

Care at Home UK Limited

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Inspection report

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06 September 2017

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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

Care at Home UK Limited provides live-in support and personal care to people in their own homes. Care workers are allocated to live-in with people for up to twelve weeks at a time. The agency provides care in several counties including, Essex, Suffolk, and Oxfordshire. At the time of our inspection, support was provided to 22 people.

When we last inspected Care at Home Uk Limited in June 2015 we rated this service good. At this inspection we found that the service remained good.

There was a registered manager in post. 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.

Staff understood the need to protect people from harm and the steps they should take if they suspected abuse. The agency was aware of their responsibilities to keep people safe and we saw that they, and care staff took steps to protect people and reduce the likelihood of harm. Medicines were safely managed and subject to regular checks to ensure that they were being administered as prescribed.

There were sufficient numbers of staff available to cover for absences and meet peoples needs. Recruitment procedures were thorough and reduced the likelihood of the service employing individuals who were unsuitable to work in this type of service.

Staff were well motivated and supported. They received training to meet the needs of the individuals they supported. Staff had a good understanding of healthy eating and the feedback from people using the service was that they enjoyed the meals provided. We saw that staff sought advice appropriately from health professionals and followed their recommendations.

People were supported to have control of their lives and staff supported them in the least restrictive way.

People told us that staff were kind and caring and they were enabled to retain as much independence as possible. Support was underpinned by detailed care plans which set out people's needs and how they wished the support to be provided. Communication was effective and key information was handed over to other staff and relatives ensuring that people received consistency of care. There was a system in place to address peoples concerns.

The manager was accessible and there were clear arrangements in place to support people who used the service and staff outside of office hours. People and staff told us that the manager provided effective leadership and the service worked well. Regular audits and checks were undertaken to identify any shortfalls and to drive improvement.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well led.	Good ●

Care at Home UK Limited

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.

This was a comprehensive inspection and it took place between 31 August and 06 September 2017. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector and an Expert-by-Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service, and their expertise was in the care of older people.

Prior to the inspection we reviewed information we held about the provider, in particular notifications about incidents and accidents. A notification is information about important events which the service is required to send us by law. We looked at concerns reported to us, and used this in our inspection planning.

The provider had completed 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 any improvements they plan to make.

As part of the inspection we visited four people at home and spoke to them about their experience of the agency. We spoke to a further four people who used the service by telephone and five relatives. We interviewed three care staff and spoke to a further three by telephone.

We reviewed a range of documents and records, including five sets of care records for people who used the service, three staff recruitment files, complaints records, audits, outcome of questionnaires, accidents and incident records.

Is the service safe?

Our findings

At this inspection we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be good.

People told us they felt safe and spoke highly of the agency and the care provided by staff. One relative said, "They're there for [my relative] all the time .. on hand if any problems arise. If there are problems .. the manager has always told us to get in touch straight away." Other comments included, "I wouldn't be without [my carer]." My carer, "Is a ww, a wonderful woman."

People were protected from the risks of abuse. Staff had received training in safeguarding and were clear about the steps that they needed to take if they had any concerns. There were arrangements in place to reduce the risk of financial abuse which included obtaining receipts for purchases. There was a log but this was not always consistently used as some staff recorded in the daily records. However it was agreed that the use of the running log would strengthen the oversight and the registered manager immediately put this into place. One individual received support from another domiciliary care agency with shopping, and it was agreed that this should be clearly documented.

Risk assessments were carried out to identify any risks to people when providing care. There were management plans in place which set out the actions staff should take to reduce the likelihood of harm. For example we saw that people had specialist equipment such as pressure relieving mattresses and cushions in place for individuals who had been identified as being at risk of a pressure ulcer. Staff were clear about their responsibilities and the actions that they took to keep people safe.

Accidents and incidents were reviewed and collated by office staff on a monthly basis. Reviews were undertaken to take account of peoples changing needs. We saw for example where an individual had repeated falls, advice was obtained from health professionals and amendments made to the support plan.

Safe recruitment processes were in place for the employment of staff. Relevant checks had been completed before staff began work, this included identity checks, taking up satisfactory references and obtaining a Disclosure and Barring Service (DBS) check.

There were sufficient staff employed to support individuals. People told us that they received care from a consistent carer, and when their main carer went on holiday the agency tried to provide a carer that they already knew and who was familiar with them and their needs. We saw that care staff were provided with regular breaks and there were clear arrangements in place to respond to emergencies out of hours.

Medicines were managed safely. We looked at a sample of medication administration records (MAR) which staff signed to evidence that people have been administered their medication as prescribed and saw that this corresponded with what people had been prescribed. We observed one person being administered their medication and saw that this was undertaken in line with their care plan. Medicines were booked in when received but we discussed with the manager how they could strengthen the recording to improve auditing.

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs effectively, as we found at our previous inspection. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

People using the service and their relatives expressed confidence in the staff, their knowledge and skills. For example they told us how staff had helped them to mobilise using the hoist and described how they felt safe when they were doing so. They described how staff had responded to medical emergencies such as falls and given lots of reassurance before contacting all the relevant parties.

We saw that staff had received training when they first started to work at the agency which was based on the care certificate. The care certificate is a set of minimum standards that social care and health workers should work to and are assessed on. Refresher training was provided on a yearly basis to ensure that staff were up to date and working to the agencies expectations. Regular questionnaires were completed by staff to check their understanding of what they had learnt at training.

