided examples where they had used information effectively to improve practice.

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 were supported to maintain a healthy diet in accordance with their needs and preferences. Support at Home worked well with other agencies to provide care which had a positive impact on people's health and wellbeing. When people were unwell staff acted promptly to ensure that they received appropriate care and treatment. People were involved in discussions about their care and their outcomes were good. Staff were given an induction in accordance with recognised standards for care staff. Staff were also given regular additional training to improve their skills and knowledge. Staff told us that they felt well supported.

People and their relatives spoke very positively about the caring nature of staff. They told us that they were always treated well by staff and were consulted about their care. Staff were clear about their responsibilities in relation to equality and diversity and supported people appropriately. People were encouraged to comment on the provision of care and were actively involved in the decision-making process through discussions with staff and regular meetings. Important decisions were recorded in care records and reviewed. Staff explained how they supported people with their personal care needs in a discrete and sensitive manner.

We saw evidence that people's individual needs and preferences were consistently considered as part of the care planning process. We also saw that needs and preferences were reflected in the way care was provided.

Staff understood the need for effective communication and met the requirements of the Accessible Information Standard (AIS). Important information was made available in a range of accessible formats to help people understand and to promote their involvement. Support at Home was primarily commissioned to provide personal care. However, we saw numerous examples of staff supporting people to engage in a meaningful and appropriate activities. The service dealt with complaints in accordance with their own policy and best-practice guidance. We were told how the service had responded positively when concerns were shared. The service did not routinely support people receiving end of life care. However, people's end of life wishes were recorded in their care files.

On the first day of the inspection the assistant care manager represented the management team in the absence of the registered manager. It was clear they understood their responsibility to submit notifications regarding important events. Each of the staff we spoke with understood their role and responsibilities. Throughout the inspection the comments and behaviours of the assistant care manager and other senior staff consistently reflected their commitment to a genuinely person-centred service. It was clear that this had resulted in positive outcomes for people. Information provided after the site visit by the registered manager and human resource manager supported this view. Staff told us that they would not hesitate to inform senior staff of a concern or error. We saw evidence errors and performance issues had been recorded, reported and addressed appropriately. The service placed continuous learning and improvement at the heart of practice. They made effective use of audits, reports and other forms of communication to monitor and improve the safety and quality of care. Additional partnerships had been developed with other services in the area to improve outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 17 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

Support at Home Ltd

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 conducted by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period of notice for the inspection because we needed to give people the opportunity to meet with the inspector in their own homes.

Inspection activity started on 30 July 2019 and ended on 1 August 2019. We visited the office location on 30 July 2019.

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 five people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the assistant care manager, a scheduler and three care workers.

We reviewed a range of records. This included five 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.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were well protected from the risk of abuse or neglect and told us the service helped them to feel safe. One relative commented, "I feel [relative is] completely safe." While another discussed the additional security they get from accessing information about their relative's care through a mobile application (app). They said, "The technology they have is brilliant. I have the app. It gives us confidence."
- Staff had completed training in adult safeguarding and were aware of their responsibilities to report any concerns.
- Systems for reporting concerns were robust and aligned to the requirements of the local authority and the Care Quality Commission.

Assessing risk, safety monitoring and management

- Systems and processes were in place to reduce the risk of harm.
- Risk assessments were completed in relation to a range of health conditions and environments. Assessments were sufficiently detailed and regularly reviewed.
- Risk was assessed as part of the management of the service and effective measures had been taken to reduce risk and maintain people's independence. For example, one person using the service did not want staff to access their home by use of a key safe. The level of risk was assessed with family members and an agreement reached for staff to knock on the door at each visit.

Staffing and recruitment

- Safe recruitment practices were used to ensure that new staff were suited to working with vulnerable people. Appropriate checks were completed before new staff started work.
- Staff were deployed in sufficient numbers to meet people's needs and provide safe care. Comments included, "The night carers are brilliant" and "They turn up on time. I get a rota every week. I'm really happy with them."

Using medicines safely

- Medicines were well managed and there were a small number of minor medicines' errors in the previous 12 months. Each error had been reported and addressed in accordance with best-practice.
- Staff completed training with an accredited provider before they administered medicines and had their competency assessed regularly.
- Electronic records were used to confirm when medicines had been administered and were subject to regular audits.

Preventing and controlling infection

- Staff understood the need for effective hygiene standards to reduce the risk of infection.
- Staff were provided with personal protective equipment (PPE) and used it appropriately when providing personal care.

Learning lessons when things go wrong

- Staff recorded incidents and accidents in sufficient detail to aid analysis and reduce risk.
- Senior staff provided examples where they had used information effectively to improve practice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported to maintain a healthy diet in accordance with their needs and preferences.
- One person had been supported to lose a significant amount of weight and had improved their level of independence as a result. They said, "I've lost weight and I don't need as much medication. I'd still be getting winched in and out of bed if it wasn't for these girls."
- People confirmed that staff knew their preferences and prepared meals and drinks accordingly.

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

- Support at Home worked well with other agencies to provide care which had a positive impact on people's health and wellbeing. We were provided with examples where the service had worked flexibly with commissioners and healthcare professionals to ensure that people could remain in, or return to, their homes.
- When people were unwell staff acted promptly to ensure that they received appropriate care and treatment. One person told us, "A week or so ago I had trouble with my catheter. The girls called the district nurse. Later it got worse, but the girls called an ambulance and got me the care I needed. I got home from hospital late and the girls were waiting for me."
- A specialist social worker said, "They've been absolutely brilliant. Very responsive and positive. They work with very complex clients who other providers haven't been able to support."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff were aware of the relevant standards and guidance and used this effectively to assess people's needs and plan their care.
- People were involved in discussions about their care and their outcomes were good. One relative said, "[Manager's name] called at my mum's house while we went through everything."

