

Morepower Limited

# AQS Homecare Hampshire

## 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. At the time of inspection, 48 people were using the service.

At our last inspection we rated the service good overall, but requires improvement in safe. At this inspection we found the evidence continued to support the rating of good and the services had made improvements in the area of safe, which is now rated good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Risks to individuals were assessed and monitored. There were plans to minimise the risks to people associated with their health, wellbeing or care arrangements in the event of an emergency. Incidents were used as a way to promote staff learning and reduce the risk of incidents reoccurring.

There were systems to identify and protect people from abuse. Staff understood their responsibilities to safeguard people and there were systems in place to investigate concerns and complaints.

There were enough staff in place with the right skills mix to meet people's needs. The provider had carefully considered how to grow the business sustainably by not taking on more care packages than it could cover. The provider made pre-employment recruitment checks, which helped them make informed recruitment decisions about the suitability of new staff.

Where people required support with their medicines, the appropriate level of staff input was clearly identified. Staff had received training and understood the steps needed to prevent the spread of infections.

The registered manager understood the key challenges to the service and consistently drove improvement to meet them. Where deficiencies were identified, action plans had been implemented which monitored how the required improvements were embedded. These plans were regularly monitored by senior management, which helped to ensure there was oversight from the provider.

People, social workers and health professionals helped to develop care plans. People were consulted about how they would like to receive their care. Staff understood how to put this guidance into practice to promote people's choice and independence. People were asked for feedback and the service made changes in response to these suggestions.

Staff received training which was relevant to their role and ongoing support through supervision, which reviewed their working practices and behaviours. Staff were asked for their input in team meetings to discuss issues and agree ways to improve working practices.

People told us that staff were caring and compassionate. Staff respected people's dignity and privacy.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

The support that people required around their nutrition and healthcare was identified in their care plans.

The registered manager had made links with other stakeholders to help ensure that people were supported appropriately when transferring between different environments such as hospital to home.

The registered manager understood the importance of working in partnership with other agencies when providing care at the end of people's life.

Staff had received training and understood the steps needed to prevent the spread of infections.

Further information is in the detailed findings below

## 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 has improved to Good

### Is the service effective?

Good ●

The service remains Good

### Is the service caring?

Good ●

The service remains good

### Is the service responsive?

Good ●

The service remains good

### Is the service well-led?

Good ●

The service remains good

# AQS Homecare Hampshire

## 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.

We gave the service 24 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. One inspector carried out the inspection.

Inspection site visit activity started on 2 March and ended on 8 March 2018. It included visiting the office where the service was managed from, speaking to people via telephone to gain their views on the care provided and speaking with social workers with experience of working with the service. We visited the office location on 6 and 8 March 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law. Before the inspection, the provider completed a Provider Information Return. 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 spoke with 12 people who used the service. We also spoke with the registered manager, the locality manager, who within the provider's management structure was responsible for the day to day running of the service and four staff members. We looked at the care plans and associated records of three people. We reviewed other records, including the provider's policies and procedures, incident reports, staff training records, staff rotas and quality assurance questionnaires.

## Is the service safe?

### Our findings

People who used the service told us it was safe and reliable. Comments included; "The staff are reliable and they usually come on time.", "I never have to worry about them [staff] not coming. If they are running late then the office will call me." "On the whole the service is very good." However two people told us that staff did not always arrive at agreed times. One person said, "The timings can be quite variable." A second person remarked, "We had some issues over Christmas where no staff were available, but it has got better since."

There were sufficient staff available to meet people's needs. The locality manager told us how they had handed back a number of people's care packages in November 2017, as they did not have sufficient staff available to meet people's needs. The locality manager confirmed, "We wanted to be honest, responsible and above all we wanted to run a safe service." The provider had recruited additional staff since January 2018 and the locality manager told us they were still in the process of recruiting more. People's care visits were scheduled at consistent times and people had a team of regular staff who were assigned to their care visits. This demonstrated that there were sufficient staff in place with the right skills mix to meet people's needs.

The locality manager told us that in December 2017 some staff left the service at short notice. This had impacted on the consistency of the care staff and timings of calls during that month. This resulted in two occasions where people did not receive their care calls. The registered manager had reported these incidents to the local safeguarding team and investigated the incidents thoroughly. This helped to identify the reasons these care calls had been missed. The locality manager subsequently met with staff to reiterate policies and procedures around reporting absence and checking their duty rota. Since these incidents there had been no occurrences of missed calls. This demonstrated that the provider reflected on incidents to make improvements to the safety of the service.

The provider used a computer based system to manage staff's rotas. Staff were assigned to regular visits and emailed copies of their rota. This helped to ensure they had their most up to date schedule of work available and they knew the people they supported. The computer system also highlighted when people's care calls had not been allocated to a staff member. This alerted office staff that this visit needed allocating to a staff member. These systems helped reduce the risk that people would not receive a care visit.

