Support Me At Home Limited

Support Me at Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 was an announced inspection that took place on 21 September 2016.

Support Me at Home is a service that provides personal care to people in their own homes. At the time of the inspection, 37 people were receiving care from the service.

There was a registered manager working at the service. 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 and associated Regulations about how the service is run.

People received care from staff who were kind and caring and who treated people with dignity and respect. There were enough staff available to provide people with the care and support they needed. However, improvements are required to ensure that people receive their medicines correctly.

People received care that was based on their individual needs and they were consulted about the care they required and supported to make decisions about its delivery. People knew how to complain and any complaints made were investigated and responded to.

People were protected from the risk of abuse and risks to their safety had been assessed and actions taken to reduce these risks from occurring. Staff asked people for their consent before providing them with care.

Good leadership was demonstrated. The staff were happy working for the provider and felt supported in their role. Their morale was good and they understood their individual roles and responsibilities. The provider had promoted an open culture where both staff and people using the service could raise concerns without any hesitation.

Systems were in place to assess and monitor the quality and safety of the service being provided. The provider acted on any feedback received with the view to improving the quality of care people received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People had not always received their medicines correctly.

Systems were in place to reduce the risk of people experiencing abuse and avoidable harm.

There were enough staff employed to provide people with the care they required.

Is the service effective?

Good

The service was effective.

The staff had received sufficient training to enable them to provide people with effective care.

Consent was obtained from people before the care was provided. The staff understood how to support people in line with relevant legislation where they were unable to consent to their own care.

Where it was part of the care package, the staff supported people to eat and drink sufficient amounts to meet their needs. They also supported people with their healthcare needs if required.

Is the service caring?

Good

The service was caring.

People received care from staff who were kind, caring and compassionate.

People were given choice about the care they received and were able to make decisions about this.

People were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People's care needs had been assessed and were being met. The service was flexible and accommodated people's request for changes to how their care was provided to them.

People knew how to make a complaint and any complaints made had been investigated and responded to.

Is the service well-led?

Good

The service was well-led.

There was an open culture within the service where people and staff were listened to and felt able to raise concerns if needed.

Good leadership was demonstrated at all levels.

There were effective systems in place to monitor the quality and safety of the service provided. The provider was continually looking at ways to improve the quality of care people received.

Support Me at Home

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 21 September 2016 and was announced. The provider was given 48 hours' notice before we visited the office because the service provides care to people within their own homes. The provider and staff operated from a central office and we needed to be sure that they would be on the premises so we could speak with them during the inspection.

The inspection team consisted of two inspectors and an 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.

Before the inspection, we requested that the provider complete 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. This was received from the provider. We also reviewed other information that we held about the service. We had requested feedback before the inspection from the local authority safeguarding and quality assurance teams.

During this inspection, we spoke with nine people who were using the service and one relative of a person who received care from Support Me at Home. We also spoke with three staff, the registered manager and the provider.

We looked at the care records of four people who were using the service, three people's medicine records, three staff recruitment records and information in relation to staff training. We also looked at how the provider monitored the quality and safety of the service.

Requires Improvement

Is the service safe?

Our findings

Before the inspection, we had received concerns that people's medicines had not been managed safely. We therefore checked to see whether people had received their medicines correctly and when they needed them.

The provider told us on their provider information return (PIR) that 21 medicine errors had occurred within the last 12 months. At the time of the inspection, the staff were giving a total of four people who were using the service their medicines. We spoke with one of these people who told us they received their medicines when they needed them.

We looked at three people's medicine records. The staff had given two people their medicines as needed but a record indicated that they had given one person an incorrect dose of the medicine Warfarin. The staff had also given them another medicine incorrectly on three occasions in September 2016 against the advice of the prescriber. These incorrect doses may have posed a risk to this person.

A GP had prescribed two people creams but we found gaps in cream charts that indicated the staff may not have applied these when needed. There was not always sufficient information in people's care records to guide staff on how to administer medicines correctly or safely. One person's care record had a body chart that showed staff where the cream needed to be applied but another person's record did not contain this information. One person received a PRN (as and when needed) medicine for pain relief but there was no protocol in place to guide staff on how to safely administer this medicine.

The provider had identified these issues and had put processes in place to reduce the risk of people not receiving their medicines correctly. This included requesting staff to contact the office before giving people Warfarin to make sure that the dose given was correct. The staff we spoke with confirmed that they were now doing this. The registered manager had asked the staff to check on each visit that the person had received their medicine as they should have done and the staff we spoke with confirmed they did this. The provider also confirmed that PRN protocols were to be shortly introduced and that care records were in the process of being reviewed to make sure that they contained all relevant guidance for staff.

