In Home Care Ltd

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Inspection report

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Ratings

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

Overall summary

This inspection took place on 13 October 2014 and was announced. In Home Care Ltd provide personal care to people in their own homes. At the time of the inspection the service provided care to 38 people with a range of needs including those living with dementia, older persons and people with a learning disability. People were supported with personal care as well as more social support such as going out in the community.

At our last inspection on 27 November 2013 we found the service was in breach of a regulation as adequate checks were not carried out to ensure staff were suitable to work with vulnerable people. The provider sent us an action plan on 14 January 2014 to say this would be addressed by 14 February 2014. At this inspection we found the service was still in breach of this regulation as the provider had not requested written references from a staff member's previous employers.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. There was a newly appointed manager who was not yet registered with the commission.

People, and their relatives, said they felt safe with the staff. There were policies and procedures regarding the safeguarding of adults. Staff had a good awareness of the correct procedures to follow if they considered someone they provided care to was being neglected or poorly treated.

Care records did not always include guidance for staff to safely support people when providing care or supporting people to access activities in the community. We identified one activity where there was no care plan guidance about an identified risk when the person went out with staff.

Staffing was organised so that people received a reliable service. Comments from people included, "They do whatever I ask them to do and they are always on time twice a day."

Pre employment checks were not complete for some newly appointed staff. This meant the provider could not be assured people received care from staff who were suitable to work with people.

People were supported by staff to take their medicines and this was recorded in their records. There were no checks that staff were competent to administer medicines or that staff were following the correct procedures.

Training, support and the induction of newly appointed staff was inconsistent. Staff told us they received training but other staff said they did not receive an induction and provided care to people before they received any training. For one staff member there was no record of an induction or supervision and for another staff member there was no record of any checks that the staff member was providing care to an adequate standard since they started work.

People had agreed and consented to their care. Whilst there were policies and procedures for those who were unable to consent to their care as set out in the Mental Capacity Act 2005, staff had not received training in this. This meant staff may not be aware of the legislation which needs to be followed if someone does not have capacity to consent to their care.

People were supported with meals and drinks. Arrangements were made to support people with their healthcare needs.

People said their needs were reviewed and they were consulted about the care they needed. One person said, "Yes I have a care plan and it is updated when things change." People said they were treated with kindness and respect.

The provider used satisfaction surveys to ask people to give their views on the service they received, which the provider told us was used in reviewing the service. However, the management of the service was not monitoring the performance of staff to ensure they provided safe and effective care. The provider had also failed to provide information requested by the Commission on several occasions.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staff pre employment checks were incomplete so the provider could not be assured that staff were suitable to work with people.

Staff knew how to recognise, respond and report any suspected abuse of people.

There were sufficient numbers of staff to meet the needs of people safely.

People were supported to take their medicines but checks that staff were following the correct procedures were not completed.

Is the service effective?

Requires Improvement

The service was not always effective.

Support and training to staff was inconsistent and there were a lack of checks that staff were providing effective care. There were examples where there were no records of staff being observed working with people to check their competency to provide effective care or having an induction before they worked alone with people.

People told us staff provided a good standard of care which they had agreed to. Not all staff were trained in the Mental Capacity Act 2005 so they would know what to do if people did not have capacity to consent to care.

Staff were aware of how to support people to receive a healthy diet. People were supported to access health care services when needed and staff worked with health care professionals to provide coordinated care to people.

Is the service caring?

Good

The service was caring.

People were involved in decisions about the type of support they received and the provider listened to what people had to say about their care.

People spoke positively about the relationships and support provided by staff.

Staff treated people with kindness and dignity and had respect for people they cared for.

Is the service responsive?

Good

The service was responsive.

People received personalised care which was responsive to their needs. People's care needs were reviewed and changes made to the way care was provided when this was needed.

Summary of findings

There was an effective complaints procedure which people, and their relatives, were aware of. Complaints were investigated and responded to.

Is the service well-led?

Requires Improvement

The service was not always well led.

The management of the service did not have a good understanding of the risks and concerns to people such as failing to meet a previous compliance action to carry out checks on newly appointed staff. There was also a lack of effective audit and quality assurance such as checks that staff were suitably trained and supervised to provide safe care.

