

Care at Home (Midlands) Limited

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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

We carried out our inspection on 1 August 2016. The inspection was announced.

Care at Home Midlands is a domiciliary care service providing care and support to people living in their own homes. The office is based in Ratby in Leicestershire. The service provide support to people living in Leicestershire and surrounding towns and villages. They support people with a variety of care needs.

The service had a registered manager. 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.

People were safe when they used the services of Care at Home Midlands. Staff supported them to keep safe from abuse and avoidable harm. They reported any concerns they had about people's welfare to the registered manager who dealt with their concerns appropriately.

People's records included comprehensive risk assessment which guided staff to provide care in a safe manner whilst promoting people's independence.

The provider had safe recruitment practices. They completed relevant pre-employment checks which assured them that staff were safe to work with people who used the service. There was sufficient numbers of staff to meet people's needs safely. Staff were available for the full duration of their agreed support time.

Staff did not consistently complete people's medication administration records (MAR) charts to show that they had supported them to take their medicines. However, we saw that the provider had identified this issue and had implemented new protocols to address this and support staff to fulfil this task.

Staff had the relevant skills and experience that they required to provide effective care to people. They had access to a comprehensive training which included training required to meet the specific needs of people that used the service.

People were supported in accordance to relevant legislation and guidance. Staff sought people's consent before they provided their care and support and they applied the Mental Capacity Act 2005 in practice.

People who required support with their nutritional needs received it. Staff were supported to proactively support people with any changes in their health. They promptly referred people to health care professionals where required.

Staff were kind and compassionate to people who used the service. They demonstrated interest in the welfare of people that used the service and had knowledge of their needs and preferences. They provided

care in a way that promoted people's dignity and their right to privacy.

People had comprehensive care plans which reflected their current needs. The care that they received was centre on their individual needs.

Staff supported people to minimise the risk of social isolation. They supported people to access social activities and be part of their local community.

People had opportunities to provide feedback about the service they received. The provider acted on people's feedback.

People felt included and satisfied in the development and quality of the service. They spoke highly of the management team. Staff felt supported in their role which enabled them to deliver a good standard of care. The provider had effective procedures for monitoring and assessing the quality of service that people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were safe because staff had the required skills and support to keep them safe. The provider had appropriate safeguards in place to minimise the risk of abuse and avoidable harm to people.

The provider had safe recruitment practices. Staff were available for the full duration of their agreed support time.

The provider could not be assured that people received the support they required to take their medicines because staff did not always complete people's medicines records. We saw that the provider was addressing this issue.

Is the service effective?

Good ●

The service was effective.

Staff had effective induction and training that equipped them with the skills they required to look after people.

People were supported in accordance to the requirements of the Mental Capacity Act (MCA) 2005.

Staff supported people to monitor their health and promptly referred them to health care professionals when required.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and compassion. They demonstrated an interest in people's welfare and support them to remain as independent as possible.

Staff were knowledgeable about people's needs. They involved them in decision about their care and support.

Staff treated people with respect and promoted their dignity and human rights.

Is the service responsive?

Good ●

The service was responsive.

People's care plans reflected their preferences and the outcomes they hope to achieve in their care and support.

The care people received was centred on their individual needs.

People had access to opportunities to feedback about the care they received. The provider acted on people's feedback.

Is the service well-led?

Good ●

The service was well led.

Staff understood the standards expected of them. They were supported by the registered manager to meet those standards.

People felt included and satisfied in the development and quality of the service.

The provider had quality assurance systems in place to monitor the quality of care that people received. We saw evidence that these systems were used to improve the service.

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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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 1 August 2016. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection consisted of one inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using this type of service or caring for someone who uses this type of service. Before the inspection visit we reviewed information we held about the service. This included previous inspection reports, and notifications sent to us by the provider. Notifications tell us about important events which the service is required to tell us by law. We also reviewed the Provider Information Return (PIR). This is a form completed by the provider, where the provider gives key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority who commission the care of some of the people who use the service.

We used a variety of methods to inspect the service. We spoke with eleven people using the service and two relatives. We also spoke with a member of care staff members, the training officer, and the two directors of the service. We reviewed the care records of three people who used the service, people's medication records, staff training records, two staff recruitment files and the provider's quality assurance documentation.

Is the service safe?

