

AR1 Homecare Limited

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## Inspection report

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Date of inspection visit:  
20 December 2016  
21 December 2016

Date of publication:  
15 February 2017

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

We inspected this service on 20 and 21 December 2016. This was an announced inspection and we telephoned 48 hours' prior to our inspection in order to arrange home visits with people who use the service. At the last inspection on 18 June 2015, the provider was meeting the standards that we checked.

AR1 Homecare Limited provides personal care and support to people living in their own homes in Tunstall and the surrounding areas. At the time of our visit, approximately 38 people were receiving a regulated service. There was a registered manager in post. 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 capacity to make decisions was not always considered and improvements were needed where people lacked the capacity to make certain decisions for themselves. However, people told us that the staff sought their consent before providing care. The provider's quality and safety checks were not always effective in identifying shortfalls to ensure improvements could be made.

People we spoke with told us they felt safe and looked forward to the staff visiting. Staff recognised their responsibilities to protect people from abuse and were confident the provider would take action if they raised any concerns. Risks to people were assessed and managed to keep people safe whilst promoting their independence. People received support to take their medicines when needed.

People had a copy of their care plan which detailed how they wanted to be supported and reviews were carried out to ensure their care remained relevant. People's needs and preferences were met when they were supported with meals and the provider ensured people accessed the support of other health professionals when their needs changed.

There were sufficient staff to meet people's needs and checks were made to confirm staff were suitable to work with people in their own homes. The support was flexible and responsive to changes in people's needs. People received care and support from staff who were trained and supported in their role and knew how people liked things done.

People were treated with care and kindness by staff who enjoyed their work and were motivated to ensure people had a good quality of life. People received personalised support and were happy with how the staff supported them. Staff respected people's privacy and dignity, promoted their independence and supported them follow their interests and maintain links with the local community.

People felt comfortable raising any concerns and were confident they would be responded to. People told us the service was well managed and they were encouraged to give their opinions on how things could be

improved. Staff felt supported and valued by the provider and manager.

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?

Good ●

The service was safe.

People felt safe when they received care. Staff understood their responsibilities to keep people safe from avoidable harm and protect them from abuse. There were sufficient staff available and recruitment procedures were in place to ensure people were suitable to work with people. People were supported to take their medicines when needed.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Improvements were needed to ensure the provider met the legal requirements where people were unable to make certain decisions for themselves. Staff received the training and support they needed to meet people's needs. Where agreed, people received support with meals and drinks. Staff monitored people's health to ensure they were supported to access the support of health care professionals when needed.

### Is the service caring?

Good ●

The service was caring.

People and their relatives had good relationships with staff and were comfortable with them being in their home. Staff were kind and caring and respected people's privacy and dignity. Staff knew people's preferences and encouraged them to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs and preferences and staff supported them to follow their interests and maintain links with the local community. The service was flexible when people's needs changed. People felt able to raise any concerns or complaints and were confident action would be taken.

**Is the service well-led?**

The service was not consistently well led.

Improvements were needed to ensure the systems in place to monitor the quality and safety of the service were effective in identifying shortfalls and driving improvement. People told us the service was well managed and they were encouraged to give their opinions on how things could be improved. Staff felt valued and supported by the provider and manager.

**Requires Improvement** 

# AR1 Homecare 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.

This inspection took place on 20 and 21 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to arrange home visits to people who used the service and to ensure staff were available to speak with us. The inspection was carried out by one inspector.

We checked the information we held about the service and provider. This included the Provider Information Return (PIR), statutory notifications that the provider had sent to us about incidents at the service and information we had received from the public. The PIR 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. A statutory notification is information about important events which the provider is required to send to us by law.

We visited three people who used the service and their relatives and also telephoned two relatives to gain their feedback on the care people received. We spoke with the provider, the manager, and three care staff. We reviewed records held at the service's office, which included five people's care records to see how their care and treatment was planned and delivered. We also looked at other records relating to the management of the service, including staff files and quality checks.