The registered manager told us and staff confirmed that they received regular supervisions and spot checks to ensure staff had the skills and knowledge required to meet people's needs. We looked at written records which showed that spot checks had been completed and feedback given. Staff told us that they were well supported by the agency, one member of staff told us, "The company cares for the staff as well as the client." They told us that they and the person receiving the service received a weekly call from the office to check that all is going well and identify any issues before they become significant.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that staff had received training in the MCA and all of the staff we spoke with understood how to apply the principles of the act in practice. For example in how they gave people choices and ascertained their consent before providing care. There were no best interest decisions in place but the manager was aware of their responsibilities under the legislation and was able to give us examples where they were being considered.

People were supported with eating and drinking and told us that their preferences were met. One person told us, that their carer, "Cooks my meals in the evening. We have a discussion about what we're eating tonight. We make a decision like that.. then she gets all the stuff." A relative told us, "[My relative] really likes the food and what they do ... they prepare and cook it well. They always make sure they've got enough to drink."

People were supported with their health needs. Relatives and people using the service told us that staff were alert to changes in people's wellbeing and gave us examples where staff had appropriately identified issues

and sought advice. We saw that individuals saw health professionals as required. Where advice was given, such as, by the occupational therapist on assisting people to mobilise, this was clearly documented for staff to follow.

Is the service caring?

Our findings

At this inspection people remained happy living at the service, they continued to be very complimentary of the staff and felt cared for. The rating continues to be Good.

People and their relatives told us that staff were kind and caring. One person told us, "My carer is, very caring, very careful when she's moving me. They know my feet, and my knees are very tender.. They do guide them.. it's helpful." Another person told us, "My carer is very caring in everything she does ..I can't fault her."

Some carers had supported people for a number of years and had good relationships with them, one person told us, "We are a good team." Another described their carer as "Like one of the family" and another said, "My carer puts her arms around me .. She's lovely." We observed staff being attentive and interactions were warm and relaxed

People had control of their care and how it was delivered. One person told us, "We've even got it nicely organised that I can go to my hairdressers ... we get the bus once a fortnight. Because she really understands how important this is to me." A relative told us "They certainly understand [my relatives] routine ... why it's important. [My relative] would be upset if it wasn't followed ... the day works as [my relative] would like it to."

Other people described how their independence was encouraged and how they were enabled to be as independent as they could be. One person told us, that staff know, "What I like to do myself ... [my carer] helps me reach things high up ... then I can do some things for myself." Another person told us, "I like to do as much as I can anyway .. [My carer] certainly encourages that."

Staff were aware of the importance of treating people with dignity and respecting their privacy and this was reinforced through written guidance for staff in people's care plans. People told us that this was put into practice. One person told us that carers, "Always makes sure the curtains are closed ... and cover me with a towel." A relative described how they interacted with their relative in a respectful way. "They talk to him .. They never talk down to him .. and they talk about things he's interested in."

Is the service responsive?

Our findings

At this inspection we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating remains Good.

People and their relatives spoke highly of the care, One relative told us, "They're very, very good. I can go to bed and sleep easily knowing my relative looked after so well.....they're faultless."

People's needs were assessed before they started to use the service and the information collated was used to develop a care plan. Care plans were detailed and informative and documented how best to support people as well as details of people's choices and preferences. Regular reviews were undertaken to ensure that they were up to date and reflective of people's needs. A relative told us that the management look at the care plan, "Every 4 to 6 months ... somebody comes out, reviews everything ... and updates it. Usually it's just a little tweak here and there. My relative is always there so they are part of it and involved - obviously they ask [my relative] what they want."

People told us that they also received weekly phone calls to check if the support package was working well and if anything had changed over the preceeding week. They told us that care was person centred and that staff knew them well. We found that staff were familiar with the contents of the care plans and were able to tell us about people what they enjoyed, how they liked to spend their time and their support needs.

Daily records were maintained by care staff of the support they provided and relatives told us that the agency communicated well with them and kept them updated of any changes to their relative's wellbeing. Handovers were undertaken when there was a change of carer such as when the permanent carer went on holiday.

There was a complaints procedure in place and people and their relatives knew how to complain. Most people told us that they did not have cause to complain but if they had raised an issue it was responded to positively and addressed. We looked at the records of complaints and saw that concerns which had been raised were fully investigated and responded to.

Is the service well-led?

Our findings

At this inspection we found staff were as well led as at the previous inspection. The rating remains Good. People and their relatives told us that this was a well managed service and they would not hesitate to recommend it to others.

There was a registered manager in post who was also a company director. 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. The manager was supported by an office team which included a newly appointed deputy manager. Between them they were responsible for the day to day running of the service.

The manager spoke passionately about the values of the service and the support they aimed to provide for individuals. Staff morale was good and people using the service told us that the manager was assessable and office staff were helpful. One person told us the manager was, "Very helpful, very approachable but all of them listen when you ring about anything."

There were a number of systems in place to audit and monitor care practice. Quality audits were undertaken on a range of areas including care plans, medication and recruitment of staff. Where shortfalls were identified, these were followed up with individual member of staff and where appropriate additional training provided. Staff practice was monitored through observations and unannounced spot checks. Information was collated centrally on accidents and incidents to identify patterns. There was a training matrix which provided oversight on who had undertaken training and when refreshers were due.

The information was collated by the manager into a management tool to provide oversight and planning of resources.

People's views on the quality of care were assessed as part of the auditing processes but also through the sending out of questionnaires. These were given to individuals and families at regular intervals to ask for their views on the quality of care provided. We reviewed the results of the most recent questionnaires and saw that they were positive.