Meadow Home Care Services Limited

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Inspection report

41 Warwick Road
Solihull
West Midlands
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27 January 2016

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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**

Summary of findings

Overall summary

Meadow Home Care Services is a domiciliary care agency which is registered to provide personal care support to people in their own homes. At the time of our visit the agency supported approximately 170 people with personal care and employed 72 care workers.

We visited the offices of Meadow Home Care Services on 27 January 2016. We had told the provider 48 hours before the visit we were coming so they could arrange for staff to be available to talk with us about the service. When we arrived at the location address 41 Warwick Road we found the service had moved. We went to the new location at the provider address. We had been informed by the provider they had moved the provider address to 8-10 Ulverley Green Road, Solihull, but had not been informed they had moved the location. This meant the provider was in breach of the condition of registration that allows them to operate from a specific location. The registered manager took immediate action to submit the required applications to us.

The information in this report relates to the service provided from the provider address at 8-10 Ulverley Green Road, Solihull and not the location, 41 Warwick Road as stated on the front of this report. The change of address had not affected the service provided by Meadow Home Care.

The service has 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.

Not all care workers had received the induction and training required to meet people's needs safely and effectively. Care workers practice was not being checked to make sure they worked in line with the provider's policies and procedures.

People and their relatives told us they felt safe using the service and care workers understood how to protect people from abuse. There were processes to minimise risks to people's safety; these included procedures to manage identified risks with people's care and for managing people's medicines safely. Checks were carried out prior to care workers starting work to ensure their suitability to work with people who used the service.

The managers had limited understanding of the principles of the Mental Capacity Act (MCA) and their responsibilities under the Act.

Care workers respected people's decisions and gained people's consent before they provided personal care. People told us care workers were kind and caring.

There were enough care workers to provide care to people and most people had consistent care workers.

People had different experiences about the times care workers arrived; most people received their care around the time expected. People said care workers stayed the agreed length of time and knew how they liked to receive their care.

Care plans and risk assessments contained relevant information for care workers to help them provide the care people required. People knew how to complain and were able to share their views and opinions about the service they received. Care workers were confident they could raise any concerns or issues with the managers and felt they would be listened to.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. However, the registered manager and other manager's in the service did not have sufficient knowledge and understanding of their regulatory responsibilities. The registered manager's overview of the service was not sufficiently robust to ensure the service always operated effectively and safely.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 safe.

Care workers understood their responsibility to keep people safe and to report any suspected abuse. There were procedures to protect people from risk of harm and care workers understood the risks relating to people's care. There were enough care workers to provide the support people required. People received their medicines as prescribed and there was a thorough staff recruitment process.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Not all care workers had completed the training required to ensure they had the knowledge and skills to deliver safe and effective care to people. The managers had limited knowledge and understanding of their responsibilities under the Mental Capacity Act 2005.

Is the service caring?

Good

The Service was caring.

People were supported by care workers who they considered kind and caring. Care workers ensured they respected people's privacy and dignity, and promoted their independence. Most people received care and support from consistent care workers who understood their individual needs.

Is the service responsive?

Good

The service was responsive.

People received a service that was based on their individual needs. Care plans were regularly reviewed and care workers were given updates about changes in people's care. People were able to share their views about the service and people knew how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The managers of the service did not fully understand their regulatory responsibilities, and what was required of them. There were systems to monitor and review the quality of service people received, however the registered manager did not have a sufficiently robust overview of the service provided. People were, overall satisfied with the service they received. People and staff felt able to contact the office and speak to the management team if they needed to.

Meadow Home Care Services 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.

We reviewed information received about the service, for example, from our 'Share Your Experience' web forms and the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Prior to our inspection we received concerns from two members of staff about the standard of their induction into the service and the training provided, which we were able to check during our inspection. We contacted the local authority commissioners to find out their views of the service provided. Commissioners are people who contract care and support services provided to people. They had no further information to tell us that we were not already aware of.

Before the inspection the provider 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 improvements they plan to make. We were able to review the information in the PIR during our inspection.