There were systems to identify, report and protect people from abuse. All staff had received training in safeguarding. This training gave staff guidance about practical steps to keep people safe if they had concerns. The service had a safeguarding lead. Their role was to investigate concerns from people, families, commissioners and health professionals to ensure that actions were put in place to minimise risk of harm. The provider had made some referrals to the local authorities safeguarding team when concerns were raised about people's welfare. The local authorities safeguarding team told us how the provider had investigated concerns thoroughly and taken action to help ensure people were safe.

There were systems to help identify risks associated with people's health and wellbeing. The locality manager had assessed people's needs in relation to, medicines, risk of pressure injuries, communication

needs, personal care needs, nutritional needs and availability of next of kin. The locality manager used these assessments to prioritise people's care needs in the event of an emergency. At the time of inspection, there had recently been adverse weather. The locality manager used this assessment tool to ensure that the most vulnerable people were prioritised when planning care visits. To do this, the locality manager drove staff to care visits using a 4x4 vehicle as some roads where people lived were not accessible. This demonstrated that the provider had an understanding of the key risks associated with people and had plans in place to mitigate them.

There were systems in place to support people to manage their medicines. Most people independently managed their medicines. Those who needed help had the level of support they required detailed in their care plans. Some people required prompting to take their medicines whilst other people needed support during administration. The registered manager regularly audited peoples' medicines administration records to check that people were receiving their medicines as prescribed.

There were systems and processes to protect people against the risks of infection. Staff had received training in infection control. They told us how they wore personal protective equipment such as gloves when supporting people with their personal care. This helped to minimise the risk of infection spreading.

## Is the service effective?

### Our findings

People told us that staff were effective in their role. Comments included; "Staff all seem to know what they are doing.", "I am very happy with the carers [staff] that I get." "The three main staff I have are brilliant.", and, "I would give staff a solid 8 out 10."

People's needs were assessed prior to care visits commencing. The locality manager used a range of assessment tools to determine people's needs. These included meeting with people to discuss their preferences around their personal care routines. They also reviewed information from assessments by social workers or health professionals such as speech and language therapists or doctors. This helped ensure people's needs were fully assessed and the service had the right skills and resources in order to provide appropriate care.

Staff received training in the Mental Capacity Act 2005 and understood the need to seek consent before providing care. The registered manager ensured that people had read and understood their care plans in order to consent to their care. Where necessary, the provider consulted the person's representative, who had power of attorney for their health to make decisions in the person's best interests. An appointed power of attorney is somebody with legal authority to make decisions on behalf of another person, if they are unable to make decisions themselves. These actions were in line with the requirements of the Mental Capacity Act (MCA) 2008.

Staff received training, induction and ongoing supervision to enable them to be effective in their role. The provider had carried out a set of pre-employment checks to assess the suitability of candidates applying for roles as care staff. This included checks around their employment history, references from previous employment and a check with the disclosure and barring service. A disclosure and barring service check helps employers make safer recruitment decisions by identifying candidates who are potentially unsuitable to roles working within care settings.

Staff received a wide range of training which was relevant to their role. The locality manager regularly met with new staff during their induction to check their wellbeing and working practices. Staff received ongoing support in their role through supervision with the locality manager. Supervisions enabled staff to discuss their role, training needs and reflect on issues or incidents which had arisen. New office staff worked with more experienced staff in equivalent roles to help them understand the provider's policies, procedures and working processes.

The vast majority of people independently managed their food and nutrition. Where people did require support, this was agreed and documented in their care plan. One person was at risk of malnutrition as they could become forgetful and would not remember to eat. Staff monitored whether the person had eaten by asking them, checking previous staff's care notes and seeing if there was any evidence of eating such as used plates. They were instructed to contact the office staff if they had concerns, who would then take medical advice about the person's condition.

People had access to healthcare services as required. The majority of people managed their healthcare needs independently. Where required staff monitored people's health and wellbeing under guidance from health professionals. This included helping people to make referrals to healthcare services such as occupational therapists when they required additional equipment to support them with their mobility.

## Is the service caring?

### Our findings

People told us staff were caring and compassionate. Comments included, "My carer's are all wonderful people, so caring.", "All the staff that visit are bright and cheerful. To be honest, I enjoy them visiting me.", and, "I couldn't do without my girls [staff], they are so helpful."

Staff were kind and compassionate in their role. One person told us how staff spent time talking and comforting them whilst a relative was unwell. They told us, "It was a relief to have somebody to talk to. Staff were so kind and patient." One staff member told us, "You make a bond with people and end up caring about their feelings and welfare."

Staff understood people's backgrounds and important events/relationships in people's lives. Care plans contained information about people's family and life histories including employment and hobbies. Staff told us these acted as reference points for conversation with people as it gave them common ground to talk about. One member of staff said, "The better you know somebody, the more you can understand why they might feel a certain way or react in a certain way." This demonstrated that staff understood the importance of respecting people's background and life history.

People were treated with dignity and respect. One person told us, "The staff are always very respectful of me and my home." A second person said, "I do feel respected, I receive a call if staff are running late, which means I don't have to worry." People's care plans detailed instructions for staff to follow to maintain people's dignity and privacy. One person's care plan instructed staff to ensure they let the person take the lead and they followed their instructions during personal care. This ensured that the person still felt in control of their routines. One staff member told us, "Dignity is about treating people how you would like to be treated yourself. One day we might need care and it helps to put yourself in people's shoes so you understand what they are going through."

