

A Rated Homecare Ltd

# A Rated Homecare

## Inspection report

23 Cavendish Way  
Bearsted  
Maidstone  
ME15 8PN

Date of inspection visit:  
09 June 2022

Date of publication:  
30 June 2022

### 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

### About the service

A Rated Homecare is a domiciliary care agency providing the regulated activity of personal care which is help with tasks related to personal hygiene and eating. Where people received the regulated activity we also considered any wider social care provided. The service provides support to people living in their own houses with varying health conditions, those elderly and frail or those living with dementia. At the time of our inspection there were 12 people using the service.

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

We found some shortfalls during our inspection. These related to paperwork and processes at the service. Although improvements were needed, these shortfalls did not have a negative impact to people. We found the new manager had already identified the work required to help ensure the service was meeting all the requirements of registration and as such provide good quality care to people.

A new manager had recently started at the service and we found their good oversight and management skills had enabled them to already identify the gaps and shortfalls identified during our inspection. They shared their action plan with us which showed what they planned to do to address these.

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 practice.

People were positive about the care they received from the service, telling us staff arrived on time, stayed the time expected and were kind and caring. People were supported by staff to be as independent as they wished to and they were able to make their own choices around the food they ate and how they liked their care to be provided.

People said staff knew them well and they treated them with respect. They told us they received the medicines they required and that staff followed guidance in relation to the wearing of personal protective equipment.

People felt safe with staff and told us they understood potential risks to them, ensuring that health care professional involvement was sought when needed.

Staff enjoyed working at the service and said they received appropriate training and support. They recognised some improvements were needed and told us the new manager had already made a good impact on them. They told us, "We feel more listened to now and things happen quickly when we mention them."

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

This service was registered with us on 3 July 2020 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# A Rated Homecare

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector 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.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. The registered manager was not present at our inspection, as a new manager had started and was about to register with CQC. The new manager assisted us with our inspection and we refer to them as 'manager' in this report.

#### Notice of inspection

This inspection was announced.

We gave the service 48 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 9 June 2022 and ended on 14 June 2022. We visited the location's office on 9 June 2022.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since they registered with us. We sought feedback professionals who work with the service.

We used all this information to plan our inspection.

#### During the inspection

We reviewed the documentation for three people receiving care from the agency during our visit to the offices. We also reviewed the medicine records for five people, as well as other documentation relating to people's care. We spoke with the manager and office manager as well as one member of staff.

We looked at documentation relating to the governance arrangements within the agency. This included audits, surveys and five recruitment files for care staff.

As part of the inspection, the Expert by Experience spoke with two people and five relatives to gain their views of the care being provided by A Rated Homecare.

#### Following the inspection

We received additional information from the service in relation to action plans, training and complaints. We also spoke with two staff.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received training how to recognise potential signs of abuse and put this training into practice. One person told us, "I do feel very safe with the service." A relative said, "I know that Mum does feel safe and I am happy that her safety is their primary concern." A staff member told us, "(If I found bruises or marks on someone) I would record this on a body map and report it to the office as well as the next of kin."
- Management knew how to recognise potential incidents of abuse and report them accordingly. They had identified a medication error for one person and a possible missed call for another person. Both were being investigated and staff consulted with. In the meantime, these had been reported to the local authority and CQC accordingly.

Assessing risk, safety monitoring and management

- People were supported to stay safe as staff identified potential risks to them and took action to address these. Risks and how to mitigate them were clearly recorded in people's care plans. A relative told us, "Dad feels safe with his carers. He has dementia and often goes out for a little walk, always the same route and if he's not at home when the carer arrives, she rings me straight away. The carer goes out to bring him home safely." A second relative told us, "He has a hospital bed with restraining sides, which help him to be safe."
- One person was at risk of their skin breaking down and falling out of bed because their bed was unsuitable and staff had instigated arranging a profiling bed for them. A second person was at risk of falls and they used a mobility aid to assist them, together with staff assuring they walked beside them when moving around.
- There was an on-call service available to people should they need to contact someone out of normal office hours. This meant people could always speak with someone from the office whenever they needed.

Staffing and recruitment

- People were happy with the service they received, telling us staff arrived on time and stayed the time expected. One person said, "They always try to arrive on time. They always do over and above what they need to." A relative told us, "Mum is very happy with her carer. She arrives on time, completes all the tasks, stays the full time." A second relative said, "They (staff) arrive on time."
- Management recognised the need to ensure there were sufficient staff available to meet people's needs. We were told, "We are not taking on any more packages on at present. We are not over capacity and we keep clients local (to a very small area)."
- There was an on-going recruitment drive in place which meant as staff were recruited, the service could take on additional packages.
- Staff felt there were enough of them based on the number of people they currently provided care to. A staff member said, "We can cover the calls we have now." A second staff member told us, "What I like about this job is not being rushed and having the time to be with people the whole time we are expected to be."

