

Morepower Limited

# AQS Homecare Essex

## 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?

Good ●

# Summary of findings

## Overall summary

About the service: AQS Homecare-Essex is a domiciliary care agency that provides personal care to people living in their own homes. At the time of inspection 83 people were using the service.

People's experience of using the service:

People felt safe using the service and liked having regular care staff who they had formed positive relationships with. Risks to people had been assessed and these were well managed by a consistent staff team who knew people well.

Staff understood their safeguarding responsibilities to protect people from the risk of abuse. There were sufficient staff employed who had been safely recruited.

Medicines were safely managed by staff who were trained and assessed as competent. Staff had training in food hygiene and infection control and followed good practice to prevent contamination and the spread of infection.

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

Staff were trained and monitored to check they had the skills and knowledge to do their job. Staff enjoyed working at the company and felt well supported by the management team.

People had assistance with meals and drinks if required. People's health needs had been assessed and staff had guidance on how to help people stay healthy. Staff helped people be as independent as they could be.

Staff were kind and caring and treated people with dignity and respect. People had regular care staff who knew how they liked to be supported. Staff understood how to communicate with people to help them express their views and make choices.

People knew how to make a complaint and complaints were dealt with appropriately. Feedback from people and staff was invited and acted upon to improve the service. Systems and processes were in place to monitor safety and quality and drive improvements.

Rating at last inspection: Good. (Last report published November 2016).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the service.

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

## 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 remained good.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service remained good.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service remained Good

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service remained Good

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service remained Good.

Details are in our Well-Led findings below.

# AQS Homecare Essex

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team was made up of 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. The expert for this inspection has personal experience of caring for an older person living with dementia.

**Service and service type:** AQS Homecare is a domiciliary care agency providing personal care to people living in their own homes. It provides a service to older adults and younger adults including people living with dementia, a sensory impairment and a physical disability.

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:

This was an announced inspection as we needed to obtain consent from people to be contacted by our expert by experience. We also had to be sure someone would be at the office when we visited.

#### What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as abuse; and we sought feedback from the local authority and other professionals involved with the service. We assessed the information that providers send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

On 7th and 8th May 2019 we contacted 16 people and six relatives by telephone to ask for their feedback on the service. On 10th May 2019 we visited the office and met with the registered manager. We looked at records relating to the service including five people's care plans, medication records and daily notes. We looked at five staff files. We reviewed training and supervision records and documents relating to the management of the service including complaints and compliments, minutes of meetings and quality audits.

After the site visit, on 13th May 2019 we interviewed four members of staff by telephone and made further requests for information which was provided by the registered manager.

# Is the service safe?

## Our findings

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

GOOD: People were safe and protected from avoidable harm. Legal requirements were met.

### Assessing risk, safety monitoring and management

- People told us they felt safe using the service. A person said, "I am comfortable and safe and don't have any worries." Another person said, "I do feel confident and safe with the people that come from AQS. I think I have seen them [staff] all now."
- Risks to people and their home environment had been assessed and guidance was available to staff on how to support people safely. Any changes to people's needs was shared with staff and people's care records updated.
- An electronic monitoring system was used to check that people were receiving their care calls at the right time and for the correct duration. Staff were required to check in and out of each visit. If staff were more than 30 minutes late an alert would be generated which was monitored by staff at the office.
- People told us that they usually received their care within an agreed timeframe and that staff generally stayed for the length of the agreed call. Comments from people included; "They [staff] are on time, not on the dot because they have other clients to see but they are here within 15-20 minutes and they stay for as long as they should." And, "They come on time and stay the full length, they log in and out." And, "They are on time, never late. If they are late they let me know. They stay for an hour though sometimes they go early; it annoys me because I occasionally feel rushed."
- Where people were dissatisfied with the timing of their care visit, feedback from people showed the registered manager took action to make the required improvements. A person told us, "Most [carers] stay the full length of time. The weekend carers didn't log in and were gone in 15 minutes but I got charged for 30 minutes. I made a complaint to the manager. It's been sorted now and they [staff] all log in and out."
- There were systems in place to record accidents and incidents. Body maps were kept in people's homes. If staff noticed injuries or skin tears these were recorded and reported to the office who made a referral to the district nurse for advice and treatment.