# Is the service safe?

## Our findings

People told us they felt safe when they were supported by staff. They told us they had a regular group of carers and were introduced to any new staff before they started to visit them. One person said, "The staff are great and the manager brings any new carers and introduces them to me, no new staff come unannounced". Relatives had no concerns about their relations' safety. One relative told us, "If there's a problem, I know the staff won't leave [Name of person], they get in touch with us and wait for us to get here as we live nearby. It's a weight off our shoulders". Some people had a key safe if they were unable to let the carers into their homes. One person told us the key code was changed regularly at their request, "It's something we prefer to do, the staff don't mind". People told us the staff called out to let them know they were coming into their home and made sure they locked up on leaving to ensure their safety was maintained. A relative told us, "They shout to [Name of person] when they arrive and make sure everywhere is secure before leaving".

Risks associated with people's care had been identified and staff understood and followed risk management plans to protect people from these risks. One member of staff told us they had met with the Occupational Therapist at a person's home to ensure they were using the correct equipment to support the person when assisting them with personal care. Their relative said, "The staff know how to use the hoist and about the new sling recommended by the occupational therapist. The staff are excellent". Risks from the home environment had also been assessed to ensure the safety of people and the members of staff providing care and support. We saw that the risk management plans were reviewed and updated to ensure people continued to be supported in a safe way. Staff told us when there were changes to people's needs, the provider briefed them by phone and they read the care plans when they arrived at people's homes. This meant people were supported safely as their needs changed.

Staff we spoke with told us they had received training in safeguarding and 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. One member of staff told us, "I would report any concerns to the manager first but we have the numbers for the local safeguarding team if they are not available". Staff told us they were confident the manager would take action and our discussions showed they reported any concerns to the local safeguarding team. This showed the manager and staff understood their responsibilities to keep people safe.

The provider had procedures in place to ensure people were supported to receive their medicines as prescribed, and in the way they preferred. A relative told us, "We've asked the staff to give [Name of person] time to take it themselves, but if they are struggling, they pop it from the blister pack and put it into a tub for them". Staff told us they had undertaken medicine training and had their competence checked to ensure they supported people safely. They told us the provider carried out spot checks by observing their practice and monitoring the medicines administration records. We saw these were completed by staff to record when medicine has been given, or the reason why they were not given.

There were sufficient staff to provide people with the agreed level of support. People and their relatives told

us the staff usually arrived on time and stayed for the set time. A relative said, "They call to let us know if they are running late, for example if another person is poorly and staff can't leave them". Staff we spoke with had no concerns about staffing levels. The manager told us they were recruiting for additional staff to enable them to accept new care packages. The provider said, "I won't take on new clients if I haven't got the staff". We saw that the provider followed procedures to demonstrate staff were suitable to work in a caring environment. Staff told us and records confirmed they were unable to start work until all of the required checks had been completed, including a check with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions.



## Is the service effective?

### Our findings

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. 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. Staff told us that some people they supported did not have capacity to make decisions for themselves. Records we looked at showed that relatives had given consent for their relation's care and support. However, no mental capacity assessments had been carried out and there was no evidence of how decisions had been made in these people's best interests. The manager and provider told us that some relatives had legal authorisation to make decisions on behalf of their relation. However, they had not seen these orders and could not be sure that people making these decisions had the correct legal authorisation to do so. The manager and staff had not received training in the MCA and were not able to demonstrate a clear understanding of the requirements of the legislation and how it impacted on their role. For example, the manager believed that a person's 'next of kin' could consent to their relative's care and support, irrespective of whether they had the legal authority to do so. The provider told us they would arrange training for the manager and staff to ensure they followed the principles of the MCA and its associated guidance.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us the staff gained their consent before supporting them. One person said, "Staff leave me if I don't want to get dressed if I'm not feeling too good." A relative told us, "Staff explain what they are doing and ask if [Name of person] is in agreement; for example it's a bath today, or do you want to get into bed now". Staff confirmed they explained what they were doing and reassured people as they supported them. One member of staff said, "We make sure we repeat information for people who are forgetful and reassure them, telling them what we are doing next to make sure they are happy for us to continue". Another said, "I show people choices, such as food or clothes and they can point to show their agreement". This demonstrated staff understood the importance of gaining consent.