People were involved about making decisions about their care. People told us that they had been asked about their preferences, likes and dislikes before care started. One person said, "The office staff will come out to review the care. They also ask me if I would like things done differently." People were given a choice about which staff supported them and were able to request certain staff did not return if they felt they were incompatible with them.

Staff demonstrated a clear understanding through the planning and delivery of care about the requirements set out in The Equality Act to consider people's needs on the grounds of their protected equality characteristics. The Equality Act is the legal framework that protects people from discrimination on the grounds of nine protected characteristics, such as, age or disability. There were policies to ensure people's specific care needs were considered and staff's knowledge was further bolstered by training in equality and diversity.

## Is the service responsive?

### Our findings

There were systems to deal appropriately with people's concerns and complaints. One person said, "In general AQS are good at listening and have been honest when things have not been perfect." A second person remarked, "I complained about my calls times and they have changed them as much as they can." The locality manager kept a log of all complaints which included details of how concerns had been investigated and actions taken as a consequence. The service's safeguarding lead was the point of contact for all complaints. They told us how they acted upon any feedback given to help de-escalate concerns before they impacted on people. They told us, "I like to be proactive about nipping things in the bud where there are issues." This demonstrated that the provider had an effective system for responding to complaints and concerns.

People's care plans were concise and detailed the support people required from staff. People had a copy of their care plan in their home and one was stored on the provider's computer system. This meant that the care plan was readily accessible for authorised staff to refer to if required. Care plans were written clearly and detailed people's preferred personal care routines and how staff could provide effective support. Care plans documented any risks, health or communication needs people had, to enable staff to provide responsive care.

People's care plans detailed the level of independence they wished to maintain. Care plans detailed aspects of people's personal care which they were able to carry out by themselves. Staff were provided with information about how to support people at risk of neglecting their personal care. This demonstrated that staff understood the importance of empowering people to remain as independent as possible.

The provider had an out of hours, 'on call' service which meant that people and staff were able to access advice and support outside of office hours. Staff at the provider's head office operated the 'on call' service. The 'on call' staff had access to the service's computer based system which contained information about people's needs and also the staffing rota system. There was an effective system to hand over information between office staff and 'on call' staff. This meant that they were able to respond to people's needs by making changes at short notice if required.

People were supported to stay in their homes if possible when they received care at the end of their life. The provider worked with other stakeholders to help ensure they were able to meet people's needs in this event. This included working with commissioners to flexibly adjust care hours as people's needs changed and co-ordinating with different health professional, such as district nurses when people's health needs became more complex. This ensured that people were provided with appropriate levels of care.

## Is the service well-led?

### Our findings

There was a registered manager in place who was due to leave the provider in March 2018. The locality manager and the provider's regional manager were overseeing the service until a new registered manager could be identified. 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.'

There was a clear management structure in place. The registered manager was overseeing the running of three of the provider's locations. They visited the service at least twice a week and carried out a series of checks and audits of the quality and safety of the service. The locality manager oversaw the day to day running of the service. There were two co-ordinators who organised people's care visits and the services safeguarding lead, who investigated concerns and complaints.

The locality manager had been working at the service since September 2017. Since that time they had identified a number of improvements which were required to ensure the safety and quality of the service. They had implemented an 'action plan', which identified and tracked required improvements in the following areas; levels of staffing, record keeping and recording, management structure and delegation of duties, ongoing systems to review care plans and ensure staff received regular supervision. At the time of inspection, the locality manager had completed all 11 actions identified in the 'action plan'. This demonstrated that they had a clear understanding of the challenges to make improvements and sustain a quality service.

People and staff told us that they felt the quality of service had improved since the locality manager started working at the service. One person said, "You can definitely notice the difference now, it is more organised." One member of staff reflected, "Around the middle of last year, it was really disorganised (the running of the service). Things run a lot smoother now." A social worker told us, "There has been a lot of work and improvements in the service over the past few months."

The locality manager carried out a set of audits which helped to improve the quality and safety of the service. For example, there had been significant improvements in the area of staff correctly completing Medicines Administration Records (MAR). This improvement was prompted from extensive auditing of people's completed MAR's, which identified errors and trends. These errors were addressed through staff team meetings and supervisions. The improvements were monitored through ongoing auditing of MAR records. This helped to ensure that improvements were sustained.

The service worked in partnership with other stakeholders to provide effective outcomes for people's health and wellbeing. The locality manager had significantly improved communication with relevant hospital teams to ensure people's needs were met on their discharge.

The registered manager sought people's feedback about the quality and safety of the service. For example, a

yearly questionnaire was sent out asking people their opinions about the service provided and if there any improvements that could be made. The registered manager was in the process of collating responses from the latest questionnaire and would share feedback with staff. This demonstrated that the registered manager sought out feedback from people in order to reflect and improve the service.