

Care at Home (Midlands) Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Care at Home (Midlands) is a service that provides personal care to people in their own home. At the time of our inspection approximately 150 people were using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People and relatives said the staff provided safe, good quality care. They told us the staff were caring, efficient and kind and they got on well with them. A relative said, "Everyone is very friendly, all of them start talking the minute they come through the door [and] they all make sure it is a safe and nice and comfortable routine for [family member]."

People were risk assessed when they began using the service and staff knew how to keep them safe. Staff provided personalised care and were knowledgeable about people's preferences as to how they wanted their care provided.

Some people and relatives were satisfied with the timelines of their calls, but others said staff were late on occasions. The provider said the service had done its best to get to people on time during the COVID-19 pandemic and staff would continue to strive to be as punctual as possible.

Staff protected people from the spread of infection. They were trained in infection prevention and control and used the required personal protective equipment including masks, gloves, aprons and visors as necessary. The provider kept staff up to date with any improvements or changes to infection control policies and procedures.

The provider audited all aspects of the service to help ensure people were receiving good quality, safe care. During the Covid-19 pandemic, people's, relatives' and staff's views were collected by phone. The staff worked in partnership with local health and social care professionals to ensure people accessed services they were entitled to.

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

The last rating for this service was requires improvement (published 14 May 2019). At this inspection we found improvements had been made.

Why we inspected

We undertook this focused inspection to check the provider continued to meet legal requirements. This

report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has improved to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care at Home (Midlands) on our website at www.cqc.org.uk.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors, an assistant inspector, and two experts-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

Care at Home (Midlands) is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had two managers 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. This was because it is a large service operating during the pandemic and we needed to be sure that the provider and registered managers would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority.

During the inspection

We spoke by telephone to 23 people using the service, 16 relatives, five care workers, the provider, and one of the registered managers.

We reviewed an extensive range of records online. This included care and medicines records, staff recruitment and training files, and records related to the management and quality assurance of the service. Throughout our inspection we continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

How do systems, processes and practices safeguard people from abuse?

- Most people and relatives said the staff provided safe care. A person said, "I certainly feel safe with them and I know they know what they are doing." A relative told us, "[Family member] is safe and feels safe. There is certainly no abuse, no worries, and I know absolutely that [family member] won't come to harm."
- Some people and relatives said they had occasionally been sent male staff when they wanted female staff. In response to their comments the provider updated the service's assessment form to include a specific question on people's preferred gender of staff. This meant people using the service could discuss this issue with the assessor and have their views recorded.
- Staff were trained in safeguarding and understood their responsibilities to keep people from harm. They followed the provider's up-to-date safeguarding policies and procedures where necessary.

How are risks to people addressed and their safety managed and monitored so they are supported to stay safe and their freedom respected?

- Most people and relatives said staff knew how to reduce risk when they supported people. A person said, "They know I am prone to falls and make sure what they do doesn't put me at risk." A relative told us how staff rang the district nurse due to concern about a person's skin integrity. The relative said, "It wasn't bed sores in the end, but I appreciated their reaction."
- People were risk assessed when they began using the service. Staff accessed risk assessments and care plans electronically on their phones. Senior staff kept information updated so staff knew if there were any changes to how people were supported.
- People and relatives said staff understood their care needs. One person said, "Notes are electronic now, so they [staff] do read them and note down what they have done. Now my regulars know automatically what needs doing." A relative told us, "They read it all before seeing to [family member] as they all seem to know about [person's medical device] and what needs checking."
- Staff gave us examples of how they had reduced risk to people. For example, one person who had thickener in their drinks to reduce the risk of choking, was struggling to drink their tea through a normal-sized straw. Their staff member bought them smoothie straws, which are wider and easier to use, which meant the person was able to drink their tea more easily and increase their fluid intake.

Staffing and recruitment

- There were enough staff employed to support people and meet their needs. The provider followed safe and effective recruitment practices to help ensure only suitable staff were employed.
- Some people and relatives were satisfied with the timelines of their calls, but others said staff were late on occasions. Senior staff audited call times and acted to address late calls, speaking with staff where necessary and reminding them of their responsibility to be on time.

- People and relatives said they had both regular and occasional staff. Although some said they would prefer regular staff, most were happy with the quality of care from both. A person said, "They are quite reliable. We get different ones, we don't have so many of the regular ones now, but they're all pretty good. They do everything they have to do and always say, 'Is there anything else we can do for you'."