Staff were aware they could report any concerns to the provider they had about the service. There were limited opportunities for staff to contribute to the development of the service and for sharing information.

Despite a number of requests the provider had not provided information to the Commission.

There were systems for communicating with people to check their views on the service they received. There was, however, a lack of effective audit and quality assurance system which could identify plans to develop and improve the service.

In Home Care Ltd

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. The 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 13 October 2014 and was announced. We gave the provider 48 hours notice of the inspection because it was a domiciliary care service and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by an inspector and an expert by experience who carried out telephone interviews to ask people, and their relatives, what they thought of the service provided by In Home Care Ltd. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report. We also looked at our own records such as any notifications of incidents which occurred and records regarding safeguarding investigations.

We looked at care records for five people and spoke to nine people, or their relatives, to ask them their views of the service they received.

The service employed 23 staff. We looked at the records of five staff including staff recruitment, training, induction and supervision records. We spoke to four staff, the nominated individual for the provider and the acting manager. Records of complaints, staff rosters, satisfaction surveys, and policies and procedures were reviewed.

We contacted two health and social care professionals who were involved with the care of people. These were a nurse for a local community mental health team and a social services team manager.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe with the staff. Comments included reference to staff being competent to provide safe care and that people felt comfortable with staff. However, we found staff recruitment procedures did not include reference checks on a staff member's previous employment.

Staff told us their recruitment involved the provider carrying out checks such as references as well as an interview to check their suitability for the job. Pre employment checks for two of the staff were satisfactory. Written references had been obtained from previous employers and Disclosure and Barring Service (DBS) checks were carried out to verify if the staff were suitable to work with vulnerable people. For a third staff member their pre employment checks were incomplete. The provider had not requested written references from previous employers to establish the conduct of the staff member. People were therefore not fully protected against the risks of receiving care from staff who may not be suitable to work in a care setting. The regulations specify the provider must obtain satisfactory evidence of conduct of previous employment which had not been completed for this staff member. This meant the service was in breach of Regulation 21 of The Health and Social Care Act (Regulated Activities) Regulations 2010.

The acting manager and staff were aware of the procedures to follow if they suspected someone had been abused and knew about the different types of abuse people may experience. They were trained in the safeguarding of vulnerable adults procedures and knew they could report any concerns to the local authority safeguarding team. A member of the local authority safeguarding team told us the provider cooperated with any safeguarding investigations or requests for information.

Risks to people were assessed and included in their records. There was an environmental risk assessment of people's homes so staff could identify any risks to their safety. There were risk assessments and management plans for supporting people with mobility and moving and handling as well as other activities where risk was identified. One care plan identified the risks of a person going missing during social activities in the community but did not give guidance on how staff should supervise the person. This was discussed with the acting manager and will be followed up at our next inspection.

There was an 'out of hours' provider contact telephone number for staff to use for advice and emergencies regarding people's safety and welfare. Staff said this was available for them to use, although one staff member told us there was one occasion when they could not get a response when they used this to get advice about care needs. There was a staff handbook which staff confirmed they had a copy of. This included details about working safely when working alone in the community and when in people's homes. The handbook also gave staff guidance on the importance of security of people's homes and the use of any key safe arrangements to gain access to people's properties; this was also recorded in individual's care plans. Staff were aware of what they should do in emergencies such as when they could not gain access to see a person in their home. There were also policies and procedures for this, which included instructions for staff to report these incidents to the provider's management team to follow up.

There were sufficient numbers of staff to meet people's needs. The provider told us staffing was arranged so each staff member had a duty roster with the names of people and the times of care. Staff said they had sufficient time to carry out the tasks as set out in the care plans and people told us they received a reliable service from consistent staff. People were not routinely informed of the names of staff that would be visiting them such as in a weekly roster, which meant they did not always know the names of the staff who would be providing care to them.

People told us they were satisfied with the support they received with their medicines. The names of the medicines prescribed and the procedures for staff to support people were recorded in their care plans. For some people this was a reminder by care staff to take their medicines. For other people, staff administered their medicines. Staff were able to describe how they supported people with their medicines and said they had received training in medicines procedures. Staff recorded on the medication administration record when they supported someone to take their medicines. These showed people received their medicines as prescribed. For three staff who had recently started work who administered medicines to people there was no record of any assessment of their competency to do

Requires Improvement

Is the service safe?

this. The provider's medication policy and procedure included reference to the management and supervisor carrying out regular audits of medicines records but did not include reference to any checks that staff were administering medicines to people by checking what staff were doing at people's homes.

