Mr James Malcolm Westcott

Care At Home

Inspection report

Innovation Centre
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Care at Home is a domiciliary care agency registered to provide personal care for people who require this due to old age, illness or disability. At the time of the inspection the agency was providing a personal care service for 11 people living in the towns of Newport, Cowes, East Cowes and surrounding areas on the Isle of Wight. 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
We received positive feedback from people or their family members about the service they were receiving. Everyone spoke very highly of the care staff. People felt they were cared for with kindness and compassion.

People told us they felt safe and secure when receiving care. Medicines were safely managed; people were supported to meet their nutritional and hydration needs and staff contacted healthcare professionals when required. Staff followed all necessary infection prevention measures.

People told us they had been involved in care planning and care plans reflected people's individual needs and choices. Staff were responsive to people's needs, which were detailed in care plans which staff had access to via an electronic system. People's risk assessments and risks relating to their home environment were completed and helped reduce risks to people.

Safe recruitment practices were followed and appropriate checks were undertaken, which helped make sure only suitable staff were employed to care for people in their own homes. There were enough care staff to maintain the schedule of visits.

Staff told us they felt supported, received regular supervision and training and had time to complete their schedule of work.

People had regular contact from the provider and office staff who undertook some care visits. People and staff were confident office staff would listen to them and take any necessary action should the need arise. The provider, office staff and care staff team where committed to ensuring people received a service which was caring.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 11 July 2018).

Why we inspected

This inspection was prompted by the length of time since the previous inspection.
For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained Good.

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 well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Care At Home

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 completed by 1 inspector and an expert by experience in the care of older people, who made telephone calls to people and family members to gain their views about the service. 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
The provider was in day to day charge of the service and therefore was not required to have a manager registered with the Care Quality Commission. The provider was therefore 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 notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 9 January 2023 and ended on 23 January 2023. We visited the location's office on 9 January 2023.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection
We spoke with 5 people and 5 family members about their experience of the care provided. We spoke with the provider, 4 office staff members and 2 care team members. We sought information from 5 external health or social care professionals and received feedback from 2 of them. We reviewed a range of records. This included 4 people's care records and medication records. We looked at 4 staff files in relation to recruitment. A variety of records relating to the management of the service, including, training, quality monitoring, policies and procedures were also reviewed.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● Appropriate systems were in place to protect people from the risk of abuse.
● People and family members told us they felt safe. A person said, "I feel very safe with them, it's just a comfort to have them around." A family member told us, "My relative feels safe when she has a female carer looking after her."
● Office and care staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member said, "I've done safeguarding training. If I had any (safeguarding) concerns I would tell the office staff immediately, but I also know I can go to you (CQC) or the (local authority) safeguarding team."
● The provider and office staff were clear about their safeguarding responsibilities and discussed appropriate actions they would take if a safeguarding concern was raised to them. We discussed concerns one family member told us about. The provider explained the concerns had been investigated, discussed with the local safeguarding team and a response provided to family members.

Assessing risk, safety monitoring and management
● Risks to people were assessed, recorded clearly in their care plans and updated when people's needs changed.
● People's individual risk assessments included areas such as mobility; use of equipment; health and medicine. The electronic care planning system prompted office staff to undertake risk assessments and enabled these to be updated meaning any new information was immediately available for care staff. Within care records viewed we identified a small number of areas where risks had not been formally assessed such as the risks posed by blood thinning medicine. The office staff member responsible for care plans agreed to add these to care plans.
● People's home and environmental risk assessments had been completed by the management team to promote the safety of both people and staff. These considered the immediate living environment of the person, including lighting, the condition of property and security.
● Staff told us they had access to information about people's individual risks and actions they needed to take to mitigate these risks. They confirmed they had received training to use any equipment people required.
● Business continuity plans were in place to ensure that individuals were prioritised in terms of risk during crisis situations. This considered who else, such as a family member, may be able to support the person should the need arise, such severe weather preventing care staff attending at the usual times.

Staffing and recruitment

● There were enough staff available to keep people safe. The provider and office staff member responsible for scheduling and care plans were clear that they would only accept new care referrals if they had enough staff available in the correct area to ensure they would be able to meet people's needs.
● People said they had the same 'group' of staff, who came on time, and usually stayed for the correct amount of time if not longer. One person said, "I have a stand aid, there are always two carers and they know how to use it and how to put the sling on." Another person said, "One care staff is very good they always let me know if they are going to be late and always stays the full time'; 'most stay for the full time, one tends to say "is that everything" and then goes early." We discussed the care staff not always staying the full length of time with the provider and office staff. They explained the actions they took to monitor the length of time care staff attended and actions they had taken where they had identified that staff may be leaving before the completion of the care call.
● The service had a small staff team which meant people received support from regular staff who knew them well. The provider told us that short term staff absences were covered by themselves, office staff members or existing care staff members.
● Recruitment procedures were robust to help ensure only suitable staff were employed. Staff members confirmed all necessary pre-employment checks had been completed which was reflected in the records we viewed.

Using medicines safely
● Safe systems were in place should people require support with their medicines.
● Where people were supported by care staff with their medicines, we were told this was managed safely. One person said, "They [care staff] don't usually give medicines but that they liaised with office staff to give antibiotics when I was ill with the flu."
● Individual assessments identified the level of support people required with their medicines and who was responsible for ensuring medicines stocks were maintained.
● When staff were required to administer medicines, records were completed via the electronic system care staff used to record all care activities. This meant any changes to prescribed medicines could be updated to care staff promptly. Any missed medicines would be alerted immediately to office staff who stated they would then contact the care staff to understand the reason for this.
● Care staff described appropriate action they would take if they identified a change in a person's prescribed medicines or the failure of a previous staff member to administer medicines for a person. This included making sure the person was safe, seeking medical advice and informing the office staff.
● Staff had been trained to administer medicines and had been formally assessed as competent to do so safely. Medicines administration training and formal competency assessment was updated yearly and during monitoring visits undertaken by an office staff member.