Staff had received training in how to give people their medicines safely and their competency to do this had been regularly assessed. However, the provider had identified that this needed improving and therefore, they told us that one member of staff had completed advanced medicines training. They confirmed that this staff member would be responsible in the future for checking that the staff were competent to give people their medicines safely. They also advised on their PIR that following the recruitment of a new supervisor to the team, the frequency of checks in relation to medicines administration were to increase to weekly.

The type of assistance that people required with their medicines had been assessed and the provider and registered manager demonstrated to us that this was kept under regular review. The staff we spoke with were clear about the difference between administering people's medicines and giving them general support. One staff member told us how they had recently needed to prompt someone regularly to take their

medicines. This had been reported back to the office and arrangements were being made in conjunction with the person, for the staff to give the person their medicines instead. This was to ensure that the person received their medicines when they needed them.

We have concluded that the administration of people's medicines requires improvement. It is too early for us to judge whether the above changes being implemented by the provider are effective at ensuring that people receive their medicines safely.

There were systems in place to reduce the risk of people experiencing abuse and avoidable harm. All of the people we spoke with told us they felt safe when the staff provided them with care. One person said, "I do, I feel completely safe." Another person told us, "On yes, I feel safe. They are very good the staff." People told us that if they ever felt cause to feel unsafe that they knew how to raise a concern and who to contact at the service.

All of the staff we spoke with understood the different types of abuse that could occur and how to report any concerns. The registered manager was also aware of their responsibilities to report and investigate any alleged abuse. We saw that any concerns had been reported to the relevant authorities and thoroughly investigated. The staff training records we looked at confirmed that staff had received training in this area.

Risks to people's safety had been identified and assessed. These included risks in relation to supporting people to move, taking medicines, equipment they used and the environment. Where necessary, other risks to people's health and welfare such as diabetes had been looked into. There was clear information within these assessments to guide staff on how to reduce these risks. The staff we spoke with were knowledgeable about risks to people's safety and were able to explain to us how they managed these. For example, making sure that people used appropriate equipment when walking to reduce the risk of them falling.

The staff told us what action they would take if there was an emergency situation when they were providing care or if they found someone unconscious when they visited their home. We saw an example of this where it had been recorded in one person's care record. The staff had found the person unwell and so had requested the emergency services to assist the person.

Staff told us that if any accidents or incidents occurred when they were providing care that they had to report this to the office. The registered manager then investigated into the matter and took appropriate action to reduce the risk of the incident or accident from occurring again in the future. An example of this was that following an incident in one person's home, the electricity board had been contacted by the registered manager. The electricity board visited the person's home to make sure the wiring in their house was safe. Where the incident involved a staff member making a mistake, they were invited into the office to reflect on the incident and were provided with re-training when deemed necessary.

The provider employed sufficient numbers of staff to keep people safe and to meet their needs. All of the people we spoke with told us they felt there were enough staff working for the service to cover their care visits. One person told us, "I find them very good and very reliable." Another person said, "Yes, I feel safe and two are enough staff to help."

All of the people and the relative we spoke with told us the staff stayed for the length of time that they should to provide them or their family member with safe care. All of the staff we spoke with told us there were enough of them to enable them to do this and to cover all of the care visits needed. However, two of the four people's care records we checked indicated that this was not always the case. According to one record we looked at, in July 2016 the staff had often stayed less than the agreed time with the person, even

though they were noted as requiring companionship. For another person this had also happened on occasions. We spoke with the provider about this. They told us that sometimes staff left early at the request of the person but this was not always recorded. The staff we spoke with echoed this. The provider confirmed that a new system had recently been put in place to monitor that staff were staying the required time with people. They added that they were confident that this had improved since July 2016.

The number of staff required to meet people's needs was based on the number of hours of care the provider had to give. The registered manager told us they currently had enough staff in place to meet people's needs. Existing staff and staff who worked in the office were used to cover any absences such as sickness or annual leave.

The registered manager and the provider had carried out the majority of checks that needed to be made when staff starting working for the service. All of the staff records we looked at demonstrated the staff member had been subject to a Disclosure and Barring Services (DBS) check. This was to make sure that the staff were deemed suitable to work in care. The provider had also sought references from the staff member's previous employers to enable the provider to assess whether or not they were of good character. However for one of the three staff, gaps in their previous employment had not been explored. The registered manager confirmed that this had been done but the reasons had not been recorded within the staff file. They agreed to do this in the future.

