Care at Home (Midlands) Limited

Care at Home (Midlands) Ltd

Inspection report

Unit 9 Pear Tree Office Park
Desford Lane
Ratby
Leicestershire
LE6 0LE

Tel: 08432891197

Date of inspection visit:
11 March 2019

Date of publication:
14 May 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service:

Care at Home Midlands Limited is a domiciliary care agency. It provides personal care to people living in their own homes. On the day of our inspection they were providing care for 178 people.

People's experience of using this service:
● People were not consistently safe. The provider did not always ensure people received their care as planned or delivered by regular staff.
● The provider had not ensured all people's experience of the service had been obtained.
● People knew how to make complaints but these were not always resolved satisfactorily. Where improvements were made these were not always sustained.
● Reviews of people's care and support were not routinely carried out.
● People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way and people were involved in decisions about their care.
● Risks to people were assessed and mitigated. Systems and processes safeguarded people from abuse. There were enough staff to keep people safe and meet their needs. People were protected by the prevention and control of infection and their medicines were managed safely. People were supported to eat and drink to support their well-being.
● People were treated with kindness and compassion. The culture of the service was positive and person centred. Staff communicated with people according to their individual needs and people's independence was promoted and their dignity respected.
● Staff were supported with regular supervision, staff meetings and training. Staff told us they felt supported. New staff were recruited using safe procedures and were supported with an induction to the service.
● Staff worked well together and they shared information when necessary and people's confidentiality was respected.
● The provider demonstrated working well with other agencies to improve care.
●The service met the characteristics for a rating of "requires improvement" in three of the five key questions we inspected and a rating of "good" in two. Therefore, our overall rating for the service after this inspection was "requires improvement".

Rating at last inspection: GOOD (Report published 01 August 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated requires improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always safe. Details are in our Safe findings below.	**Requires Improvement**
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 not always responsive Details are in our Responsive findings below.	**Requires Improvement**
Is the service well-led? The service was not always well-led Details are in our Well-Led findings below.	**Requires Improvement**

Care at Home (Midlands) Ltd

Detailed findings

Background to this inspection

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

Inspection team:
The inspection team consisted of one inspector and one 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. Our expert by experience had previous knowledge and experience of physical and sensory impairments.

Service and service type:
Care at Home Midlands Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. The agency was supporting 178 people when we carried out the inspection.

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 48 hours' notice of the inspection visit. We needed to be sure that managers and staff would be available to facilitate this inspection.

The inspection site visit took place on the 11 March 2019. Telephone calls were made by our expert by experience to people using the service and their relatives on the 12 March 2019.

What we did:

Before the inspection:
● We looked at information we held about the service, including notifications that the provider had sent us.
● We reviewed all other information sent to us from other stakeholders.

During the inspection:
● We spoke with eight people who used the service and seven relatives. We also spoke with four members of staff and the registered manager.

● We reviewed three people's care records including their daily records, policies and procedures, records relating to the management of the service, records of accidents and incidents, training records and audits and quality assurance reports. We also examined other records relating to the recruitment of staff and complaints and commendations.

After the site visit we were sent copies of the providers policies and electronic records relating to the timings of care provided and by which staff.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Staffing and recruitment

● Records showed people did not always receive their care as planned. Calls were regularly later or earlier than planned.

● One person told us, "My call can be up to 45 minutes late. This means my medication is taken later than it should be. My [named relative] has contacted the office but unfortunately the call is still often late." Another person told us, "Unfortunately the times we asked for they couldn't do, so at present the visit times could be better. We work around them [provider] in the hope that someone either leaves or wants to change, then we will be first in line for the times we want." Another person told us, "My visits have got later and later and it seems to be because it is easier for the agency to organise the care their way rather than for my convenience."

● Whilst staffing levels were consistent and met the needs of people using the service, people could be at risk of harm due to lateness of some calls.

● The registered manager followed safe recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

● Staff said there was sufficient numbers to carry out their role.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe receiving their care most of the time. One person told us, "I feel safe with the carers. I haven't had any more falls and if I did have any concerns I would get in touch with the office. Another person told us, "The carers let themselves in using the key safe. They know what they are doing and they've never left me feeling insecure when they leave." A relative told us, "It is a great service and I trust the carers".

● Staff received training in and followed safeguarding and whistleblowing policies. One staff member told us, "If somebody had done something wrong I would be confident in raising this with my manager. If I felt this wasn't being taken seriously I would contact the Care Quality Commission (CQC)."

