

Morepower Limited

AQS Homecare Dorset

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?

Good ●

Summary of findings

Overall summary

This inspection was announced and took place on 22 December 2016 and 4 January 2017. We told the provider one day before our visit that we would be coming to ensure that the people we needed to talk to would be available.

AQS Homecare Dorset provides personal care and support to people who live in their own homes. At the time of our inspection the agency was providing personal care and support to approximately 100 people in their homes.

A registered manager was in post at the time of the inspection. 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.

People's care and support needs were met. People, and returned surveys, informed us that care workers were kind, caring and respectful.

Staff had been trained in safeguarding adults and were knowledgeable about the types of abuse and how to take action if they had concerns.

Accidents and incidents were monitored to look for any trends where action could be taken to reduce the likelihood of recurrence.

Robust recruitment systems were being followed to make sure that suitable, qualified staff were employed in the right numbers for effective running of the service.

Where assistance with, or administration of medicines formed part of a person's care package, this was managed safely.

The staff team were suitably trained to provide them with the knowledge and skills for them to fulfil their role effectively.

Staff were well supported through supervision sessions with a line manager, and an annual performance review.

Staff and the manager were aware of the requirements of the Mental Capacity Act 2005 and acted in people's best interests where people lacked capacity to consent.

People and staff were very positive about the standards of care provided. People were treated compassionately as individuals, with staff knowing people's needs.

People's care needs had been thoroughly assessed and care plans put in place to inform staff of how to care for and support people. The plans were person centred and covered all areas of people's needs. The plans we looked at in depth were up to date and accurate.

There were complaint systems in place and people were aware of how to make a complaint.

The agency was well led with a positive, open culture prevailing.

There were systems in place to audit and monitor the quality of service provided to people.

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.

People were protected from harm because risks were identified and managed appropriately.

There were safe medication administration systems in place and people received their medicines when required.

There were sufficient staff with the right skills and knowledge to meet people's needs

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were themselves supported through regular training and supervision.

People's rights were protected because staff followed the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People found their care workers supportive and respectful.

People were satisfied that their care and support needs were met by caring staff.

Is the service responsive?

Good ●

The service was responsive to people's changing needs.

People received the care they needed with care plans reflecting their individual needs. Plans were regularly reviewed and updated.

The agency had a complaints procedure and people felt able to raise any concerns

Is the service well-led?

Good 

The service was well led.

There were systems in place to monitor, and where necessary to improve, the quality of service provided.

There was a positive culture where people and staff were confident to report any concerns to the management team.

AQS Homecare Dorset

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 was 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.

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 reviewed the notifications the service had sent us. A notification is information about important events which the service is required to send us by law.

This inspection took place on 22 December 2016 and 4 January 2017 and was announced. A day's notice was given to ensure the registered manager would be available. One inspector carried out the inspection.

Questionnaires were sent out to 43 people who use the service, 43 friends and relatives and 28 members of staff. We spoke with five members of staff as well as the registered manager, who assisted us throughout the inspection. We also visited four people who received a service from AQS Homecare to check the records held in people's homes and to seek feedback about the quality of service provided.

We looked at four people's care and support records and their medicine records in the office as well records kept in people's home. We also looked at records relating to how the service was managed. These included four staff recruitment records, staff rotas, training records, audits and quality assurance records as well as a range of the provider's policies and procedures.

Is the service safe?

Our findings

People we visited were very positive about the staff who supported them. People told us they felt comfortable and safe with the care workers who visited them. One person told us, "The staff are brilliant, I trust all of them". The surveys returned to us from people and their friends and relatives also informed that people felt safe from abuse or harm from care workers. People told us that they generally had consistency of care workers with whom they had formed trusting relationships. Two people we spoke with had received a service from the agency for over ten years.

People were also protected from avoidable harm and abuse because staff had been provided with training in adult safeguarding that included knowledge about the types of abuse and how to refer concerns or allegations. Training records confirmed staff had completed their adult safeguarding training courses and received refresher training when required. Staff were knowledgeable about identifying the signs of abuse and knew how to report possible abuse to the local social services.

The manager had put systems in place to identify and manage risks to people's health and welfare so that people and staff were protected from harm as far as possible.

There was a procedure for full risk assessments to be carried out before a package of care was put in place. This included an assessment of the person's home environment, their risk of having falls, malnutrition, ability to manage medicines and a moving and handling assessment. The records seen showed that this procedure had been followed.

Records of accidents and incidents were maintained and reviewed to see if there were trends where action could be taken to reduce the likelihood of their recurrence.

There were also policies and plans to follow in the event of various emergency situations, including an out of hours and on-call system.

The registered manager was mindful when taking on new packages of care to have sufficient care workers to provide full cover on the rota. People we visited said that they always received a rota in advance so that they knew who was scheduled to visit them. They also said that there was good continuity of care as they received regular care workers, except for cover of annual leave and sickness. This was corroborated by the returned surveys.

Recruitment procedures had been followed and all the required checks had been carried out. Records contained a photograph of the staff member concerned, proof of their identity, references, a health declaration and a full employment history with gaps explained and reasons given for ceasing employment when working in care. A check had also been made with the Disclosure and Barring Service to make sure people were suitable to work with people in a care setting.

Medicines were managed safely where people required assistance or administration of their medicines.

Care workers had been trained in the administration of medicines with records showing that their competency to administer medicines safely had been assessed. Care workers knew how to assist people with the medicines as there were care plans in place on how to meet people's medication needs. A system of "spot checks" by the registered manager and senior staff ensured that the staff were following the correct instructions for medicines and keeping appropriate records.