The office visit took place on 27 January 2016 and was announced. We told the provider we would be coming so they could ensure they would be available to speak with us and arrange for us to speak with care workers. The inspection was conducted by two inspectors 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.

Before the office visit we sent surveys to people who used the service to obtain their views of the service they received. Surveys were returned from17 people who used the service and five relatives. We spoke with 11

people who used the service or their relative by telephone.

During our visit we spoke with three care workers, two care co-ordinators, the care manager, the office manager and the registered manager. We reviewed four people's care records to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits and records of complaints.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe with their care workers and what they would do if they did not feel safe. A relative told us, "Yes she does [feel safe]. It's a friendly face every day" "She feels safe with all the carers. They are all lovely." People knew who to speak to if they didn't feel safe, one person told us they would speak with, "The manager or our social worker," a relative said, "[Person] would tell the family and we would contact the agency", and "I've a good relationship with them and I would speak to [care manager]."

Care workers understood the importance of safeguarding people who they provided support to. They understood what constituted abusive behaviour and their responsibilities to report this to their managers. One care worker told us, "If I had any concerns I would record it and report it to [care manager] or [registered manager]. So they could look into it and refer it to social services."

There was a procedure to identify and manage risks associated with people's care, such as risks in the home or risks to the person. Staff knew about the risks associated with people's care and how these were to be managed. One care worker told us, "All risks are documented in the care plan. We always read care plans so we know about any risks and what we need to do."

Records showed that risk assessments had been completed and care was planned to take into account and minimise risk. For example, care workers used equipment to support people who needed assistance to get out of bed safely and checked people's skin where they had been assessed as at risk of developing skin damage. One person whose family member required a hoist to support them move safely told us, "She uses a hoist and the two staff know how to use it." However we found that new care workers had not been trained to use a hoist and existing staff had not had their skills updated to ensure they continued to use equipment safely. We asked care workers about monitoring people's skin to make sure it remained healthy. One care worker told us, "I check people's skin to see if it is red or sore. Any concerns, I would record it and report it to the office, I would also let the family know. The office would phone the district nurse."

The provider had an out of hour's system when the office was closed. One care worker told us, "I phone if I need help or advice, there is always someone on call." Care workers told us this reassured them that someone was always available if they needed support.

Recruitment procedures made sure, as far as possible, care workers were safe to work with people who used the service. Staff could not start working in people's homes until their disclosure and barring certificates had been returned and references received. The Disclosure and Barring Service (DBS) assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use care services. Records confirmed staff had a DBS check, and references had been returned before they started work.

The care manager and co-ordinator's confirmed there were enough care workers to allocate all the calls people required.

We looked at how medicines were managed by the service. Most people we spoke with administered their own medicines. Where care workers supported people to manage their medicines, it was recorded in their care plan. People told us they received their medicines as prescribed. One person told us, "It works very well and there have been no problems." A relative told us, "She takes her own medication and the carer just check she's taken it."

Care workers we spoke with told us they had received training to administer medicines safely. One care worker told us, "We cannot give medicines until we have completed the training." However, the training record for the service showed, several care workers who were administering medicines to people had not completed medicines training and others required their skills updating. We have asked the provider to take action to improve the training provided to care workers. Care workers told us managers had not observed them giving medicines and we found there was no competency assessment to make sure care workers supported people safely. We discussed this with the care manager who informed us a medicines competency assessment would be implemented.

Care workers recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. MARs were checked by care workers during visits and by the quality manager for any missing signatures or errors. Completed MARs were also returned to the office every month for auditing. These procedures made sure people were given their medicines safely and as prescribed.

Requires Improvement

Is the service effective?

Our findings

People and relatives we spoke with, and most of the people who completed surveys thought care workers had the skills and knowledge to meet their needs. One person told us, "A couple of them are young but they can all do the job." Another said, "The new girls shadow first and generally speaking they are very good."

Prior to our visit we received concerns from staff that new care workers were not having an induction to their work, or completing the training required to keep people safe and to carry out their roles effectively. We checked this during our visit.