● The management team understood their responsibilities to raise safeguarding alerts with the local authority and CQC.

Assessing risk, safety monitoring and management

● Staff did not always have the time to read people's care files. One staff member told us, "I never really get an opportunity to look at the care plans and risk assessments in full. I do have the information to start the

package of care safely though and know what people need support with."
● Risks to people's health were assessed and safely managed. Any potential risks to a person's well-being were identified, such as mobility, skin condition and nutrition. People's care files provided staff with clear instructions on how to reduce the known risks.

Using medicines safely
● Policies were in place for managing people's medicines and this was managed safely.
● People were supported to be independent with their medicines where appropriate.

Preventing and controlling infection
● Staff were supplied with personal protective equipment to prevent the spread of infections.
● Staff received training in infection control and used the personal protective equipment provided to maintain safe infection prevention. One person told us, "I've never once had to remind them to wash their hands and change their gloves". Another person told us, "They have an ample supply of gloves with them all the time."

Learning lessons when things go wrong
● The management team had redesigned their communication logs. Daily event sheets for body maps, food and fluid charts and financial transaction sheets had been kept separate. This led to paperwork going missing and was difficult in ensuring that all relevant paperwork was at a person's property.
●This information was now entered on a monthly log. Staff were assigned to be responsible for the collection and replacement of these logs each month. This had significantly improved communication, reduced errors and from the audit process managers were able to promptly resolve any discrepancies.

Good

Is the service effective?

Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- The provider had systems in place to assess people's needs to identify the support they required before receiving care.
- One staff member told us, "When a care plan is reviewed I am informed of any changes made."
- People using the service were being supported to make choices and decisions about their care and were consulted. One person told us, I'm only prepared to have female carers and that's all the agency has ever sent me." One relative told us, "We were fully involved with the care planning."

Staff support: induction, training, skills and experience
- People received care from competent, knowledgeable and suitably skilled staff who had the relevant qualifications to meet their needs.
- One staff member told us, "I had an induction which was comprehensive. I then shadowed more experienced staff before working on my own." Another staff member told us, "The induction was good and I was trained well."
- Staff told us they had supervision and felt well supported by the registered manager.
- All staff routinely had refresher training to maintain their knowledge.

Supporting people to eat and drink enough to maintain a balanced diet
- People's nutritional needs were monitored and support was provided to maintain a healthy diet.
- One person told us, "My carer makes my breakfast, tea and drinks. Snacks and drinks are left for me so I have something to eat and drink between each call I have."
- A relative told us, "A few weeks ago my [named person] wasn't drinking very well. The office rang me so I could try and encourage [named person] to drink more. They said they would monitor this and let me know if they became more concerned which was reassuring."

Supporting people to live healthier lives, access healthcare services and support
- Staff recognised the signs of changes to people's health and reported their concerns in a timely manner.
- Staff responded promptly to people's changing needs. One relative told us, "The office always call me if they see changes in [named relative]. I trust them and know they will contact the doctor because they know [named relative] well."
- The service worked with other organisations, contacted doctors and other healthcare professionals promptly, and records 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 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 they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
● We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
● Staff had received training and had a good understanding of this legislation.
● Records showed that peoples consent had been obtained before care was provided.
● One person told us, "My carer always asks me whether I'm ready to have a shower and if I don't feel like having one I ask for a flannel wash."

Good

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- All the people we spoke with consistently said staff were kind and caring. One person told us, "When helping me to shower they always make sure the water is nice and hot before I get in and then they warm me up a towel for when I get out. Just little things like that make a big difference." Another person told us, "I could not have managed without them all. Most staff are thorough, cheerful and caring." One staff member said, "I love working here and I treat everyone how I would like my [named relative] to be treated." A relative told us, "My [named relative] has up and down days. The carers take their time and make sure she is as comfortable as possible when helping her."
- Records showed staff treated people with kindness and compassion and all communication relating to people's care was respectful.

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

- People and their families felt involved in the planning of their care. One person told us, "We certainly both [named person and relative] felt involved with planning the care. Someone came out from the office and we spent a long time talking. [Staff Member] put together a care plan and we have a copy of it." Another person told us, "I'm only prepared to have female carers and that is all they have sent me."