We recommend the provider refers to the guidance: Royal Pharmaceutical Society The Handling of Medicines in Social Care, which includes training and formal assessment that care staff are competent to administer medicines. This refers to staff being observed when they give medicines as part of the assessment.

Requires Improvement

Is the service effective?

Our findings

People told us staff had the right skills to provide effective care to them. Comments from people about care staff were very positive. People said staff always completed the tasks as set out in the care plan and that staff stayed for the agreed length of time and sometimes longer. A health and social care professional told us they considered staff had the right skills to provide effective care to people. However, the provision of adequate support and training was not always supported by the records we looked at and from the information staff gave us.

Staff gave differing opinions on whether they received an induction which prepared them for their work. One staff member said they did not receive an induction to prepare them for their work with people and there was no record of any induction taking place. The provider told us the induction had taken place whilst the staff member worked at people's homes. For another staff member there was a record of training when the person started work which included health and safety, communication and providing personalised care. There was no record of this staff member being trained in moving and handling since 1999 which was out of date as these procedures have since been revised. For a third staff member there was a record to say an induction was completed but there were no details of what this included. Since this staff member started work as a 'live in' carer providing 24 hour support to people there was no record of the staff member receiving supervision or being observed working with people or a check being made on their work performance or any assessment of their competency to administer medicines. The lack of an effective and organised induction for staff meant there was a risk people may not receive effective care. Of the five staff records we looked at only one staff member had a record of being observed at work but this had taken place in 2012. Staff said they had access to training courses and described the training as good. One staff member said they were trained at National Vocational Qualification (NVQ) level 2 in care and had also completed training in a number of other relevant subjects. NVQ's are work based awards that are achieved through assessment and training. To achieve an NVQ candidates must have proved that they have the ability and competence to carry out their job to the required standard. It was evident from records that staff who had worked for In Home Care Ltd for several years had completed training in moving and handling, food hygiene, first aid and infection control. These staff also had records of annual appraisals of their work.

Staff said they had supervision and were observed working with people although records for this were not always maintained. One staff member said they were observed at work but this did not include any assessment of their competency in administering medicines. Only two of the five care staff had records of supervision taking place. Staff were not always supported by the provision of adequate training and supervision to ensure they provided care to an appropriate standard. This meant the service was in breach of Regulation 23 of The Health and Social Care Act (Regulated Activities) Regulations 2010 as the regulations specify staff must have appropriate supervision, training and appraisal to enable them to deliver care to people of an appropriate standard.

People were aware they had a care plan and told us they were consulted and had agreed to the arrangements made for their care. There were records to show people had agreed to their care, which included people recording their signature to acknowledge this. Staff told us they sought people's agreement before completing care tasks. The information we looked at and the people we spoke to showed people who received care from the service had mental capacity to consent to their care. The provider told us people had capacity to consent to their care. There were policies and procedures regarding the Mental Capacity Act 2005 (MCA), which included guidance for staff on assessing mental capacity and making 'best interests' decisions when people did not have capacity to consent to care. The provider's Staff Handbook said it was essential for staff to be familiar with the MCA, but not all staff had received training in the Mental Capacity Act 2005, which staff confirmed to us. Staff were not sure what the procedures were if someone they provided care to lacked capacity to consent to care. The Mental Capacity Act 2005 Code of Practice and the House of Lords MCA Committee Report highlight that those who provide care have clear policies and practices that comply with the MCA.

We recommend training is provided for staff in the Mental Capacity Act 2005 and it's Code Of Practice so staff and managers have the skills and knowledge regarding the correct procedures if people are not able to consent to their care.

Requires Improvement

Is the service effective?

When required, staff provided support to people with their food and drink. This included the preparation of meals for people in their own homes. This was recorded in people's care plans along with an assessment of people's nutritional needs. For example, one person's care plan included details about how the person was able to say what they wanted to eat from the food in their home and the type of support the person needed. The care plan included details about the person's preferences as well as details about providing drinks for the person. Staff demonstrated they supported people to have a healthy diet and that choices were offered. Daily records were made by staff each time they provided care to someone and these showed people were supported with eating and drinking where this was relevant. A health and social care professional said staff supported people with their meals and involved people in the preparation of meals.