We asked care workers about their training. Care workers told us, that during their induction, new care workers worked alongside more experienced workers, who showed them what to do. They said they had regular training, one care worker told us, "All the training is through work books. We complete the book and send it off to be marked. I quite like that it is validated, they then send you your pass mark and a certificate". We asked about training to use a hoist. Staff we spoke with had all worked for the service for several years, they told us they had completed training but this had been several years ago. One care worker said, "I usually do single calls so don't use a hoist but I do cover for sickness and holidays so do double up calls where equipment is used. I wouldn't feel confident using a hoist as it's been years since I did and would need a refresher."

We asked the managers how care workers were trained to use moving and handling equipment, such as a hoist. The care manager told us new care workers had not completed practical moving and handling training and that new care workers were shown how to use equipment by experienced workers whilst working alongside them. However, the training of experienced care workers was out of date and they had not completed the relevant training to train new care workers. The provider could not be certain new care workers were being shown how to use equipment correctly and that experienced care workers knew how to move people safely.

The information from the registered manager in the provider information return (PIR) stated there had been over 40 care workers recruited in the past 12 months. We asked the care manager about the induction training for new staff and if this was linked to the recommended Care Certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. The care manager, and the office manager who was responsible for organising training, did not have a good understanding of the care certificate and how this should be implemented.

The care manager told us staff who had been recently recruited had a background in care so had not had a full induction including the required training. The care manager could not be certain that the care workers had previously completed the training required to carry out the care people who used the service required.

Training information in the PIR showed staff had not completed all the recommended training. During our visit we were provided with a copy of the staff training record. This showed not all care workers had completed training in areas considered essential for care workers, and training was not being refreshed

regularly to keep care workers skills up to date. This included areas such as, safeguarding adults, infection control, food hygiene, and medication. Discussion with care workers and information in care plans we looked at showed care workers carried out these tasks on a daily basis without having had the required training.

Care workers we spoke with told us no one had observed them while working in people's homes. One care worker told us, "We used to have spot checks [observations of practice] but I haven't had one for a long while." The care manager confirmed observations of staff practice had not taken place. This meant the provider could not be sure care workers put their learning into practice, or worked in line with their policies and procedures.

The provider could not be certain care workers were able to provide effective and safe care to people.

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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The managers we spoke with had very little understanding of MCA or DoLS, their responsibilities under the Act and how they should put this into practice. However, the care manager told us there was no one using the service at the time of our inspection that lacked capacity to make their own decisions about how they lived their daily lives. The managers told us they would update their knowledge of the Act.

Care workers had not received any training about the MCA and had little understanding of how this affected their practice. Care workers said everyone they supported could make everyday decisions for themselves or had someone who could support them to do this. Care workers knew they had to gain people's consent before they provided care and people we spoke with confirmed they did this.

Most people we spoke with prepared their own food or had relatives that supported them with this. People who were reliant on care workers to assist with meal preparation told us choice was offered and drinks were given where needed. There was no one using the service at the time of our inspection that had any specific dietary requirements.

All the people we spoke with or had returned surveys managed their own healthcare or had relatives that supported them with this. Care workers said they would phone a GP if the person was unwell but said family would usually do this. Records confirmed the service involved other health professionals with people's care when required including district nurses, occupational therapists and GPs. Where needed people were supported to manage their health conditions and had access to health professionals if required.

Good

Is the service caring?

Our findings

Most people were happy with the care they received from Meadow Home Care Services, and told us their care workers were caring and friendly. Comments included, "The main carer is friendly and upbeat, always positive. She's brilliant," and, "Yes they are quite caring and we always have a chat."

Most people we spoke with had regular care workers who they knew well and who they had built friendships with. People told us, "Yes, it's the same person usually". A relative said, "The regular carer has got to know him and vice versa." Although one relative contacted us to say, "They did have a few good staff, but my mother has had such a high turnover of carers it is difficult for them to get to know her."

Care workers we spoke with told us they supported the same people regularly and knew people's likes and preferences. One said, "We have regular clients, I like that and it works well, and "I know all my clients on an individual basis. I know how they like things done so hopefully make people feel at ease." Another said, "Sometimes it's the little things that are important we have time to get to know people so you learn these things."