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

- Staff had been trained in safeguarding, knew the signs to look for that people might be being abused and how to report concerns.
- The management team understood their safeguarding responsibilities and reported concerns to the local authority, police and CQC as required.
- A robust system was in place to manage safeguarding concerns. The registered manager completed a monthly audit of open safeguards to check company policies had been followed, management plans were in place to reduce risks and any trends or patterns were identified. Where necessary we saw that the appropriate staff disciplinary actions had been taken.

## Staffing and recruitment

- Sufficient staff were available to meet the needs of people who used the service. Office staff were trained as carers so could provide additional cover if required. This meant the service did not have to use agency staff.
- People were provided with the names of staff who would be visiting them. A person told us, "I always know who is coming; they give me a weekly sheet which is helpful."
- Travel time was built into the rota so that staff had enough time to spend with people.
- People were usually supported by regular carers to provide continuity of care. The registered manager explained, "It's safer for people to have regular staff as they are better at picking up on any changes or illnesses because they know people well."
- Feedback from people showed that having regular care staff was important to them and had a positive impact on the care and support they received. For example, one person told us, "My main carer is very good and I have no complaints; he knows his job and is a pleasant fellow; we have lots to talk about."
- Safe recruitment processes were in place including taking up references and completing the necessary checks to make sure staff recruited were suitable to work with vulnerable adults.

## Using medicines safely

- Systems were in place manage people's medicines safely. Only Staff who were trained and assessed as competent administered medicines. Staff told us and records confirmed checks on staff competency to administer medicines were regularly undertaken.
- the registered manager completed Monthly audits of medicines to check people were receiving their medicines safely.
- People had medicine administration records (MAR) which had been signed by staff to show that people had been given their medicines. Gaps on the MAR were explored during the audit process to make sure people received their medicines as prescribed.

## Preventing and controlling infection

- Staff received training in infection control and staff had access to protective clothing such as gloves and aprons to prevent the spread of infection.
- People told us that staff wore gloves and aprons when appropriate, for example, when giving personal care or preparing food.

## Learning lessons when things go wrong

- The registered manager completed regular audits of all aspects of the service including safeguard concerns and complaints to learn lessons and minimise the risk of re-occurrence.
- To improve safety and quality the registered manager had introduced an additional competency assessment tool specifically for checking staff knowledge and skills managing medicines. This form was used alongside the general spot check form used by senior staff when they went out into the field to observe staff competence.
- The system for recording people's daily care had been changed from loose pages to a booklet to prevent pages being lost. A checklist had also been added to the booklet for auditing purposes. This ensured all the required checks were completed such as checking for missed visits, call timings and any missing entries.

# 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

Good: ☐ 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

- The service assessed people's physical, mental health, social and cultural needs before they began using the service. This ensured staff had sufficient information to meet people's individual needs and preferences.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, gender, religion and ethnicity were identified as part of the assessment.

Staff support: induction, training, skills and experience

- New staff received an induction based on the Care Certificate which represents best practice when inducting staff into the adult social care. As part of the induction new staff shadowed more experienced staff to learn about people and the job role.
- The office staff routinely phoned new staff to complete welfare checks to monitor for any problems or additional support required.
- Staff were supported with training in line with Care Certificate standards. Training was a mixture of E-learning and classroom based training for the practical aspects such as medication and moving and positioning.
- A record was kept to identify when refresher training was required. We saw some staff training required updating. The registered manager confirmed that this had been booked.
- Specialist training was arranged which met people's individual needs. For example, one person had a Percutaneous endoscopic gastrostomy (PEG) in place. All of the staff who provided support to this person had received training in PEG.
- Regular spot checks of staff were completed and any issues with competence were discussed during supervision.
- Staff received regular supervision and an annual appraisal. This helped support staff in their roles and identify any learning needs.
- An out of hours on call system was in place so staff could ring a senior at any time if they needed additional support or guidance.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care

- Where it was part of an assessed need staff supported people with food and drink which met their needs and preferences. A person told us, "I had lost a lot of weight and they [staff] help to prepare the food I



choose."