Our findings

People were supported in a safe manner. All the people we spoke with told us that they felt safe when their carers visited them in their homes. One person told us, "I definitely am safe with them (staff)." Another person said, "Oh yes, I feel very safe with them." Relatives we spoke with also agreed that people were safe. One relative told us, "Of course [person's name] is safe with them. I am here so I can see and hear everything."

The provider supported care staff to keep people safe from abuse. Staff completed on-going training in safeguarding people from avoidable harm and abuse. The staff member that we spoke with was knowledgeable on how they would protect people from different forms of abuse. They told us that they would seek the support of the registered manager or care coordinators if they had any concerns about people's safety. They said, "Any concerns, we ring the office." They told us that they were confident that the registered manager promptly dealt with any concerns raised. We reviewed records which showed that staff were proactive to follow the provider's safeguarding protocols when dealing with incidents of concern. They also confirmed that registered manager dealt with concerns, supported staff where required and notified relevant organisations of any concerns about people's welfare.

Before our inspection we had received notifications of incidents of safeguarding concerns. We found that the provider that taken appropriate actions to investigate these incidents and the conduct of the staff members involved. They also liaised with other professionals and took appropriate actions to ensure that the people involved and other people using the service were kept safe. We also reviewed the provider's policies which included relevant safeguards to minimise the risk of abuse.

People care records included assessment of risks to the health and support needs of people that used the service. These assessments identified how staff could minimize the risk when they provided support to people. This meant that staff had the information that they required to keep people safe. Where people used to assistive technology to minimise the risk of harm in their home, their records showed that staff ensure that these were in good working order and within reach before they concluded their daily visit.

We reviewed staff records which showed that the provider had safe recruitment practices. They completed relevant pre-employment checks which ensured new staff were safe with the people using the service. These records included evidence of good conduct from previous employers, and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who used care services. This meant that safe recruitment practices were being followed.

People told us that there were sufficient staff available to meet their needs and that staff were available for the full duration of their agreed support time. We found that the provider used an electronic monitoring system to check that staff attended to people as agreed. They also audited this regularly to ensure that any issues with staff attendance to care provision visit are recorded and investigated. People told us that sometimes staff arrived late but they were often advised of this in advance. One person said, "They (staff) do

let me know if they are running late." Another person said, "Yes, they can be a bit late but I understand if they get held up."

The provider had policies which guided staff to support people with their medicines in a way that complied with relevant regulations and guidance. Staff who supported people with their medicines received the training they required to carry out this task. However, we found continued gaps in people's records because staff did not always complete people's medication administration records (MAR) charts to show that they had supported them to take their medicines. A relative told us, "[Person that used the service] is safe, although they [staff] did give her the wrong day's tablet. It was not a major thing and was sorted out." Other records we reviewed showed that the provider had identified this issue and had plans in place to address this. This included introducing a new style of MAR charts which would make it simpler for staff to record information when they supported people with their medicines. We discussed this with the provider who told us that they would continue to work with staff to improve in this area. They would also notify us of relevant information with regards to people's medicines to enable us keep an oversight on this.

Is the service effective?

Our findings

People received care from staff who had the relevant skills and experience that they required to deliver effective care. Most people told us that they were satisfied that staff were well trained and competent to meet their care needs. One person said, "I think they [staff] are very well trained." Other comments included, "Yes, they know what they are doing."; "They could do with a bit more training in cooking but otherwise are good." A relative told us, "I am generally happy with the care... one or two need a bit more experience."

Staff told us that the training they received was effective and enabled them to care for the people using the service. A care staff told us, "Training is good. The only thing I feel I need more training on is end of life training." We also spoke to the training officer who advised of the provider's training programme which included a range of relevant mandatory training and specialist training to meet people's specific needs. This included on-line training and classroom style training. We reviewed the provider's training records which showed that staff had completed these training which equipped them to carry out their roles and responsibilities. Staff received annual refresher training where required.

New members of staff underwent a period of induction and shadowed more experienced staff to enable them understand their role before they started supporting people independently. A member of staff who had recently joined the service told us that they had a four days induction into the service. The training officer told us that they identified and feedback to the manager where new members of staff may require additional support and that the registered manager told their feedback on-board to support staff appropriately. The provider told us that the period of shadowing for new staff was tailored to the member of staff depending on their skills and previous experience. They said, "There is no cap on shadowing days. If people require more then they have it."