People mostly received care at their pace and were not rushed. People we spoke with told us care workers usually arrived on time and stayed long enough to complete all the tasks required of them. Care workers said they were allocated sufficient time to carry out their calls without having to rush and had flexibility to stay longer if required. One care worker told us, I make time to sit and talk to people; it's what care is about. People are lonely and like the company." Relatives told us, "They talk to her while they are caring for her. They never leave early, although occasionally they might seem a bit rushed". Another said "He's never rushed."

We looked at the call schedules for three people who used the service and three care workers. These showed people were allocated regular care workers where possible. The care manager told us there was a thirty minute 'window' either way for calls times to allow staff time to travel. The care manager told us people were told about the thirty minutes when the service started and again if they raised concerns when care workers arrived later than expected.

People told us they were supported to maintain their independence. One person told us, "We do all the things that we can ourselves and they help us with dressing, as that is the only thing we really need help with." A relative told us "[Relatives] care package has been reduced significantly since she came out of hospital two years ago and has gone from four visits a day down to one visit a day, as she has regained her confidence. The visit is now more about making sure she's ok really." A care worker told us, "I try and encourage all my clients to do as much for themselves as they can to keep them mobile and active."

Most people thought care workers were respectful and maintained privacy and dignity. Comments included, "They're always respectful," "There are no issues around her privacy," "They are very good to her," and, "They are very good that way." Care workers told us how they ensured people's privacy and dignity. One care worker told us, "I treat people as I would want my mother and father treated. I think that's the best way,

you can be sure people are treated well then." Other care worker's comments included, "I make sure their bottom half or top half is covered while I'm washing them," and, "I make sure curtains or doors are closed before providing care." This made sure people's privacy and dignity was maintained.

People we spoke with and their relatives confirmed they were involved in making decisions about their care and had been involved in planning their care when the service started.

Good

Is the service responsive?

Our findings

We asked people if care workers knew about their likes and preferences. Comments from people we spoke with included, "They do. Many have been caring for her for a long time." "We like them; they know what we need." "The regular carer has got to know him and vice versa," and "Yes. They've developed a positive relationship."

Care workers had good understanding of people's care and support needs and told us they had time to read care plans that were always up to date. They also said there was information in care plans to inform them what to do on each call. One care worker told us, "I think we care for people very well, especially their preferences and choices." Care workers told us as they saw the same people regularly they got to know how people liked their care provided. One care worker said, "I have the same clients all the time which is good. I like going to the same people as you get to know their needs and the way they like things done."

Care workers told us they referred any changes to people's care to the managers. They said plans were reviewed and updated quickly so they continued to have the required information to meet people's needs. For example one member of staff told us how they had become concerned about a person's mobility. They rang the office and a reassessment was carried out straight away to ensure the service was responsive to the person's changing needs.

We looked at four care records. Care plans provided care workers with information about how people wanted to receive their care and support. There were instructions for staff about what to do on each visit. For example; what personal care people required and how staff should support people who required assistance or equipment to move around. Records of calls completed by staff confirmed these instructions had been followed. Plans we viewed had been reviewed and updated as needed.

We looked at how complaints were managed by the provider. We asked people if they would feel confident raising concerns and complaints with the service. People told us, "Yes I would, but generally speaking there are no problems," and, "Yes. I most certainly would". Nobody we spoke with had made a formal complaint about the service they received. Several people said they had contacted the office with minor concerns, and were satisfied how these were handled. For example one person said "If there have ever been any little things it's been sorted out." Although people who returned surveys indicated care workers or office staff responded well to complaints.

Care workers knew how to support people if they wanted to complain, we were told, "There is complaints information in people's homes. It tells them exactly who to complain to." Care workers spoken with said they would refer any concerns people raised to the registered manager or managers in the office and they were confident concerns would be dealt with effectively.

We looked at the complaints record which showed no formal complaints had been recorded in 12 months. This was not consistent with what some people had told us about receiving late calls. We asked the care manager about this and were told, most calls about care workers being late were within 30 minutes of their

expected time, which they advise people to allow for their care worker to arrive.

