

AR1 Homecare Limited

# AR1 Homecare

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

What life is like for people using this service:

Staff understood their responsibilities to support people to have maximum choice and control of their lives and supported them in the least restrictive way possible. However, the provider needed to improve their recording system to consistently show how people had consented to their care.

Whilst the provider had improved the effectiveness of their quality assurance systems, checks of care plans needed to be improved to ensure they were accurate and reflected people's preferences.

People were involved in decisions about their care and were happy that staff respected their individual routines. However, the provider had not always followed the Accessible Information Standards by ensuring that people with a sensory loss received information about their care and support in a format that met their needs.

People were supported by caring, friendly and respectful staff. Staff knew people and their families well, respected their privacy and dignity and promoted their wellbeing. Staff listened to people and encouraged them to maintain their independence. Where required, people had been supported to have enough to eat and drink to maintain their health and wellbeing. They were also supported to access other health services.

People were protected from the risk of harm by staff who understood their responsibilities to identify and report any signs of potential abuse. Risks associated with people's care and support were managed safely. When needed, people received support to take their medicines as prescribed.

People and their relatives knew how to raise concerns and complaints and were encouraged to give feedback on how the service could be improved. Staff felt supported and valued by the provider and were involved in the development of the service. This promoted a caring and inclusive culture within the service.

More information is available in the full report below.

Rating at last inspection: Requires Improvement (Last report published 17 February 2017)

About the service: AR1 Homecare is a domiciliary care service that was providing personal and nursing care to people living in Biddulph and surrounding areas in North Staffordshire.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. At the last inspection the service was rated Requires Improvement overall (in the key questions of Effective and Well Led). At this inspection,

we found the provider was now meeting the legal requirements but there were areas that required further improvement. The overall rating for the service has improved to Good (in the key questions of Safe, Effective, Caring, and Responsive).

Follow up:

Going forward we will continue to monitor this service and will revisit in line with our inspection schedule for services rated Good.

## 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 was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

# AR1 Homecare

## Detailed findings

### Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector carried out this inspection, supported by 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.

Service and service type:

AR1 Homecare is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of our inspection, the service was providing a regulated service to approximately 34 people.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service five days' notice of the inspection visit to allow for the New Year holiday period and 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.

Inspection site visit activity started on 31 December 2018 and ended on 7 January 2019. It included telephone calls to people using the service and their family members. We visited the office location on 7 January 2019 to see the registered manager, provider and care staff, and to review care records and policies

and procedures.

What we did:

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

Before we visited the provider's office, we spoke with four people who used the service, and three relatives. During our office visit, we spoke with two members of care staff, the registered manager and the provider. We reviewed five people's care records, policies and procedures and records relating to the management of the service, including training records and two staff recruitment files.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- People were safe from the risk of abuse. Staff were aware of the signs to look for that might mean a person was at risk of abuse and knew how to report their concerns for investigation by the local safeguarding team.
- Staff told they were encouraged to report any concerns they may have and were confident the registered manager would act on this. Staff knew how to escalate concerns to external agencies such as CQC if they needed to.

### Assessing risk, safety monitoring and management

- People told us the staff understood their needs and supported them to be safe when providing care. One person said, "Yes I use a hoist and a glide about to move. I feel very safe when the carers are using them".
- Staff we spoke with could tell us about people's needs and explained how they supported them to be safe, whilst maintaining their independence. We saw this information matched what was recorded in people's risk assessments and care plans.
- We saw that the plans were reviewed and updated to ensure people continued to be supported in a safe way. Staff told us the provider briefed them about changes by phone and they read the care plans when they arrived at people's homes.

### Staffing levels

- People told us they felt safe because they knew the staff team who visited them. One person said, "They always tell me who is coming". Staff told us they had regular routes and calls were planned to ensure two carers were provided when needed. The provider told us, "We are full to capacity at the moment and I won't take on any new care packages unless I have sufficient staff available".
- The provider carried out checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions. These checks assist employers in making safer recruitment decisions.

### Using medicines safely

- We saw there were suitable systems for recording and monitoring medicines for those people's medicines managed by the service. Staff told us and records confirmed they were trained and deemed competent before they administered medicines.