- Staff went through a recruitment process before commencing in their role. This included providing an employment history, their right to work in the UK and references. They also underwent a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We found some missing documentation in staff folders. This related to their health and ability to be able to carry out the role. This had already been identified by the office manager following an audit and work was underway to ensure all documentation was in place. We have reported more on this in our key question of Well-led.

#### Using medicines safely

- People received the medicines they were prescribed. A relative told us, "The carer gives medication." A second said, "He is very happy with his carer and she gives him medication." People had a medicine administration record which recorded the medicines prescribed to them. These detailed prescription details, any allergies the person had and who their GP was.
- Medicine Administration Records (MARs) were completed when medicines were dispensed and codes filled in if people were not given their medicine for any particular reason, for example, if they were away from home or it had been administered by a relative.
- We identified some recording gaps in people MARs. These were a recording issue as people had received their medicines. We noted from a recent audit carried out by the manager of the same MARs, they had already identified these shortfalls and were addressing them. This meant where one person had gaps on their MARs, staff were spoken with and they were to receive refresher medicines training.
- Only staff who had undertaken formal medicines training were able to administer medicines to people. A staff member said, "I've been trained and had my competency assessed. We did an exercise where there were fake MARs and we had to check they were completed properly."

#### Preventing and controlling infection

- The service followed latest government guidance in relation to infection control practices. A relative said, "Staff always wear PPE." Staff told us, "We wear masks, gloves and aprons when needed."
- Staff told us they had access to plenty of personal protective equipment and we observed staff wearing masks when in the office.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and action taken to address them. There had only been one incident since the service had registered with us. Information was recorded in detail and it was clear from the record that appropriate action had been taken.
- As a result of a medicines audit, the manager had identified a potential medicines error. As a result, they raised this with the local authority and were investigating it internally by speaking with the staff member involved.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had a full assessment prior to commencing a care package and there was evidence of funding authority assessments in place. These assessments were used to develop a person's care plan. A relative told us, "Mum has a care plan in a folder and I have been involved in compiling it. Because the carer always writes in it, I am kept well informed."
- Where people's needs changed during the course of their care package, their care plan was reviewed and adjusted as necessary with involvement from the person, their relative or funding authority.

Staff support: induction, training, skills and experience

- Staff underwent appropriate training which followed nationally recognised good practice. Each staff member was also expected to complete the Care Certificate when starting with the agency. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. A staff member said, "I had my training before going out on the field and then shadowed another staff member."
- Many of the staff had also undertake national vocational qualifications (NVQs) in health and social care. These are an additional set of standards for people working in this type of industry.
- People and their relatives had confidence in the staff. One person said, "They are well trained, help me to clean my teeth and remind me to put my hearing aid in." A relative told us, "They are well trained and very efficient."
- Staff told us they felt supported and valued and they received that support through the form of supervision and appraisal. This gave staff the opportunity to discuss their role, training requirements or any concerns.

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

- People's needs in relation to their food and drink were recorded in their care plans and met by staff. A relative told us, "They try to get her to eat and always leave her with water." A second relative said, "They always make sure she has plenty of fluids."
- No one was on a specific diet, but one person was at risk of losing weight as they had a small appetite. In this instance, staff were encouraged to offer snacks to the person during the care call and leave snacks for them when leaving.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People supported staff to access healthcare professional input to help ensure any health issues or risks

were addressed. One person told us, "I have had a few dizzy spells lately and they (staff) have organised the ambulance. They make me feel safe."

- There was evidence of the GP being contacted by staff as well as the community occupational therapy (OT) and physiotherapy team in relation to people. One person was being referred to a nutritionist by the GP and the OT had provided a crash mat and profiling bed for another person to keep them safe, as they were cared for in bed.

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 MCA 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.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People who received care from the agency could make day to day decisions for themselves and no one lacked total capacity to do this. This included decisions about they would like to wear or eat. For bigger and more complex decisions, the appropriate person, with the legal authority to do so, was consulted. This included family members who had power of attorney.
- Staff had a good understanding of the principles of the MCA. A staff member told us, "There is so much reading about it, but it is all about people's capacity and making decisions."

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 and their relatives were very complimentary about staff. People told us, "I am happy with the care they provide", "They are respectful and very nice. More like a friend. They are very observant and make sure I am looked after when they care for me" and, "I am so happy with my carers, they are lovely." A relative said, "They chat to him and share jokes."
- Staff were very considerate in their overall approach to people. A relative told us, "The carer arrived for the bed call to find Mum already in bed asleep. She rang me because Mum would have been so confused to think the carer hadn't arrived." A person said, "They (staff) are considerate and supportive. I am very talkative, and they are chatty too."

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

- We heard that people were involved in their care. A relative told us, "The carers are kind and caring. They give Mum choices and options."
- Relatives were kept informed in relation to their family member's care. One relative told us, "He has a care plan in a folder. They (staff) ring me each evening to keep me up to date." A second relative said, "Mum has a care plan in a folder, and I have been involved in its completion. The carers are well trained and communicate with me all the time by writing in that folder."