Requires Improvement

Is the service well-led?

Our findings

We found the registered manager and other managers did not have sufficient knowledge and understanding of their regulatory responsibilities. When we arrived at the location address 41 Warwick Road we found the service had moved. We went to the new location at the provider address. We had been informed by the provider the provider address had moved to 8-10 Ulverley Green Road, Solihull, but we had not been informed the location had also moved. This meant the provider was in breach of the condition of registration that allows them to operate from a specific location. The provider was not aware they had to submit an application to add and remove locations when they moved. The registered manager took immediate action to submit the required applications to us.

We found the care manager and operations manager had little knowledge of the Mental Capacity Act 2005, their responsibilities under the Act and how they should put this into practice.

The registered manager's overview of the service was not sufficiently robust to ensure the service always operated effectively and safely. For example the PIR completed by the registered manager told us the service made sure people who used the service were kept safe by, "Ensuring all staff are in receipt of mandatory training and staff are competent to work in a care setting." We found this was not an accurate reflection of the service provided. The registered manager was not aware new care workers had not completed an induction into the service as recommended in the care certificate. Or that training to ensure care workers carried out their roles effectively and safely was not up to date. When we spoke with the registered manager about the out of date training for care staff, they told us they expected the managers responsible for staff training to let them know if there were problems. Observations of care workers practice were not taking place to make sure they carried out their roles safely and worked to the provider's policies and procedures.

The service was in breach of Reg 17 (Good Governance) (1 & 2)(a) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people or their relatives told us they were satisfied with the service they received. Comments included, "I'm happy with the service. He gets as much help as he needs." I'm satisfied with the service' 'At the moment everything's working ok and we have no problems at all with the care." "I'm happy with the service. There are only occasional late calls." Returned surveys showed people had different experiences, all indicated care workers did not always arrive at the time expected. Comments included, "The only complaint I have is they are never on time and [relative] gets very upset and keeps asking when they are coming." We discussed the responses in the returned surveys with the care manager, who advised late calls were still within the 30 minute time people should allow for care workers to arrive.

People were not so happy with the service provided at weekends. We were told, "Monday to Friday carers are familiar faces but weekends can be quite chaotic and stressful," and "I would like to see a familiar face more often and the times of calls are not regular, particularly at weekends". We discussed people's feedback with the care manager who was aware that staffing at the weekends was not as consistent as in the week.

We asked people who used Meadow Home Care if the service was well managed. People thought it was. Their comments included, "Yes, in general terms". "Everything seems to be working ok." "Yes, it's quite well managed".

The service had a registered manager as required. There was a clear management structure; this included the provider, the registered manager, a care manager, operations manager, quality manager and two care co-ordinators. Care workers knew the management structure and understood who to report concerns to.

We were told by the registered manager and care manager that regular management meetings were held to discuss how the service operated. However, these meetings were not recorded so there was no information about the issues discussed or any actions taken to make sure the service improved.

Care workers told us they felt supported by the management team. They were aware of the provider's whistle blowing procedure and confident about reporting any concerns or poor practice to their managers. One care worker told us, "All care workers should have the confidence to whistle blow if needed. I know I wouldn't have any problem reporting someone if I thought they were putting people at risk or cutting corners." Care workers said they had regular supervision meetings where they could discuss their work and could contact the office at any time for advice and support. One care worker told us, "The girls in the office are easy to talk to and are available when you need them."

All the people we spoke with told us they knew who to contact in the service if they needed to. People said there was usually someone in the office to answer their calls or respond if they left a message on the answer phone. They also told us the information they received from the agency was clear and easy to understand.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. People had reviews of their care and were sent an annual questionnaire by the provider. The provider sent a copy of the last survey completed in October 2015 to us, which showed most people were satisfied with the serviced they received. Records were returned to the office monthly to be audited and were regularly checked to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans.

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 17 HSCA RA Regulations 2014 Good governance Systems were not always in place to ensure the service operated effectively and to ensure compliance with the regulations. Systems must ensure the registered person, in particular, is able to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.