## Preventing and controlling infection

- Staff were trained and understood their role and responsibilities for the control and prevention of infection. They told us and records confirmed the registered manager carried out spot checks to ensure they followed the providers policies and procedures on infection control.

## Learning lessons when things go wrong

- There was an open culture at the service and staff were encouraged staff to raise any concerns they had about people's safety. We saw that accidents and incidents were investigated and any learning was shared with staff to help to prevent a reoccurrence.



# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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 as far as possible people make their own decisions and are helped to do so when needed. When they 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 checked whether the service was working within the principles of the MCA.

- At the last inspection in December 2016, the provider had failed to demonstrate that people's consent to care and treatment was obtained in line with the MCA. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider had made the required improvements and the service was meeting the regulation.
- We saw that people had signed their consent for their care. However, we found that one person had the capacity to consent to their care but had difficulty signing documents due to health problems. We saw that their family member had signed on their behalf but there was no record to show that they had agreed to this. We discussed this with the registered manager who confirmed they would ensure this was accurately recorded.
- Care records had been reviewed and people's capacity to make decisions about their care and support was recorded. When people's relatives had signed consent forms, we saw the registered manager obtained a copy of the Lasting Power of Attorney (LPA) to confirm they had legal authority to make decisions on behalf of the person.
- The registered manager and staff had received training in the MCA. They understood what action they should take to make sure decisions are taken in people's best interests. We saw they contacted professionals such as the community psychiatric nurse and social worker if they had concerns that people's capacity to make decisions had changed.

Staff skills, knowledge and experience

- People and their relatives were confident that staff were well trained and understood how to care for them effectively. One person said, "I think they [staff] are very well trained and competent. I have complete confidence in them".
- Staff received an induction and training in areas such as safe moving and handling and shadowed other staff until the registered manager was confident they were competent to work unsupervised. One member

of staff told us they had recently come back to work for the provider, after a gap working elsewhere. They told us, "Some things had changed since I left and I was able to get to know new people by shadowing; I felt comfortable to go out on my own after that".

- Staff received supervision from the registered manager every two to three months and had an annual appraisal. This enabled them to review their practice and discuss any training needs.

Assessing people's needs and choices; Staff providing consistent, effective, timely care

- People told us the registered manager visited them to assess their needs prior to starting to receive a service. We saw that people's care was regularly reviewed and updated when their needs changed.

- Staff were aware of what they should do if people's health deteriorated, for example when to call the GP or an ambulance. We saw the registered manager had contacted social services to discuss their concerns and arrange for a reassessment of people's needs when required.

- Relatives told us they were kept informed when people's needs changed. One told us, "They keep me up to date with all aspects of [Name of person's] care".

Supporting people to eat and drink enough with choice in a balanced diet

- People's dietary needs and the level of support they needed was recorded in their care plans. Staff were knowledgeable about people's needs and had guidance on how to support people, for example to encourage food and drinks. A relative told us, "Staff are really patient because [Name of person] sometimes doesn't feel like eating and they encourage them".

- People told us they were able to make choices that met their nutritional needs and preferences. One person said, "Staff get my breakfast for me usually. I choose what I want".

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People had regular care staff and had developed good relationships with them. One person said, "Yes they [staff] know me very well and we have a good routine now". Relatives were positive about the caring approach of staff. One said, "They are very patient and understanding with [Name of person], who knows them well and feels happy with them".
- People and relatives were introduced to staff before they visited them for the first time. A relative told us, "We are introduced to them [staff] and they shadow the experienced ones until they are confident".
- Staff spoke fondly about people they supported and told us their wellbeing was important to them. One member of staff said, "I like to leave people with a smile on their face; I make sure everything has been done and that they are happy before I leave".

Supporting people to express their views and be involved in making decisions about their care

- People told us they were involved in making decisions about their care. We saw that people's preferences for how they would like to receive their care were discussed with them and recorded in their care plans. One person said, "I have a care plan and it has been looked at recently".