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 make 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. Applications to deprive a person of their liberty must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. None of the people who used the service required applications to the Court of Protection.

Staff had received training in MCA and Deprivation of Liberty Safeguards. The training manager told us that this included training staff to ensure that they used people's aids and mobility equipment in a safe manner so that it did not become a restraint to their liberty. Staff sought people's consent before they provided their care or support. We saw that the registered manager supported staff through team meeting to ensure that they support people in accordance with MCA and other relevant legislation and guidance.

People who required support to meet their nutritional needs received this. People's care plans set out the

support that they required to ensure that their nutritional needs were met. The support that people received depended on their individual circumstances. Some people lived with their relatives who supported them with their meals. Other people received this support from their care staff. Staff ensured that people had the meals they required and had access to sufficient drinks before they left people's homes.

People were supported to monitor their health and access health care services when they needed it. The provider had protocols which include information to guide staff on how to respond to any changes in people's health. People's records showed that staff applied this when they supported people. Records included reminders for staff to always read last entry on people's daily notes, seek advice promptly from the office or medical services and update people's records. Staff told us that they would contact the office and health services when people required this. A care staff told us, "We will ring the office and tell them what we think and what support the service user requires. They can call a nurse or I'll do. Depending on the relationship, I will also contact the service user's next of kin."

Is the service caring?

Our findings

People complimented the caring attitudes of the staff who support them. They told us that staff were kind and compassionate to them. One person said, "I am very happy. They are angels." Another person said, "They are good girls, all of them!" Relatives also spoke highly of the care staff. A relative commented, "They are really kind." Another relative told us, "They go out of their way."

Staff told us that where possible that they supported the same set of people using the service in order to maintain consistency. This also helped staff understand the person's routine and build a positive relationship with the person they were providing support to. People told us that they had developed good relationships with their care staff. One person told us, "[Carer] is a friend now." Another person said, "They are so helpful, we get along very well." Other comments included, "I enjoy their company."

Staff that we spoke with had good knowledge of the people they cared for. They were passionate about their role, and appeared to have genuine interest in the wellbeing of the people who used the service. They told us that they developed their knowledge of the preferences and routines of people that used the service was by involving them in their care and support. A care staff told us, "We ensure that they are involved, we ask what they will like to eat, like to wear etc." People's records included information to support staff to involve people who used the service and offer them choices of how they want their support needs to be met.

People were supported to be as independent as they wanted to be. We reviewed people's records which showed staff enabled people to maintain their independence where possible. This included supporting them to retain any skills that they may have and support them to use assistive technology and aids that allowed them to continue to live independently within their own homes and local communities such as a pendant alarm.

People were treated with dignity and respect. They told us that staff promoted their dignity when they provided their care and were very respectful of them. One person said, "They always treat me with respect." Another person said, "Yes, everyone is so respectful." One relative described staff as very respectful of the privacy of their loved one that used the service. They said, "They help [person that used the service] with personal care and they respect their privacy." Another relative said, "They are very good indeed, every one of them." The training that staff received included training on how they would deliver a service with dignity and care. Staff that we spoke with knew the importance of promoting people's dignity and human right. They were knowledgeable on how they would promote these in their role. They gave us example of how they would do this which included, "Ensure curtains are shut during personal care, cover service user up when transferring them from bathroom to bedroom. If it is a bungalow ensure that doors are shut to avoid people peering in."

Is the service responsive?

Our findings

People had care plans which reflected their needs and their preferences on how they would like to receive care. Before people started using the service, staff visited them to discuss their needs, things that were important to them and their preferences. They also discussed the outcomes that they would like to achieve with the care and support they received and how staff could help them achieve their desired outcomes. This information was clearly recorded in people's care plan. We found that the format of the care plans made it easy to understand people's needs and clearly described the support people required. We reviewed records which showed that staff reviewed people's care plans regularly, and made changes where necessary. This ensured that people's records had up to date information about their needs to guide staff to provide the right support to people.

People told us that staff involved them when they reviewed their care and support. One person told us, "I have a care plan and we look at it every year or so." Another person said, "My care plan is reviewed regularly." We reviewed records which showed that when staff reviewed people's care and that they involved their relative where this was required.