Good

Is the service effective?

Our findings

Before the inspection, we had received concerns that the staff had not received appropriate training to enable them to provide people with effective and safe care. At this visit, we found that staff had received the relevant training and supervision and that the provider had recently made improvements within this area.

All of the people we spoke with told us they felt the staff were well trained and competent to perform their role. All of the staff we spoke with told us they had received enough training to give them the skills and knowledge to provide people with effective care. They said that the training was good. Staff had received training in a number of subjects including how to support people to move safely, food hygiene, infection control and safeguarding adults. Some staff had also received training in the subjects of dementia and food and nutrition. The staff told us that the training they received was classroom based training and that some, such as moving and handling had a practical element where they could practice using different types of equipment.

The registered manager told us that they wanted to improve staff knowledge in respect of dementia and that therefore, plans were in place for some staff to train as dementia coaches. Once trained, they would be utilised to pass on their knowledge to the other staff. The provider told us they used to have an in-house trainer but they had recently left the service. They were therefore considering training some staff to become trainers. This was so they could become specialists in certain areas such as moving and handling.

New staff received an induction to their role as a carer and they completed the Care Certificate which is an industry recognised qualification. Part of the induction involved the staff member shadowing a more experienced member of the team until they were confident they could work independently. During their induction period, their competency to perform their role had been regularly assessed and feedback given to them as necessary. One staff member we spoke with who was new to the service confirmed this. They added that they had not been able to provide care on their own until they had been deemed competent to do so.

The staff we spoke with told us they had regular supervision with the senior staff. This involved face to face meetings, appraisals and checks of their competency whilst they were performing care duties. All of the staff we spoke with were happy with the amount of supervision they received. They told us they received feedback about their care practice, both the positives and in relation to any areas they needed to improve. The provider told us in their PIR that the staff were supported to complete further qualifications within health and social care. The staff we spoke with confirmed this and told us this helped them to develop in their roles.

All of the people we spoke with and the one relative told us that the staff sought consent before performing a care task. The provider, registered manager and the staff told us that all of the people they provided care for were able to make their own decisions and choices about their care. They were aware however, that should people lose capacity to make their own decisions, that any made by the staff had to be in the person's best interests. They demonstrated they had an awareness of the Mental Capacity Act 2005 (MCA) that would need to be followed in this instance.

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.

There was information in some of the care records we looked at regarding what decisions people could and could not make themselves which gave staff appropriate guidance. However, this had not been consistently recorded within all people's care records. The provider told us they were currently reviewing people's records and would ensure that relevant information was included as was necessary.

Only one person we spoke with told us that the staff supported them with their meals. They said that this had been completed to their liking. They added that they had no concerns about this aspect of their care. The staff we spoke with demonstrated they had awareness about the importance of supporting people to eat and drink sufficient amounts for their needs. They all told us that if they had any concerns, that they fed these back to the main office so that action could be taken if needed.

Of the four people's care records we looked at, two people received support with their meals. One person was noted as requiring a soft diet. However, it had been recorded that on one day in August 2016, they had been given sausage and toast. We raised this with the provider who assured us that the staff prepared the food to a soft consistency by removing the skin from the sausage and crusts from the bread. They also told us that the staff were monitoring this person when they ate and drank and were aware to report any issues in respect of choking to the local speech and language therapist.

Most of the people we spoke with told us they arranged their own healthcare. However, they said they were confident that the staff would assist them with this if required. All of the staff we spoke with demonstrated to us they had a good understanding of the different types of healthcare professionals who could be contacted to help people maintain good health. These included an optician, district nurse, GP or occupational therapist. We saw evidence in some people's care records that staff had contacted a GP when they had been concerned about the person's health or an occupational therapist for assistance with new equipment.

Good

Is the service caring?

Our findings

Positive relationships had been developed with the people who used the service. People's dignity and privacy was respected. Eight of the people we spoke with told us they were satisfied with the staff who came to visit them and that they felt the staff knew them well. One person told us, "I get a list each week saying who will be coming and at what time." Another person said, "The new staff are strangers at first but you soon get to know them." However, one person told us, "That would be my only problem. There's someone different every morning and I would prefer it to be someone the same."

