

Caring At Home Ltd

# Caring at Home Limited

## 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

Caring at Home Limited is a domiciliary care provider providing personal care to 39 people at the time of the inspection. It provides personal care for people living in their own homes, so they can live as independently as possible.

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

Improvements had been made since our last inspection including investment in developing policies and procedures and other management tools. Some of these tools still needed to be fully embedded to be effective in assessing and driving improvements. We made a recommendation about continuing to develop and embed good governance. There was a complaints procedure in place and any concerns were managed promptly.

Staff received training and support, including regular team meetings, to do their jobs well. People had developed caring relationships with the staff who supported them. People were appreciative and spoke fondly of staff. The provider had developed good working relationships with other health and social care professionals to support the needs of people using the service.

Risks to people's health and wellbeing were assessed and plans were in place to monitor people and to assist them in a safe manner, staff knew how to support people safely, including the use of equipment to assist them to move. Staff understood how to protect people from harm and were confident any concerns would be reported and investigated by the management team. There were care plans in place to guide staff and these were regularly reviewed.

Where people received assistance to take medicines, records were kept so this was done safely. When people required assistance to eat or drink, the provider ensured this was planned to meet their preferences and their current assessed need. People had support when required, in order to liaise with healthcare professionals to ensure they remained well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 22 August 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. We also held a meeting with them to discuss the actions they would take. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Caring at Home Limited

## 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

The inspection was completed by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 July 2019 and ended on 18 July 2019. We visited the office location on 10 July 2019 and made telephone calls to people who used the service and staff after this visit.

#### 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. We used this information to help plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report and gave them the opportunity throughout the inspection visit to update us.

#### During the inspection

We spoke with the care manager, the assistant care manager, the business manager, and two care staff. We reviewed a range of records. These included six people's care records and multiple medication records. We reviewed a variety of records relating to the management of the service, including complaints and staff training /competency checks.

#### After the inspection

We spoke with the relatives of four people who used the service by telephone. We also spoke with an additional member of care staff and one social care professional who worked closely with the service. We sought additional assurances around the management of the service and plans to embed some policies and procedures.

# 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 now improved to Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider did not demonstrate sufficient checks on new staff to evidence they were safe to work with people. This was a breach of regulation 19 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Safe and effective recruitment practices were followed to help ensure staff were of good character and able to do their job. Necessary checks were completed which included references and background checks with the Disclosure and Barring Service (DBS).
- People and their relatives confirmed they had regular and familiar staff to support them. Staffing was organised in three different teams to ensure consistent support.
- One relative said, "A small team works well for us and we mostly get regular people. It means they get to know [Name] very well."
- The relatives we spoke with told us their care was reliable with no missed calls and very few late calls. One relative said, "It doesn't happen often but if they are going to be late we are telephoned to let us know."

### Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable about safeguarding and could explain the processes to follow if they had concerns. One member of staff described how they completed body maps if they saw any marks on people and reported them to their manager.
- Action was taken if staff were concerned about anyone's safety. For example, the care manager worked with one person's family and social worker to ensure their medicines were securely stored in their home to prevent accidents.
- Relatives told us they trusted all the staff and would be happy to raise any concerns with any of them.

### Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed.
- People were included in assessing and managing their own risks. There were plans in place to support people to move safely including using equipment.
- Staff we spoke with knew about people's individual risks in detail. For example, they told us about the action they took to help some people improve their sore skin.
- Environmental risk assessments were carried out in people's homes to ensure people and staff were safe.
- Some people had entry codes, so staff could enter their home if they were unable to let them in. Staff knew

the importance of keeping this information safe and there was a secure system for sharing the information.

#### Using medicines safely

- Staff had received medicines training, and competency assessments were completed to ensure staff understood their responsibilities and had a good understanding of their responsibilities.
- Medicine administration records were checked regularly by the care manager. When there were any errors in recording, an additional competency check was completed with staff to ensure they understood the importance of signing to evidence administration.

#### Preventing and controlling infection

- Staff had received training in infection control practices and wore a company uniform. They had access to personal protective equipment such as gloves, aprons, and shoe covers if required.
- Infection control practices were assessed during staff competency checks which were carried out in people's homes.

#### Learning lessons when things go wrong

- Lessons were learnt from when things went wrong, and actions taken to reduce the risk. For example, any accidents or incidents were recorded and reviewed.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant 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; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and their relatives confirmed needs were assessed before services commenced. Relatives told us they were fully involved in their assessment and in developing their plan of care.
- There was information in people's care plans about specific health conditions to ensure staff had guidance in line with best practise.
- The staff team worked closely with other professionals to ensure people's care was managed consistently; for example, incorporating guidance from district nurse teams in managing skin integrity. One relative told us this approach had been successful in improving an ongoing health concern.

Staff support: induction, training, skills and experience

- Relatives told us staff had the skills and training to support them well. One relative said, "The staff are very efficient and highly capable." Another relative described how all staff had been trained to support their relative with daily physiotherapy exercises.
- There was an induction for new staff and they completed the care certificate if they had no previous experience in care. The care certificate is a national set of standards to ensure all care staff receive a thorough induction. One member of staff we spoke with said, "I went on three shadow shifts with experienced staff before I worked on my own." A relative said, "I know they have training because they always come with an experienced staff member to start with."
- Staff told us, and records confirmed, training was provided through a mix of online learning and face to face sessions. One member of staff told us they enjoyed the moving and handling training. They said, "The trainer made it fun by letting us have a go in equipment like a hoist. It has really made me understand how people feel when we are doing it to them and how important it is to be patient."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough if this was part of their agreed care.
- When people were supported to eat records were kept of their meals. One member of staff said, "We check this to make sure people who live on their own are receiving a good variety of food."