Staff told us they monitored people's care and health needs. People could access healthcare services and receive ongoing healthcare support when their health care needs changed. Care records included details about any appointments people had and guidance from health care professionals to meet people's needs. A community mental health nurse told us they had a good working relationship with the staff and said they were confident they would be contacted should the person's mental health needs change.

Good

Is the service caring?

Our findings

People, and their relatives, described the staff as caring, kind and respectful. People made positive comments about how they were treated by staff, describing the staff as kind, respectful and compassionate. People commented that staff asked them how they preferred to be supported. Staff dealt well with people's distress and discomfort. A relative commented on how staff were tactful and astute in dealing with people's moods as staff were calm and avoided any confrontation. The relative added, "My son/daughter is very comfortable and happy with the staff." This relative described how staff took time to get to know their son/daughter by taking them out to a café for coffee so the staff and person could get to know each other in an informal setting. A community mental health nurse said they had observed staff to be caring and that staff established positive and meaningful working relationships with people. The nurse said staff supported people to make choices and to take part in activities the person wanted to do, which was confirmed by the people we spoke to. For example, one person said how staff supported them in making choices of how they wished to be supported.

People's views were listened to and taken account of in how care was provided. People and relatives told us how they were consulted about their care and that they had a copy of their care plan at their home. We also saw how one person had written their own care plan which showed the person was fully involved in ensuring that staff knew their needs and how they wanted to be supported. Care plans included reference to supporting people in maintaining their independence such as assisting people with personal care and domestic tasks so they could attend work. A relative also said how care staff supported their son/daughter to be independent.

The provider told us people were able to choose whether they had male or female care staff for personal care, which people confirmed was provided. This choice was not recorded but the provider indicated this was something they would implement. One person told us how they asked for care staff who were more mature which was then provided. Another person said how staff had time to talk to chat to them which made them feel valued.

Staff said they gave people choices in how people wanted to be supported and listened to people's requests. People told us they were aware they had a care plan which they were involved in devising. People also said how they were involved and consulted in the initial assessment of their needs. Care plans were personalised and reflected people's preferences as well as tasks people could do themselves so their independence was maintained. For example, one staff member said how they involved people in choosing their meals as well as in preparing food.

Staff said they treated people with respect and acknowledged the need to also respect people's privacy and dignity in their own homes. One staff member commented, "We give the best care we can." There was a staff handbook which demonstrated how staff should treat people with dignity, and as individuals, as well as promoting people's privacy. Staff were aware of the contents of the Staff Handbook and the importance of treating people with dignity and respect. We saw one staff member was asked to give their personal philosophy of care at the time of their recruitment and the staff member had responded by saying people's privacy and confidentiality should be maintained. Staff showed they had a caring attitude towards people and a commitment to providing a good standard of care. For example, one staff member said they were "dedicated" to their work.

Good

Is the service responsive?

Our findings

People's care needs were assessed, reviewed and changes made to care arrangements when needed. People and their relatives said there was a care plan which reflected people's needs and preferences. When care plans were reviewed people said this was done to reflect their changing needs. In addition to this, people said the provider and staff responded to requests for additional support. One person said how staff sometimes stayed longer than the agreed times when they asked for additional tasks to be carried out. People said their needs were reviewed and gave us examples when their requests were responded to. This included people asking for a change of care worker.

People's needs were assessed when they were first referred for a service. These included details about how to communicate with people, their physical and mental health and mobility. Care plans were structured with the person's needs and preferences as being central and gave staff specific guidance on how to support people. For example, one person's care plan said, "I need assistance with personal care and making breakfast," and went on to say how staff should support the person with these. Guidance was included in care plans to reflect people's different needs. For example, details about how to transfer people from wheelchairs were assessed and recorded. People had signed their care plan to acknowledge their agreement to its contents.

Each person's care arrangements were detailed in a timetable format so that people knew the times care staff would be supporting them. People told us they received a copy of these details and that staff adhered to these times, but that this could be changed if they requested this.