Staff support: induction, training, skills and experience

- Staff were given an induction in accordance with recognised standards for care staff. Staff were also given regular additional training to improve their skills and knowledge. One member of staff commented, "I had an induction and I'm up to date with my training." While another member of staff said, "I had all the training at the beginning. I'm registered on my NVQ. I have a review every few months when they ask me about training." Training was matched to people's needs and regularly refreshed.
- Staff told us that they felt well supported. We were provided with personal examples when the provider had been exceptionally supportive and flexible. Some staff were supported with their faith and cultural

needs by the adaptation of their duties and responsibilities.

- Records indicated that staff received regular group and individual supervision.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had completed training in relation to the MCA and understood their responsibilities.
- The service was working in accordance with the principles of the MCA. People were asked for consent and given choices in relation to their care and other important decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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 very positively about the caring nature of staff. They told us that they were always treated well by staff and were consulted about their care. Comments included, "It's a pleasure when they come to the door" and "[Staff are] really polite. I'd be lost without them." While a relative commented, "[Relative] can be fussy at times, but what we've found that [relative is] generally happy with the staff."
- We saw a number of examples where staff spoke to people and about people with kindness and respect throughout the inspection.
- Staff were clear about their responsibilities in relation to equality and diversity and supported people appropriately.

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

- People were encouraged to comment on the provision of care and were actively involved in the decision-making process through discussions with staff and regular meetings.
- People told us staff discussed decisions with them and offered choices before providing care. One person told us, "They always ask me for consent."
- Important decisions were recorded in care records and reviewed.
- Most people had capacity to represent themselves or had a family member to act as an advocate. In some cases, staff had supported people to access an independent advocate.

Respecting and promoting people's privacy, dignity and independence

- People spoke positively about the way in which staff respected their rights to privacy and dignity in all aspects of their care. One person said, "Staff support me and I'm as independent as I can be."
- Staff explained how they supported people with their personal care needs in a discrete and sensitive manner. Staff told us how important this was to people and explained how they supported people's right to privacy at all times. One person explained how staff had helped them to regain independence in relation to one aspect of personal care which had helped their health and wellbeing.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We saw evidence that people's individual needs and preferences were consistently considered as part of the care planning process. We also saw that their needs and preferences were reflected in the way care was provided. For example, one person said how their call times had been adapted to better meet their needs. They commented, "I changed my care plan recently. I used to have an hour in the morning and three later calls. I have kept the same amount of hours and changed the times."
- Staff knew people's personal histories and their likes and dislikes. They used this information to hold conversations and to suggest activities. However, it was clear that staff knew more about people and their routines than was recorded in care records. We discussed this with the assistant care manager who made a commitment to add more information to the records.

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.

- Staff understood the need for effective communication and met the requirements of the AIS.
- Important information was made available in a range of accessible formats to help people understand and to promote their involvement.
- Staff were able to explain how different people made use of information technology as alternative forms of communication to speech. Examples included people who preferred to communicate through email and another used the provider's app.

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.

- Support at Home was primarily commissioned to provide personal care. However, we saw numerous examples of staff supporting people to engage in meaningful and appropriate activities. This included activities within their own homes and local communities. One relative commented, "[Relative] prefers them to sit with [relative] and chat rather than do any cleaning."
- Staff clearly understood the importance of supporting people to develop and maintain relationships. Contact details and other relevant information was kept in care records and staff ensured that relatives were kept informed in accordance with people's wishes.

Improving care quality in response to complaints or concerns

- The service dealt with complaints in accordance with their own policy and best-practice guidance.

- None of the people that we spoke with said that they had made a complaint recently. They each said that they would feel comfortable raising any issues with any member of staff.
- We were told how the service had responded positively when concerns were shared.

End of life care and support

- The service did not routinely support people receiving end of life care. However, people's end of life wishes were recorded in care files. We were provided with examples of how people's wishes had been supported by the service previously.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was not available on the first day of inspection. The assistant care manager represented the management team in the absence of the registered manager. It was clear the management team understood their responsibility to submit notifications regarding important events.
- Each of the staff we spoke with understood their role and responsibilities. The assistant care manager confirmed the provider was represented by the presence of the registered manager and others within the senior management team.
- Senior staff explained how they worked as front-line care staff and used the opportunity to assess performance and improve practice.

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

- Throughout the inspection the comments and behaviours of the assistant care manager and other senior staff consistently reflected their commitment to a genuinely person-centred service. It was clear that this had resulted in positive outcomes for people.
- Information provided after the site visit by the registered manager and human resource manager supported this view.
- People using the service and staff spoke about their involvement in important decisions.

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

- There had been no recent occasions when the service had to act on its duty of candour. However, it was clear from conversations and audit processes that openness and honesty were expected of all staff.
- Staff told us that they would not hesitate to inform senior staff of a concern or error. We saw evidence errors and performance issues had been recorded, reported and addressed appropriately.
- Senior staff provided examples of how they had supported staff when concerns had been identified.

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

- All staff prioritised communication with people using the service and generally performed to a high standard. We were told of a very small number of occasions when changes had not been well communicated. However, most people said that they were engaged and informed by staff at all levels of the

service.

Continuous learning and improving care

- The service placed continuous learning and improvement at the heart of their practice. They made effective use of audits, reports and other forms of communication to monitor and improve the safety and quality of care.
- Lessons learnt from incidents and accidents were shared with staff to improve practice.

Working in partnership with others

- Additional partnerships had been developed with other services in the area to improve outcomes for people. This included effective working relationships with social and healthcare colleagues.
- The assistant care manager explained how partnerships were managed to ensure that the service only received safe, appropriate referrals.