The staff we spoke with told us they usually saw the same people when completing their care visits. They added that on occasions they would see different people but usually only if they were covering for some unexpected staff absence. The staff demonstrated that they knew the people they supported well. They were aware of their likes, dislikes and individual personalities. There was information in people's care records about their life history that they had shared with the service. This gave staff access to details about people that could help them strike up a conversation that was meaningful to the person.

The registered manager told us they tried to minimise the number of different staff that visited each person for their care visits as they were aware this was important to people. They said they tried to match the staff with the person and monitored whether this worked. Changes were made if necessary when people asked for a different staff member. The staff we spoke with confirmed that this occurred in an attempt to meet people's wishes.

All of the people and one relative we spoke with told us the staff were kind and caring and that they treated them or their family member with dignity and respect. One person told us, "They are all very nice and I don't mind which one. They treat me with dignity and respect." Another person said, "They are caring and very careful. They do a good job. They treat me with respect and I am never embarrassed." A further person told us how the staff had bought them fish and chips once as they knew this was one of their favourite meals. The relative we spoke with told us, "Sometimes the staff will get [family member] a newspaper if he wants one. They always have a laugh and a joke."

The staff we spoke with demonstrated they had a caring approach when supporting people. One staff member told us how they treated people how they would want their own family member to be treated. They were all clear about the importance of respecting people's privacy whilst providing them with care and gave us appropriate examples such as closing curtains or covering people when giving personal care.

The service supported people to make decisions about their own care. All of the people we spoke with told us they were satisfied they were able to make choices about their own care. Each person had signed their care record to consent to their care. People had also been asked how they wanted the care to be delivered during the initial assessment of their individual needs when they started to use the service. One person told us, "Yes, I feel in control and the care is done the way I like it." People's care had been reviewed with them and their relative if needed once a year and they had been telephoned regularly to see if they wanted to make any changes to their care. The staff we spoke with told us they always offered people choice about

their care and that any decisions made were respected.

Good

Is the service responsive?

Our findings

The majority of people we spoke with and the relative told us they were satisfied that their or their family member's preferences and needs were being met. Everyone told us that where they had requested a specific gender of carer that this had been respected.

Four people told us the staff provided them with support at a time that suited their needs. One person said, "The time keeping is very good." Another person told us, "Time keeping? It's not a problem." Four other people said that the staff were sometimes late but that this was not an issue for them and that they were contacted by the office if staff had been delayed. One person said, "Timekeeping is a bit varied but it's not a problem." Another told us, "They are mostly on time and if they are going to be late we will get a call."

The provider told us they had received feedback in the past from people advising them that they had not always been informed when staff were running late. They said this was usually due to an emergency that had occurred which had meant they needed to stay longer at a person's home. In response to the concerns raised by some people, they had reminded all staff to contact the office if they were running late so they could let people know. The staff we spoke with were aware of this. The provider also said a system was now in place that allowed them to monitor more closely if staff were likely to be late so they could provide people with reassurance.

All of the people and relative we spoke with told us they were able to speak to the staff in the office when they needed to and that the office staff responded well to their requests. One person told us, "When I ring the office they are always helpful and it is easy to get in touch with them." Another person said, "I can contact them on most days and generally I get a good response. At the weekends it is an emergency phone." A further person told us, "They were very good when I needed extra help." A relative told us, "[Family member] was taken ill on Christmas day. I contacted the office and a carer came out and sorted things all ready for the paramedics."

The service had received some recent compliments about the responsiveness of the staff to people's individual needs. One person had commended the staff on their flexibility to meet their changing needs and another had praised them for providing such a 'flexible, personalised and caring service.'

An assessment of people's individual needs had been conducted before people used the service. Following this assessment, the person's preferred routine and how they wanted the staff to support them had been documented. This guidance for staff was thorough and clear. The staff we spoke with told us this gave them all the information they needed to provide people with individualised care. Care plans were also in place in relation to people's different needs. These included guidance for staff on how to assist people to move, how people communicated and what sort of diets they preferred.

Although most of these care plans contained good information, two people's in respect of the support they received with their eating and drinking required more detail. One person was diabetic and it had not been recorded whether the person wanted to follow this type of diet and if so, what sort of meals staff needed to

prepare for them. The other stated the person was on a soft diet but it did not state what this meant and what staff needed to do to make sure the food provided was of a soft consistency.

Some people's preferences had also been assessed such as how they preferred to be addressed and whether they wanted a male or female carer. However, where people were having support to eat and drink we did not see that their likes and dislikes had been captured and the preferred times of their calls was also not always in place. We spoke with the provider about this. They told us this information was now included in their initial assessment of people's needs. They also confirmed that they were in the process of reviewing people's care plans to make sure they contained all relevant information.