Most people told us that the support they received was tailored to their individual needs. One person told us, "They [staff] do everything I ask them to do." Although another person said, "My evening call is too early 5 pm. I have told them and they said they would tell the office. I haven't heard from them." When we reviewed the records of the support that staff offered people daily, we saw that they supported people as stated in their care plan.

Staff supported people to engage in social activities and maintain relationships with people that mattered to them. This ensured that people were not socially isolated. One person told us, "I didn't want to go out after my [spouse] died, but now [staff name] takes me out twice a week and I look forward to it. We have been to the opticians today and they will go to the doctors with me." Another person told us, "I would not be able to go out at all without them; with their help and encouragement I am happy going out now." One person's records showed that they needed social stimulation and that they enjoyed playing board games, we saw that staff spent time with this person and played board games with them.

The provider supported people to share their experience of the service. They provided opportunities to give feedback about the care that they received. The provider told us that they did this through the annual reviews of people's care and quarterly 'service delivery telephone calls' where they rang people that used the service to check their satisfaction with the service they received and check if there had been any further changes in their needs. People also provided their feedback through the provider's survey. They told us that they used the survey to provide their opinion of the service. One person told us, "Yes we get them twice a year." Another person told us, "Yes, I filled in a survey. I told them I was dissatisfied because they send staff all over the place." The provider also told us that they were in the process of starting a service forum which they would also use as a medium to gather the feedback of people that used the service. They told us that a person who used the service and had relevant past experience would chair the forum.

The provider had a complaints, concerns, comments and compliments policy which people received when they started to use the service. People who used the service told us that they were confident to raise any concerns with the managers and that they would deal with their concern or complaint. We reviewed the provider's complaints documentation and saw that the registered manager responded to people's complaints appropriately and within prompt timescales as stated in their complaints policy.

Is the service well-led?

Our findings

People, their relatives and staff told us that they felt included and satisfied with the development and quality of the service. They were confident in the managers and told us that they provided good leadership of the service. One person said, "The manager is lovely, very approachable." One relative told us, "They are really understanding and it is a personal service." Another relative said, "The service is well managed." People told us that they felt empowered to approach the provider when required. They complimented the directors of the service, and described them as very approachable when they required their support. One person said, "[Director] is so helpful. I told him I needed another day to go out and he sorted it out for me straight away." Another person said, "Yes, it is well managed." The provider told us that they planned to use the proposed 'service users' forum' as an opportunity to further involve people in how the service is run. They told us that the objectives of the forum would be to consult people on "What we should be asking at interviews, matching carers to service user, payment types etc."

The service had two registered managers, one of who was also a director of the service. It is condition of registration that the service has a registered manager in order to provide regulated activities to people. The registered managers understood their responsibilities to report events such as accidents and incidents to the Care Quality Commission.

One of the registered managers was supported in their role by the two directors. We saw that the directors were 'hands on' and provided support to people that used the service and staff when needed. The provider also maintained links with other providers with the county to share challenges, achievements, good practices and learning on how to improve the service. A director told us, "In the past you get to find that agencies work against each other now we work as one. We have different professionals in our alliance - GP, nurses, social worker etc."

Staff told us that they felt supported by the registered managers and other senior staff. Staff spoke positively of the registered manager. They commented, "[Registered manager] is good. I can ring up anytime." They said the registered manager supported them to meet the standards they expected of them. The provider had an effective on call system which staff accessed for management support and advice if they needed it out of hours. A care staff told us, "There's always someone on-call and you can always get through. If they are working they might say I will ring you back and they'll pull away and ring you." We reviewed records of staff newsletters which showed that the provider supported staff to put their training and the provider's policies into practice when they delivered care.

The provider had systems for assessing and monitoring that they provided a good quality of the service. The quality assurance procedures consisted of regular home visits and telephone contacts to check that people were satisfied with the service they received. Senior staff also carried out unannounced 'spot checks' to ensure care staff were providing a good quality service. The registered manager had monthly quality assurance reviews of their systems and processes. They developed action plans where the audits had identified areas of improvement such as the issues we identified with recording people's medicines. We saw that the action plans from previous audits had been implemented at the time of our inspection and

improvements made where required.

Another way the registered manager encouraged staff to provide a good quality service was by recognising staff who had performed well. The newsletters we reviewed included information in recognition of staff who had shown outstanding performance in their role.