Staff received an induction to prepare them for their role which included training and shadowing more experienced staff. One relative told us, "The staff have the right training and know about [Name of person's] needs". Another said, "I have no concerns, the staff know what they are doing, I just leave them to it". Staff told us the training provided them with the skills and knowledge they needed. One member of staff told us, "The induction was really good, it covered everything including policies and procedures and you have a test at the end of each session to check you have understood everything. The managers never make you feel silly or that you are asking too many questions and I've also had feedback from the clients on how I'm doing. I have felt really supported". Although we found that staff had not received training in the MCA, records showed they received training in areas that were relevant to the care of people they supported and this was monitored by the manager and updated at regular intervals. New staff completed the care certificate which

is a nationally recognised programme which supports health and social care staff to gain the skills needed to work in a care environment.

The provider had a performance and appraisal system and staff confirmed they received supervision on a regular basis and had an annual appraisal. Staff told us and records confirmed the senior staff carried out spot checks to check their practice and any concerns were discussed with them during supervision and further training was offered where needed. One member of staff told us, "The managers carry out reviews with clients and check that staff are doing what they should be doing. We get feedback and if you need more training it's available; you're always learning in this job". This showed the staff were supported to carry out their roles effectively.

Where people were supported with mealtime visits, we saw that their dietary needs were assessed and monitored to ensure they were met. People and their relatives told us they were offered choice in relation to their meals and staff encouraged them to eat and drink enough to maintain good health. Staff told us they reported any concerns to the office to ensure that advice was sought from the person's GP. This showed people were supported to eat and drink sufficient to meet their dietary needs and preferences.

People retained responsibility for managing their health care and staff understood where people needed support. One member of staff told us, "We would contact the GP if we have any concerns and call the office so that the manager can let the family know". Another member of staff told us the manager and senior staff were always available if they needed any advice. One told us, "You can always speak to them and because they are involved in people's care themselves, they know people well".

## Is the service caring?

### Our findings

People and their relatives told us the staff were kind and caring and they looked forward to their visits. One person said, "I have a laugh with them when they come, they are great". A relative said, "Staff are excellent, they are very supportive, a good set of girls". Another said, "They are a caring bunch of staff". We saw that people and their relatives had formed good relationships with the staff and were comfortable with them being in their home. One relative said, "[Name of person] didn't want anybody in the house at first; staff have been very patient and kind and they are used to them now". Another said, "When I'm here we have a laugh, they are great". A third said, "They are really good with me, I can't fault them".

People and their relatives told us the staff knew them well and understood the things that were important to them and how they wanted to be supported. One person said, "Staff are great, they know what I want first thing in a morning; a cup of tea". Staff told us they enjoyed their job and it was important to them to make a difference to people's lives. One member of staff told us, "I pay attention to detail and people's preferences and correct other staff if I think they have missed something". Another said, "I enjoy going to everyone; it's nice to be able to interact with people". We saw that people's preferences for how they received their care were reflected in their support plans. Relatives told us they felt involved in their relation's care and communication with the care staff was good. They said, "I read the comments staff write in the care records; they are informative. It's my way of communicating with them and gives me confidence in the care [Name of person] is getting".

Staff respected people's privacy and dignity. A relative told us, "The staff close the curtains when they are washing [Name of person] and make it very dignified". Staff told us this was a key part of their values and the provider's spot checks focussed on ensuring people's dignity was promoted at all times. One member of staff said, "When we are providing personal care, we always ensure people are covered to protect their dignity, and check they are comfortable and talk them through every stage to reassure them".

People and their relatives told us the staff respected their daily routine and always asked them what they needed. One relative said, "Staff encourage [Name of person] but if they don't want to get dressed they respect their wishes". Another relative said, "[Name of person's] wishes are carried out, which is important. It's the little things that count". Staff encouraged people to be as independent as possible. One member of staff told us, "It's important for people to keep their independence and the care we give helps them to be safe and stay in their own home". A relative told us, "Staff let [Name of person] do the things they feel able to do for themselves but they are there just in case".

## Is the service responsive?

### Our findings

People received personalised care that met their individual needs and preferences. One person told us, "Staff know the routine and before they leave they always ask me if there's anything else I need". A relative said, "[Name of person] likes things done in a certain way and staff respect this, which gives us peace of mind". Staff we spoke with recognised the importance of providing personalised care. One member of staff told us how they supported a person who used equipment to help them communicate, "We get it for them and it means they can let us know when something is not right".