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with respected people's privacy and dignity and spoke about people in a respectful and courteous manner. One person told us, "I struggle to close my curtains. The first thing my carer does is close them before putting the lights on as I don't like being on show."
- There was a policy on confidentiality to provide staff with guidance and staff were provided with training about the importance of confidentiality. Information about people was shared appropriately. We saw people's files were kept secure in filing cabinets and computers were password protected to ensure information about people complied with the General Protection Data Regulation (GDPR).

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People told us the same staff did not always consistently support them. Carers can suddenly change to be replaced by other carers people hadn't met before. One person told us, "At present I don't have regular carers. I haven't a clue who is coming from one call to the next and it can be frustrating because I have to repeat myself to different people how I like things done."

● Records showed reviews of care and support needs were mostly carried out and people who were new to the service told us they had received follow up checks. However the majority of people we spoke with who had been receiving care for a long time told us they had not had a review of their care. For example one person told us, "I certainly know what a care plan is. I'm a retired [named profession] and I've been with the agency two years and I don't recall having a review meeting with the service at all."

● Staff told us where care plans had been updated they were notified of any changes.

● Records we reviewed showed assessments and care plans considered people's values, beliefs and goals. People, and where appropriate their relatives, were involved in developing care plans.

●People's care plans were person centred, identifying peoples' history, preferences, communication and support needs.

● The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and could access information regarding the service in different formats and languages to meet people's diverse needs.

● Care files considered people's communication needs and information was given in a way that people could understand it according to their needs.

Improving care quality in response to complaints or concerns

● The provider had a complaints procedure in place. People told us their complaints were not routinely resolved. One relative told us, "I have spoken to the management a number of times about the timings of visits and the regularity of carers. Improvements happen for a few weeks, then things tend to slip back to how they were which is not satisfactory."

● People told us they had received surveys and questionnaires from the provider but did not always receive feedback. One person told us, I remember filling one in but didn't hear anything back." Another person told us, "We were sent forms to ask our opinions of the service which we completed but didn't receive a response."

● The provider produced a newsletter every 3 months with a section, "this is what you told us and this what we have done."

End of life care and support

● We looked at how the service supported people at the end of their life. An end of life care policy and procedure was in place. This provided guidance to staff and emphasised the importance of people having choices and experiencing as comfortable and pain free a death as possible.

● Records we reviewed during the inspection showed no one was currently supported with end of life care.

Requires Improvement

Is the service well-led?

Our findings

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a quality assurance process in place but this was not always effective. People's feedback about the service was not routinely sought. People told us they had not been consulted and those that were had not received a response or any outcome.
- People consistently told us whilst they found the management approachable and kind, their complaints regarding timings of calls and consistency of carers did not improve. One person told us, "If they sorted out timings and ensured [named relative] doesn't have so many different carers I would recommend them."
- Staff attended team meetings regularly and valued their importance. One staff member told us, "They are really useful, they keep you up to date and you can openly air any issues you have and they are taken seriously."
- There was an emphasis to promote staff within the organisation. One staff member told us, "I have been offered the opportunity to be a senior carer with extra responsibility and training."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to monitor care calls to ensure staff arrived as planned. Audits confirmed this did not routinely happen.
- People confirmed there were issues with call times, but improvements had not always been made.

- Staff were clear about their roles and were trained effectively to carry them out. We were consistently told the management was approachable and their opinions were listened to and respected. All the staff we spoke with were complimentary of each other and there was a culture of support between them.
- The rating of the previous inspection was displayed as required.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider was open and transparent and the understood their responsibility of duty and candour. The registered manager was notifying the Care Quality Commission of certain events and notifications had been made in line with the regulations.
- People's support needs were assessed prior to receiving a service. Care plans were detailed and clearly written with the person. Information documented what people needed and how they preferred the support to be given.

● People we spoke with had high praise for the carers. The staff we spoke with were committed to delivering good care and felt supported by the provider. They actively raised concerns about people's health and well-bring which was acted upon.

Continuous learning and improving care

● The provider was a member of an alliance of local providers. They shared good practice with each other and discussed ways to improve services including the recruiting of staff and the challenges they currently faced in social care.

Working in partnership with others

● The registered manager attended forums organised by the local authority which provided information, access to training and delivered workshops on specific areas of practice. This was then shared with staff.

● Records showed the registered manager had developed links with local schools and colleges to engage with younger people who may wish to pursue a career in social care.