How does the provider ensure proper and safe use of medicines?

- Most people and relatives said staff managed their medicines safely. They said people were prompted to take their medicines on time and recorded when they'd done this. A relative told us, "They [staff] check all is well with them [medicines], and if not, they call me."
- The provider had clear, comprehensive medicines policies and procedures. Staff were trained in medicines management and assessed as competent before they could support people with their medicines.
- Senior staff carried out individual and whole-service medicines audits. Records showed a few gaps in audit records. The provider said they would act to ensure all records were complete.

Preventing and controlling infection

- Staff protected people from the spread of infection. A person said, "They are always very careful with COVID and wash their hands and wear masks and aprons and put on their gloves and they wore an eye shield last week."
- Staff were trained in infection prevention and control and had good PPE supplies. A care worker said, "We have all done a coronavirus course and infection control and safeguarding courses. I've been given all the PPE required. We have an abundance of PPE."
- The provider issued ongoing, updated guidance to staff. For example, a directive to staff stated, 'Do not swap calls without making the office aware - we are trying to keep carers as regular as possible to reduce the number of people in and out of the service users' properties.'

Learning lessons when things go wrong

- Staff recorded accidents and incidents which senior staff monitored and analysed to see if lessons could be learned.
- Safety issues were discussed with staff in meetings and supervisions to raise ensure staff understood and followed safe working practices.
- A relative said staff changed their family member's routine when they discovered one aspect of it caused the person to feel unsafe. The relative told us the solution was 'perfect' for the person.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives made positive comments about the quality of the staff employed. A person said, "I think personally they [staff] are absolutely brilliant. I am always impressed by their approach, their care and especially the way that they talk to me. To my mind they are all superb." A relative told us, "[Family member] loves being with the staff." The relative said staff know how to reassure their family member when they were anxious by sitting and talking with them.
- People and relatives had mixed views on their relationships with office staff. Some people and relatives gave us examples of how staff had involved them in decisions about care and support and responded to any concerns they had. A person said, "If I have a problem, I tell the office and they sort it." A relative told us, "It is easy to get through and they listen."
- The provider said they monitored calls to the office and would ensure that people were never 'fobbed off' and that any concerns they had were recorded and actioned.

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

- The provider carried out a series of audits covering all aspects of the service to monitor service provision and ensure the safety of people using the service.
- In response to the Covid-19 pandemic the provider assigned a staff member to carry out virtual reviews of people's care and monitor any concerns they might have. The staff member also did virtual spot checks on staff to ensure they were following infection control guidelines and wearing the right protective clothing.
- Senior staff, the provider and the registered managers met regularly online to discuss any issues with packages of care and make improvements where necessary.
- Most people and relatives said staff contacted them if they were going to be late, but some said they were not always warned if staff members were delayed. The provider said he would address this to ensure people and relatives were always informed if there was a delay.

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

- Staff assessed people before they began using the service and considered their equality and diversity needs and how these could best be met.
- The provider decided against sending out paper quality assurance surveys during the pandemic. Instead senior staff contacted people, relatives and staff by telephone to gather their views. People and relatives

were also asked for their views on the service during care reviews and if any changes were made to packages of care.

- Most staff said they were well-supported by managers and keep up-to-date with any changes to the way they worked. A staff member said, "I'm always kept informed (of changes to guidelines). The service has a quick response to any issues." Another staff member told us that regular online meetings and contact from their manager helped feel engaged with the service.

Continuous learning and improving care

- During our inspection a few people and relatives raised issues about the service that needed resolving. We told the provider who responded immediately and made improvements as necessary.
- The provider, registered managers and staff had instigated or taken part in care initiatives including the Leicestershire Homecare Alliance, the Inspired to Care campaign, fundamental life skills training, employee support programmes, community dementia friends' workshops and get-togethers for people using the service (prior to the pandemic), and fundraising for charitable organisations.

Working in partnership with others

- Staff worked with key health and social care professionals in the community to support people using the service including social workers, GPs, community nurses, and consultants.
- There was a programme of ongoing staff training to ensure staff were skilled and competent.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour.
- The aims and objectives of the organisation were discussed with staff when they were employed and during staff meetings and supervisions sessions.
- The provider understood their role and responsibilities to ensure incidents that required notifying were reported to the appropriate authorities if required.