Respecting and promoting people's privacy, dignity and independence

- People told us the staff listened to them and treated them with respect. One person said, "They are all very kind and caring, nothing is too much trouble for them. They are very respectful, both to me and my family".
- Staff understood the importance of respecting people's right to privacy and to maintain their dignity during personal care. They told us how they ensured people were covered with a towel and encouraged them to do as much as they could for themselves. One person said, "They are very considerate of everything when they are here and let me do as much as possible for myself".

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs

People received personalised care.

How people's needs are met; Personalised care

- People and their relatives were happy with how the staff supported them and that their individual needs were met. They told us care was provided in a timely way which fitted in with their daily routine. One person said, "The times are fine and they always stay until they have done everything I need". A relative told us, "It is important for [Name of person] to have a routine she recognises, the carers do stick with it, which reassures [Name of person]".
- People looked forward to visits from the staff and it was clear staff provided companionship so that people did not feel socially isolated and lonely. One person said, "They are lovely ladies, I would pay extra just to see their smiles every day". Another person said, "Staff are very respectful, but also have a laugh and a joke, which I like, it makes my day".
- People and their families were involved in developing their care plans, which were kept under review. Staff understood people's diverse needs, for example, they told us how important it was to a person who had poor sight that things be kept in the same place to reassure them and promote their independence. Another person had hearing loss and they sometimes used a writing pad to communicate with them.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise any concerns or complaints and were confident they would be taken seriously. One person said, "I do feel able and would have no problem complaining if I needed to".
- Staff told us they would do their best to answer any concerns people had and would report them to the office should they need to investigate. We saw there was a complaints procedure for logging and tracking any complaints, which showed that any complaints had been responded to promptly.

End of life care and support

- The provider was not supporting anybody with end of life care so we have not reported on this.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service management and leadership did not consistently assure high quality care. Relevant records were not always checked or updated.

Continuous learning and improving care; Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- At the last inspection in December 2016, improvements were needed to ensure regular audits were carried out and prompt action taken to address shortfalls. At this inspection, we found improvements had been made and monthly checks were carried out on medicines, care plans and daily records. However, we found that care plan audits were not always effective in ensuring people's preferences were accurately recorded. For example, staff had told us about how they supported people who had sensory impairments. However, this information was not recorded in these people's care plans, which meant that staff who were new to the service may not have the information they needed to provide consistent care. We discussed this with the provider and registered manager who told us they would review and update these care plans.
- The Accessible Information Standards (AIS) is a legal framework which requires providers to make sure people with a disability or sensory loss can access and understand information they are given. Whilst the provider was aware of the AIS, we found they had not recognised the need to offer people information in an alternative format. For example, where people had sensory loss, there was no evidence that they had been offered information in large print. The provider told us they would review the information they provided to people to ensure it met their needs.
- The provider had displayed the service's rating at their office. However, they had not published this on their website. They told us they would discuss this with their website provider and action this as soon as possible. This is a requirement of registration so that people, visitors and those seeking information about the service can be informed of our judgments.
- The registered manager understood the requirements of registration with us and notified us of important events happening in the service. This enables us to check that appropriate action had been taken.
- Staff were motivated and understood their roles and responsibilities. One member of staff said, "I can go to the registered manager and provider at any time, they give me reassurance that I am good at my job and I follow their example".

Leadership and management; Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People were positive about how the service was managed. They told us they could always contact the office and speak to the registered manager and provider if they had any concerns. One person said, "I know the manager, she is very helpful if I have any problems".

- The provider and registered manager worked alongside the staff and demonstrated a clear vision and values for the service. The provider told us, "We want to remain a small service and by going out on calls we know what's going on with people". Staff told us they felt able to raise any concerns with the registered manager and provider. They were aware of the whistleblowing procedure and told us they would not hesitate to report any poor practice.

#### Engaging and involving people using the service, the public and staff

- People told us the provider asked for their views on the quality of the service. We saw the provider visited people and telephoned them to ask how things could be improved. We saw their views were recorded and where possible, changes were made.
- Staff told us they felt supported and valued by the registered manager and provider. They told us they had regular meetings with the provider and felt able to give their views on how people's care could be improved.

#### Working in partnership with others

- We found the registered manager and provider worked closely with other professionals to ensure people received effective, joined up care. For example, following the last inspection, they had developed close links with the local pharmacy to ensure people's medicines were correctly recorded and managed.