People and their relatives told us the agency were flexible if they needed to make changes or arrange additional calls. One relative told us, "They have been brilliant. [Name of person] has had to go into hospital a few times and the agency have been able to reinstate the care when needed; it's taken a big weight off us". The provider told us that where possible the same staff visited people to ensure continuity of care. A relative told us, "We more or less see the same staff and no new staff come without being introduced to [Name of person] first". Relatives told us the staff supported people to follow their hobbies and interests and maintain links with the local community. One told us "Staff encourage [Name of person] to sit in the front garden in the summer as they like to watch the world go by". Another told us the staff supported their relation to go to the day centre on a weekly basis.

People told us that before they were offered a service the provider or manager had visited them to discuss what support they wanted. People had a copy of their support plan and the manager checked to see if they were happy with their care and if any changes were needed. A relative told us, "The manager has been to see us and we discussed some changes. They listened and understood and within 24 hours, everything had been put in place. Where any changes were made, staff told us they were informed by a senior member of staff or the manager. One member of staff told us, "The manager updates us by phone or verbally in the office and we check the care plan each time we visit. The managers are very good and don't mind you ringing them to check". This meant staff had the information they needed to meet people's changing needs.

There were arrangements in place for people and their relatives to raise complaints, concerns and compliments about the service. One relative told us, "[Name of person] tells the staff if they are not happy with something". Another said, "I'm happy to say if anything needs to be changed. You can always get in touch with the office and if you leave a message they always call back. I've never had to chase them up, things are always acted on". People had a copy of the complaints procedure and records showed any concern or complaint received was investigated and responded to.

## Is the service well-led?

### Our findings

The manager carried out checks to ensure the quality and safety of the service but these were not always effective in identifying shortfalls and driving improvement. For example, we found that checks of medicines records were not carried out at regular intervals and were not documented to provide an audit trail to show that any required improvements had been made. The checks had not identified that medicine administration records (MAR) did not always have detailed information to guide staff when several tablets were to be administered at one time from a multi-compartment compliance aid. This is a medicines storage device divided into compartments to make it more convenient for people to manage their medicines. For example, the MAR did not always have a description of each individual tablet and why it was needed. The manager told us they would contact the pharmacy to action this.

The manager carried out checks to ensure the accuracy of care records. However, these had not identified that the provider was not meeting the requirements of the Mental Capacity Act 2005. In addition, daily records of care offered to people were not checked on a regular basis to ensure any concerns or errors could be identified and actioned promptly. This was raised as an area for improvement at the last inspection. We discussed this with the manager who told us they would take action and introduce a schedule for all their checks, to ensure they consistently monitored the service people received.

The provider and manager checked that people received their support as planned and people and their relatives had no concerns about missed calls. The manager told us, "I carry out spot checks to ensure carers arrive on time and stay for the allotted time". The manager's spot checks also monitored staff practice to ensure people's individual needs were met. Staff told us and records confirmed that any concerns were discussed with them and further training was provided where required.

People and their relatives felt the service was well managed and the manager and staff provided a high standard of care and support. One relative told us, "From my perspective, I can't fault the service, it's very well run". Another said, "The manager and staff are very professional and interested in [Name of person's] wellbeing. We made a good decision in going with the service". The service sought people's views on how the service could be improved during review meetings and spot checks by the manager and changes were made where possible. For example, the provider told us people asked to have the same staff and rotas were planned to achieve this wherever possible.

People were supported by staff who were motivated and enjoyed their work. Staff told us they worked well as a team and the management was supportive and approachable. One staff member said, "It's a good company to work for, we are like a family. The managers are always available if you have any problems". Staff told us they had regular staff meetings and were aware of the whistle blowing procedures, a system which enables staff to raise concerns about poor practice. One member of staff told us, "I have done it and my concerns were dealt with. I would have no hesitation in doing it again". This meant suitable action would be taken to protect staff if they raised a concern in good faith, to protect people in receipt of care from potential harm.

People's confidential records were kept securely at the office base to ensure people's rights were upheld. The manager and provider understood the responsibilities of registration with us and notified us of important events that happened in the service. This meant we could check that appropriate action had been taken.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Where people lack the capacity to make certain decisions for themselves, the provider was not acting in accordance with the requirements of the Mental Capacity Act 2005.</p> <p>Regulation 11(1)(2)</p>