People told us they received their medicines as they required. We checked a sample of medicine administration records (MAR) and found that they had been completed in full showing people had received the medicines they required.

Is the service effective?

Our findings

People felt their care workers were competent and capable. They told us that by being visited by regular carers, they were looked after in the manner they preferred. Returned surveys also showed that overall people were satisfied with the service they received.

On joining the organisation, staff completed an induction training programme which included a period of work shadowing experienced staff. For care workers new to care, their induction led to the care certificate, a nationally recognised induction qualification. Staff we spoke with said they were provided with appropriate training and welcomed the recent appointment to the vacant trainer post within the organisation so that more face to face training could be provided as well as on line courses. There was a programme of core training, including safeguarding, fire safety, moving and handling, health and safety, medicines awareness and a system in place to make sure staff were kept up to date with refresher training. .

People were supported by staff who received supervision through one to one meetings with their line manager and an annual appraisal. Staff we spoke to said that they felt supported and that they could always speak with someone senior if they needed immediate support or advice.

Staff meetings were held regularly and records showed staff were able to raise issues and were kept informed about any changes in policy or procedure affecting them.

The way people were supported complied with The Mental Capacity Act 2005 (MCA). This provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so 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 particular decisions, any made on their behalf must be in their best interests and the least restrictive as 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.

People's rights were protected as the staff acted in accordance with the MCA, seeking consent where people were able to make decisions about their care and support. Staff had a good awareness of the MCA and how to put the principles in the practice of their work. Where people had capacity to consent to their care, they had signed their care plan and were therefore consulted about their care.

Staff supported some people with meal preparation as identified in people's care plans. People told us that where this was part of their support package, the care workers always made sure they had food and drinks left in their reach and ensured that they had enough to eat.

People were supported with their health care needs and staff worked with healthcare workers to support people if this was pertinent to their care.

Is the service caring?

Our findings

People were very complimentary and positive about the service they received from AQS Homecare, telling us about the good relationships they had with their care workers. Some of people's comments included, "I have a really good carer", "They are really supportive" and, "The staff are brilliant and I am very happy and well supported". One person, when asked how they would rate the service, said, "Ten out of ten".

AQS Homecare provided consistency of care workers to people so that people had been able to build trusting relationships. People told us their care workers were friendly and caring and respectful of their choices and preferences. Care plans included information about these preferences, likes and dislikes so that care workers were aware of people's needs and how they wished to be supported. People said staff would go over and above their contractual commitment to make sure they were left comfortable and prepared for the day. One person told us about a small gift that their care worker had given them for Christmas that had meant so much to them. The agency had also made gift hampers from staff donations, including handmade items, for people with no family who would otherwise not receive a Christmas present.

People told us that should a worker be running late for some reason, the worker or office would make contact to inform of the delay as a matter of courtesy.

People and/or relatives confirmed that they had been consulted about care and support plans and fully involved in making decisions about their care.

Care workers knew about requirements to keep people's personal information confidential. People confirmed that care workers did not share private information about other people with them.

People told us that care workers always respected their privacy and dignity. The registered manager provided evidence of instances where staff had demonstrated adherence to these values.

Is the service responsive?

Our findings

People spoke highly of the standards of care and support they received and felt the agency was responsive to their changing needs. One person's relative told us how the agency had responded to their relative's changing needs following a stroke and how well this had been managed. We received a comment from a community professional, "AQS staff are always reliable, & I always find them approachable and help with any changes as far as possible."

An assessment of needs was always completed as well as risk assessments before people were provided with a service. This procedure ensured that the agency could provide appropriate care and support. A care and support plan was then developed with the person (or with their relative) and this was agreed before the package of care was started. Care plans we saw had been signed by the person or their representative to corroborate this.

The sample of plans we looked at were up to date, person centred and clearly written with a step by step description of how care workers should support people at each visit. Plans also showed what people were able to do independently, and what activities they would require support with.

People received a rota each week, which detailed the staff who would be supporting them for the week ahead and at what time they would be visited. We were told, and this was also reflected in returned surveys, that staff stayed for the full length of their visit and made sure they had given all the support they required before leaving. Care records were written after each visit with the times and lengths of their stay. People we visited said workers usually arrived on time and again this was corroborated from returned questionnaires.

A complaints procedure, which was clear and detailed, was in place and each person received a copy within the information pack provided at the beginning of the contract. People told us they had confidence they would be listened to and their complaint would be fully investigated. The complaints log showed that complaints had been looked into and action taken to address any shortfalls.

Is the service well-led?

Our findings

People felt the service was well-managed and this was also reflected in the returned questionnaires from community professionals.

The registered manager had wider responsibilities within the organisation. As well as managing the Bournemouth branch the registered manager spent one and a half days managing the Southampton branch of AQS. Staff told us that the registered manager promoted a positive, open and honest culture and told us they felt they provided a quality and personalised service to people.

Returned surveys from people and staff reported confidence in the management and also that they knew who to approach if they had any concerns. Overall, there was good staff morale and positive approach and culture.

Quality assurance systems were in place to monitor and improve the quality of service being delivered. People's experience of care was monitored through regular questionnaires, phone calls and reviews to check they were happy with the service they received.

Staff had a good understanding the whistleblowing policy, which was in line with current legislation.

The registered manager had notified the Care Quality Commission about significant events, as required in law. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

There was a system of audits in place to ensure a quality service was maintained. Examples of audits included, medication, health and safety, safeguarding adults, complaints and environmental risks in people's homes. The audits gave an overview of the service and enabled any trends to be identified and actions taken to address any shortfalls.