The staff we spoke with told us there was an out of hours service which people could contact and which they also used. They said that they had no issues contacting the office when they needed to and that the office staff were always there to offer help and advice when needed. They added that they had been told to raise any concerns, however small with the office which is what they did. We saw evidence of this in some of the care records we viewed.

The staff told us they were kept well informed about any changes to people's care needs so they could provide them with the care they needed. One staff member told us how this information was texted through to them on their phone. They also added that they regularly had a 'handover' meeting with the registered manager so they could ensure they understood about any changes that were required.

The staff, registered manager and provider told us they were aware that some people they supported were socially isolated. Encouragement and advice had therefore been given about local services that could support people in these situations. The registered manager said one person was now attending a dementia café within the local town on a regular basis.

The service routinely listened to people's concerns and complaints and learnt from these. All of the people and one relative we spoke with told us they knew how to make a complaint if they needed to but had not had cause to do so. One person told us, "I've never had to complain. I've never been in that situation."

Regular feedback was requested from people about their care which gave them the opportunity to raise any concerns they had. This feedback was gathered either over the telephone or face to face. Any complaints and concerns that had been raised had been recorded and investigated. We saw evidence that action had been taken such as re-training for staff where it had been deemed necessary.

People received information on how to complain when they started to use the service. This detailed how they could make a complaint and also what the service would do in response to this. This information could be improved as there was no mention that people could escalate their complaint to the local government ombudsman if they were unhappy with the conclusion reached by the service.

Good

Is the service well-led?

Our findings

The provider promoted a positive culture that was open and centred on the needs of the people they provided care for. All of the people we spoke with who used the service and the relative told us they would recommend the provider to others. One person told us, "They are very good. I am very happy with them." Another person said, "I'm very happy. The staff are happy and that makes things a lot better." Everyone told us they felt the service was managed well. All of the staff we spoke with said they would be happy for their relative to be cared for by Support Me at Home.

People told us they felt listened to by the staff and the registered manager and that they felt confident to raise any concerns they had about their care. The relative we spoke with confirmed this. The staff also told us they could raise any concerns with the registered manager or the provider without fear of recrimination. They were confident that actions would be taken in response to these concerns.

The staff we spoke with told us they felt supported in their jobs and understood their individual roles and responsibilities. They felt the registered manager and the provider led the service well and provided them with leadership and guidance. They said their morale was good and that they all worked well as a team to deliver good quality care.

Prior to our inspection, the provider had been visited by an outside organisation who had conducted an audit of their service. They had found that some areas required improvement. We found that the provider and registered manager had listened to this feedback and had begun to make the necessary improvements as requested. This demonstrated that the provider was open to suggestions about how they could improve the quality of care they provided and acted on guidance from outside organisations.

The provider had systems in place to monitor the quality of care being provided and demonstrated an appetite to drive improvement. They had conducted audits in respect of people's medicines and had identified some areas for improvement which the provider and registered manager had recently implemented. Two people's medicine records for August 2016 had been recently audited. However, one of the person's records for June, July and August 2016 had not been audited until September 2016. The provider told us that these records should be audited monthly but that this had not taken place for a small number of people. The provider said that they had recently recruited a new field care supervisor who would be responsible for assisting with the auditing of these records. They were therefore confident that each person's records would be audited more regularly so that any discrepancies or errors could be identified and dealt with in a timely manner.

The completion of staff training was monitored to ensure it was up to date and the registered manager was in the process of sourcing extra training for staff. This was in the areas of dementia and end of life care. This was so they could improve the quality of care provided to people who had these types of care needs.

There was an electronic system in place that provided the registered manager with reminders when staff were due supervision meetings and when their competency to provide care was due to be assessed. This

ensured that staff received supervision and guidance from senior staff regularly to help them improve their care practice if needed.

Feedback was regularly sought from people in the form of face to face reviews, over the telephone and annual questionnaires to help facilitate improvements within the service. The information received had been analysed and improvements made. For example, people had raised a concern that they did not know which care staff would be supporting them. Therefore the provider had ensured that people received a copy of their weekly rota to tell them which staff would be visiting them. A letter had also been sent to all of the people using the service telling them what improvements had been made in response to their feedback.

The provider had sent staff a survey recently for their opinion on how the service could be improved. Some responses had been received but not all. The registered manager was waiting for all responses to be received before analysing the information and developing an action plan to make the necessary improvements.