Respecting and promoting people's privacy, dignity and independence

- People said their independence was encouraged. One person told us, "They encourage me to be as independent as I can be." A staff member said, "I pay attention to what people want and I encourage them to remain as independent as possible."
- People were treated with respect by staff. A relative said, "Dad is very mild mannered, and he is well treated with respect by the carer who chats and laughs with him." A second relative told us, "The carers respect his dignity."
- People's care plans were detailed in relation to their personal care and how they liked it, with one person asking that staff 'look away' when they were washing themselves.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support; 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

- People received person-centred care as the service had a small team of staff who knew each person individually. In addition, people's care plans contained detailed information about the person; their background and their care needs. Staff new to the agency would easily be able to identify what care a person required at each care call as the information was clear and specific. A staff member said, "Everything is in the care plan and you are giving a rough idea of someone's needs by the office too beforehand."
- People felt they received responsive care from staff. A relative told us, "My husband is on a rota of four (staff). The staff know him well." A second relative said, "They are very good. I have been able to cancel appointments within 24 hours if we have plans for my husband. The carers are very responsive."
- As people's life stories were recorded, this gave staff a good understanding of the person and enabled them to get to know them as an individual. A staff member said, "I read the information and it meant that I could chat to them the whole time through the 45-minute call."
- People's preferences were recorded to help ensure staff provided care to people in the way they wanted. For example, one person's care plan recorded what they soap they liked in their bath.
- The agency was not currently providing end of life care to people. However, information was in place in relation to whether people wished to be resuscitated in the event they became very unwell.
- Although the agency did not currently provide outside social care to people, management told us they would always accommodate people's needs. A staff member told us, "One person has a mobility scooter and I have said that should their relative need support to go out with them, I would be more than happy to do that." A relative said, "The carers take him out for a short walk, if he has not been out already."

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were recorded, and guidance given for staff. For example, one person suffered at times from confusion and staff were advised to speak clearly and slowly to them, giving them time to respond to any questions.
- A second person worried they would fall out bed when being repositioned by staff and guidance for staff

recorded that reassurance should be given to the person when they were carrying out this task.

#### Improving care quality in response to complaints or concerns

- The service had a complaints policy in place which gave information on what to expect should someone wish to complain. No complaints had been received by the service since it registered with us. A relative said, "I have no complaints." A second told us, "They are well managed, and I have no complaints or issues."

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent.

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

- Management were knowledgeable and qualified for the role they were in. The manager had previous experience of working in a care agency and had also been a registered manager. It was evident they were clear in relation to their expectations when they became registered and they were confident in identifying what improvements were needed in the service.
- We identified some shortfalls during our visit to the office. These were all paperwork and process related and did not have an impact to people as they did not affect people's direct care. They included missing recruitment documentation, gaps in people's MAR charts and inconsistent spot checks on staff to help ensure they were putting their training into practice. Despite the new manager being in post for only three days at the time of our inspection, they had already identified these gaps and had developed an action plan showing what was needed to address them.

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

- People and their relatives were very happy with the service they received from A Rated Homecare. One person told us, "They are very well led by a great (office) manager. The office is efficient. I have given good verbal feedback." A relative said, "I am very impressed with the care, treatment and the well led management. I would definitely recommend the company." Other relative's told us, "The (office) manager is really good, she keeps in touch by email or phone" and, "This is a well-managed, small service, very client focussed."

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

- Management recognised when things went wrong and applied duty of candour in these instances. For example, the family of one person who had experience a recent medicines error had been sent a complaints form should they wish to raise a complaint to the agency.

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

- Staff invited people and their relatives to complete satisfaction surveys about the care they received, most recently in April 2022. Everyone rated the service either 'excellent' or 'good', with people commenting, 'Excellent all round, punctuality good. We rate the quality of care is good overall' and, 'All the girls are so good. They are very sociable and helpful. I am grateful for all their help'.

- A relative told us, "The manager contacts me to check if we are happy with everything. If I do ring the office and leave a message, it is passed on and the manager responds within a short time. I have the opportunity to give verbal feedback." A second relative told us, "I have completed a tick sheet feedback survey and my response was very positive."
- Staff meetings had not routinely taken place, although it was a small staff team and communication between everyone was regular. One action for the manager was to reintroduce more formal meetings. Despite this staff told us they felt supported and said that already they felt the new manager was responsive and listened to them. A staff member said, "There is good teamwork."

Continuous learning and improving care; Working in partnership with others

- The new manager was open, honest and transparent. They had already identified development areas and where lessons could be learned. This oversight would help ensure improvements being made within the service.
- Staff ensured they had effective working relationships with outside agencies such as the local authority, community nursing team and GP practice.