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 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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People using the service mostly had the capacity to make decisions and choices about how they received their care.
- Staff understood their responsibilities to ensure they had consent to provide care. They told us how they used different communication techniques to help people to make a decision if they were living with dementia; for example, showing people different food so they could choose from an object.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question remained good. This meant 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

- People had caring, kind, supportive relationships with the staff who supported them.
- One relative told us, "My relative was horrified about having care; but now the staff brighten up their life. They are good at the physical side but just as importantly they understand the social side and chat easily."
- Another relative said, "I was really worried about my relative and this care has made a big difference to us. At first my relative wasn't keen but now they really look forward to the staff coming."
- All the relatives we spoke with praised the service for providing consistent staff so they could build relationships with them and they had the time to really get to know people.

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

- The relatives we spoke with told us they were involved in making decisions about care and support. How they wanted this to be provided was incorporated into people's plans.
- The management team told us they would signpost people to organisations who could provide advocates if they needed support in making decisions (an advocate is independent and supports people to help express their views and wishes).

Respecting and promoting people's privacy, dignity and independence

- Relatives we spoke with told us they felt staff respected privacy and dignity. One relative said, "They respect both me and my home which is important."
- People were encouraged to maintain and, in some cases, develop their independence. For example, one person had required equipment to move after a stay in hospital. One staff member told us how they had supported the person in this way until they were strong enough and then had requested a re-assessment to return to moving them how they previously had; in a less restrictive way. They stated this was because the person was unhappy with this level of support. This demonstrated to us they understood the importance of independence to people.
- People's care plans had detailed daily routines described which stated how to maintain the person's independence through prompts; for example, encouraging them to do some aspects of their personal care.

# Is the service responsive?

## Our findings

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

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 people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At our last inspection the provider did not have adequate complaints management in place. This was a breach of regulation 16 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- Relatives we spoke with knew how to make complaints and were confident that they would be listened to. One relative said, "I would contact the manager if I had any concerns."
- A social care professional told us how the care manager had resolved a concern raised by one person in relation to their care. When the person's care had been planned, their evening call was earlier than they would have liked but it was all the service could provide at the time. However, as the care manager knew the person was unhappy with this time, as soon as a later call was available they offered it to the person. This demonstrated to us how action was taken to resolve concerns.
- Records were maintained of all complaints received in line with the provider's reviewed policy.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by staff who knew them well and understood their preferences. Staff we spoke with could explain how they cared for each person in detail and anybody they felt needed closer monitoring.
- People had care plans which were personalised and detailed. They were regularly reviewed and updated.
- Daily communication books were completed to ensure staff had a current understanding of people's needs. One relative told us, "I don't live locally, but I know staff have visited and can see how my relative has been through the communication book."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Assessments of people's communication support requirements were made and met in line with the AIS.
- One person was partially sighted, and the care manager had made arrangements with the person and a family member for them to read any correspondence to them.
- Their care plan guided staff to call out to introduce themselves when they entered the person's home to

reassure the person who was there.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- When it was part of the agreed care, staff supported people with social activities in their community, such as visits to the garden centre.
- Some relatives told us they were so satisfied with the care they were considering extending their support to include social activities and holidays.

End of life care and support

- The provider was not supporting anyone with end of life care at the time of this inspection. However, they had done so previously and informed us of their links with community nursing teams and GP's.

# 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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider did not have effective governance systems embedded to improve the service and ensure good outcomes for people. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, further improvements were still required to fully embed the new governance systems.

- The provider had invested in a new set of policies and procedures through an external company who were providing ongoing support. Some procedures were in place and evidenced; for example around risk management. Others required further development, for example good governance. Although the care manager regularly checked records which were returned to the office for each individual they supported they did not review and analyse them as stated in the policy.
- Staff had undertaken training courses and there were records of this in individual files but no overarching record. We found one staff member had not recently completed any of the required training and the governance systems had not identified this. We spoke with the care manager and support was given to the member of staff to complete them after the inspection visit.
- There was an electronic care system which staff used to log in and log out of their care calls. The care manager reviewed this and fed back to the staff team about set quality standards; for example, average late calls. However, we found this information was not accurate as the staff team were not consistent in ensuring they used the system on every call.

We recommend further development and embedding of the good governance systems to ensure information is accurate and regularly analysed.

- Although some of the systems required attention there was evidence of improvements taking place. For example, the electronic care system was being developed to incorporate care plans.
- Training provided to care staff had been reviewed and there were now regular opportunities for staff to meet as a team for face to face training and development. Spot checks had been implemented to check staff competency in the care environment.
- One social care professional we spoke with told us how any recommendations were taken up by the care

manager and implemented; for example clarity around care planning.

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

At our last inspection the provider did not notify us of all of the incidents they were required to. This was a breach of Regulation 16 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16 (Registration).

- Notifications about important events were sent to CQC as required under the provider's registration; for example, we had recently been notified of a change in address.
- The registered manager was also the provider. However, the majority of day to day management and consultation with people who used the service was completed by the care manager. After the inspection visit, changes were made in the management structure to reflect these responsibilities.
- There was a management structure in place which included senior care staff who were responsible for checking everything was in people's homes; for example, protective equipment and forms for care plans.
- An on-call provision gave clear lines of responsibility and accountability. Staff told us they could always access support when required and out of office hours.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff meetings were held regularly. One member of staff said, "It is good to get together, and we can talk about any issues."
- People were encouraged to give feedback on a regular basis and through care package reviews which took place at least six monthly.
- Partnerships had been developed with professionals and local organisations. We spoke with one professional who had knowledge of the service and their comments were positive.