Preventing and controlling infection
● We were assured the service was taking appropriate action to prevent people and staff from catching and spreading infections.
● There were suitable arrangements in place for the control and prevention of COVID-19 and other infections. Staff had received appropriate training in infection prevention and control and suitable policies were in place. Staff told us they always had enough Personal Protective Equipment (PPE) and could access additional supplies at any time.
● Feedback from people indicated that staff wore PPE appropriately and no issues were raised in respect of this. A family member told us, " They [care staff] wear all the PPE, wash hands and change gloves." A person said, "The care staff wear gloves, masks and aprons and yes, wash hands."
● The provider and staff confirmed they were accessing COVID-19 testing and were using PPE appropriately in line with the latest government guidance.

Learning lessons when things go wrong

● There had been few accidents or incidents. However, should an incident or accident occur, there were comprehensive systems in place to record, investigate the possible causes, learn lessons and take any identified remedial action to prevent a recurrence.

Good

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 our last inspection we rated this key question Good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

● People and family members felt the service was well-managed and told us they would recommend Care at Home to a friend or relative. When asked if they would recommend Care at Home one person said, "Definitely", whilst another said, "I've had a lot of care agencies, some are really, really, good, some are awful. I would recommend these." A family member told us, "Yes, I've already recommended it."

● One family member identified they would like care only to be provided by female care staff as their relative preferred this. Office staff were aware of this preference and said they tried to allocate female staff but had explained to the family member this would not always be possible due to recruitment challenges. The person's allocation roster showed the female staff were provided for many of the care visits.

● Staff also felt the service was well managed. All were positive about the support they received from office staff and the provider and felt they could go to them with any issues or concerns. One staff member said, "We have 'on call' for when the office is closed and we can call them anytime and they always answer or get back to us quickly."

● The provider had a clear vision for the service. They said they wanted to provide, "Bespoke care – consistent care staff – who know people and are therefore able to know when people not well." Where we identified minor areas for improvement the provider and office staff were responsive to our feedback and committed to making the necessary changes.

● Office staff and the registered manager often worked alongside care staff which they identified meant they could oversee how staff provided care and treated people. Staff were also monitored by unannounced monitoring by an office staff member which meant they could ensure staff were working in the way they should be and address any issues promptly.

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

● There was an open and transparent culture within the service. People, most family members and staff were confident that if they raised any issues or concerns with the office staff or provider, they would be listened to and these would be acted on. One person told us, "[the provider] pops in to see how I'm doing, asks if everything's ok." A family member said they, "Had raised issues, which had been sorted out."

● The provider was aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment.

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

regulatory requirements. Continuous learning and improving care

● The provider was in day to day control of the service. It was evident from their responses that they knew the staff members and people the service supported well. Most people, family members and all staff were able to name the provider.
● Staff understood what their role was in achieving personalised support. They understood what was expected of them and were motivated to provide care which treated people with dignity and respect. People and family members confirmed they were treated with respect.
● The provider was supported by an office staff team who each had designated roles including deputy manager, care coordinator, human resources and health and safety/compliance. The provider had a good oversight and knowledge of all aspects of the service and undertook care calls when required.
● Effective governance was in place. Systems were in place to monitor complaints, accidents, incidents, near misses and other occurrences. The staff member responsible told us they would, "Check for patterns or themes and always look for ways to ensure events did not happen again." An external consultant had completed a formal review of the service in February 2022. Where this had identified actions required these had been completed. A deputy manager had recently been employed who had commenced a programme of audits. For example, at the time of the inspection they were auditing all staff files with further audits of all parts of the service planned.
● The provider used a digital care planning system which helped ensure a responsiveness of the care planning process. Staff had the ability to instantly see any updates to people's care plans and the management team were able to monitor in real time staff work. This meant any issues could be followed up for people immediately.
● Policies and procedures were purchased from a national organisation and individualised where needed to reflect the service. The provider told us they received updated procedures on a regular basis. Staff were able to view these at any time via their phone app and were informed when relevant updates to policies were received and were required to review these.
● Providers are required to notify CQC of all significant events. This helps us fulfil our monitoring and regulatory responsibilities. The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events as required. Providers are also required to display previous CQC ratings and information about their service. This information was included on the provider's website and within the office.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● There were opportunities for people to provide feedback. A person told us, "When [office staff member] is here she asks me if everything's ok." A family member said, "I've had a couple of calls from the company and the care staff regularly check everything is all right on visits."
● People had regular individual reviews during which they could provide feedback about the care and the service received. Family members and people all felt able to contact the management team and were confident they would get a positive response to any issues or questions.
● People could also provide feedback via an online reviewing service that allowed people and family members to review the care being provided anonymously if they preferred not to state their names. Recent feedback viewed from this service had been positive.

Working in partnership with others
● The service worked well with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision. Specific information had been provided within people's homes to ensure any visiting health professionals were aware of essential information about the

person. This would help ensure people received the care they required and any pre-existing wishes or decisions, for example emergency resuscitation would be known and followed.

● The provider was working with health and social care professionals to explore ways they could support hospital discharges to reduce pressure on the local NHS.