People's preferences were recorded as well as what people could do themselves. Care staff told us how they used the care plans to guide them when providing care, but also asked people how they wanted to be helped. Records were made each time care staff supported people. These were detailed and showed people received care as set out in care plans and that people could choose what they did and how they preferred to be supported. A staff member commented how they were attentive in ensuring people got the right care and the importance of observing people to see if their needs had changed. Staff confirmed they recorded all relevant information about people so they were able to monitor people's changing needs.

As well as providing personal care people were supported with social activities such as trips to the shops and to other community events. Personal preferred routines were recorded so people were supported with activities such as going to work or going out to the shops. People said staff were flexible in how they provided support so that people's requests were taken account of. For example, one person said how they were supported and that staff had time to have a cup of coffee and spend time chatting with them which they said provided them with social contact. This person also said staff would take them to the shops or to the hairdresser if they wanted. A community mental health nurse also told us how staff took one person out to local facilities and this was always based on what the person chose to do. Staff told us how they worked with people's families so they had good information about supporting people.

People, and their relatives, told us they felt able to raise any concerns they had which were always addressed by the provider. A record was maintained of any complaints, which included information about how the complaint was dealt with as well as a response to the complainant of the outcome of the investigation. There was a complaints procedure which people said they had a copy of and they knew what to do if they had a complaint. The provider also gave opportunities for people and their relatives to give feedback on the service provided by the use of survey questionnaires. People and relatives also said they received telephone calls from the provider to ask if they were satisfied with the care and support they received. People also said care reviews gave them the opportunity to raise any issues or concerns they had. Records of any compliments about the service were also maintained. The provider told us any comments or complaints were considered so changes could be made to improve the service.

Requires Improvement

Is the service well-led?

Our findings

The management of the service was not always striving to improve its performance as it had not fully implemented an action made in the last inspection report when we identified a breach of the regulations regarding pre employment checks on staff.

The provider did not complete and return the Provider Information Return (PIR) to us, which we requested to give us information to prepare for the inspection. We asked the provider to complete this on several occasions but this was not done.

Not all the staff we spoke to were able to confirm there were suitable arrangements for their supervision, training and support. We noted a lack of support to newly appointed staff as well as a lack of recorded checks on new staff working alone when providing care to people. The provider therefore could not be fully assured staff were working to provide a high quality service. In addition to this, the Staff Handbook stated it was essential for staff to be familiar with the Mental Capacity Act 2005 but the provider had not arranged training for all the staff in this.

Staff demonstrated a positive attitude towards working to meet people's needs and raising any concerns about people's welfare by the use of the safeguarding and whistleblowing procedures. Staff also said they felt able to raise issues or concerns with the provider.

Improvements were needed in how the provider sought the views of staff and how staff might contribute to the development of the service. The provider told us staff meetings took place once a year but there were no records of these taking place or minutes to show information had been shared with staff about care needs, care procedures or that staff had an opportunity to raise issues about their work.

People and their relatives told us they were able to easily contact the staff and management who were receptive to any matters they raised. The provider told us a newsletter was produced with information about developments to the service. The provider said the last newsletter was produced in August 2014 but this was not available for us to see.

Arrangements were made for the day to day management of the service so that the service could operate to meet people's needs. This included the appointment of an acting manager in the absence of a registered manager. The acting manager was in the process of applying for registration with the Commission. There was a management structure where care staff were supervised by senior carers who in turn were accountable to the acting manager and provider.

We were not clear if the provider intended to make any improvements to the service. This information could have been included in the PIR. The provider told us there were regular meetings of the management team where current issues and development plans were discussed. There were no records of these available for us to see and it was not clear how often these took place.

The provider was able to check care records and records of medicines administered to people by looking at records returned to the services' office by staff. Systems for assessing the quality of the service and identifying any themes or where improvements needed to be made were not recorded and the provider was only able to give us limited information about this.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers **The provider did not operate an effective recruitment procedure to ensure staff were suitable to provide care to people as satisfactory evidence of conduct in previous employment in health or social care was not obtained from a staff member's previous employers. Regulation 21 (a) (i) (ii) (iii) (b) Schedule 3.**

Regulated activity	Regulation
Personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff **The provider did not have suitable arrangements to ensure staff were supported to deliver care to an appropriate standard by providing training and supervision. Regulation 23 (1) (a).**