- Staff were trained in food hygiene and nutrition and wore appropriate protective clothing to prevent contamination.
- The service worked with other agencies such as dieticians to support people who had lost weight. Where required, food and fluid charts were kept and shared with the relevant health professionals.
- The service also worked with a local day centre where a person they supported attended. This ensured a consistent approach to care and support across staff groups.

Supporting people to live healthier lives, access healthcare services and support

- People's care plans held information on their health needs so that staff had guidance on how to support people to stay well. A relative told us, "They (staff) are aware of [named person's] condition and are very careful when they are moving them." Staff told us they were confident they would notice any changes in people's health quickly as they regularly saw the same people so could recognise the signs.
- The service worked in partnership with health professionals such as occupational therapists, GP's and district nurses to support people to maintain their health and wellbeing.

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.

- Staff had received training in the MCA and understood the importance of asking for people's permission before providing care and support.
- Staff knew how to help people who might struggle to make informed decisions. A staff member told us, "Because we have regular clients we know them and what they like but we always give people choices, for example, show them different food options but not too many so as not to confuse them."
- People confirmed that they were in control of their day to day lives and could make their own choices. A person told us, "They [staff] help me get washed and dressed and make my breakfast, I can choose what I want. They prepare lunch for me today I am having corned beef. They ask me what I want (to eat)."

# 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

Good: ☐ 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

- Relatives and people told us staff were kind and caring. A person told us, "They [staff] are very caring, they are very good. I can't fault them." Another said, "They [staff] make me feel special they sit and talk to me all the time. I tell them my problems they listen to me and I get it off my chest."
- People's comments showed that staff were kind and gentle when providing support. A person told us, "My carer has a delicate way about him when he puts my eye drops in."
- The service arranged for people to be supported by regular staff whenever possible. This helped people and staff get to know each other and build positive relationships. A relative told us, "[named person] gets on well with their main carer who cheers them up. They are kind to [named person] and chat to them whilst they are working."

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

- People told us they felt listened to and care was provided how they wanted. A person told us, "They [staff] care about me especially [named main carer]; they get on with it and know what I want and need." A person's relative told us, "I think staff care; they have been coming for a while; they have a good laugh and chat whilst they are supporting [named person]; I think they listen and do give them time."
- We saw that people's care plans had been signed by people to indicate their consent. This showed that people were involved in the care planning process.
- People's sensory and communication needs were identified with guidance for staff to make sure people were supported to express their views. For example, one person's care plan instructed staff; "[named person] will indicate preference by verbally saying yes or putting thumb up."

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated positive values and understood the importance of treating people with dignity and respect. Feedback from people and relatives was positive and confirmed that people were spoken to politely and their privacy was respected. A person told us, "I don't feel embarrassed; staff are gentle and kind." A relative said, "They (staff) are kind and very, very nice natured and treat [named person] with respect."
- Staff were mindful of protecting people's dignity and privacy when supporting people in the community. A person told us, "When we are out and about they [staff] don't wear a uniform and I like that."
- People's said that staff helped people to remain independent. A person told us, "They [staff] have helped me to become independent; they sit and chat with me and it all helps; I do think the staff have helped me."

# Is the service responsive?

## Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care plans which were written in a personalised way and included information on people's life history, interests and preferences. This information helped staff provide care and support to people the way they liked it. A person told us, "Yes there is a Care Plan; I have to sign it and they [staff] talk to me about it." Another person said, "The care plan is written for me; I haven't asked them to change anything in it because I am happy with it."
- Records showed and people confirmed that care plans were reviewed regularly to ensure they were up to date and reflected people's current needs and wishes. A person told us, "They did an assessment before they started coming and now they review the care plan; it was reviewed about 6 weeks ago; they review it twice a year."

Improving care quality in response to complaints or concerns

- The service had a complaints policy and information on how to complain was provided to people. People told us they knew how to make a complaint and that their concerns were listened and responded to.
- There were systems in place to respond to complaints in accordance with the service's policy. Complaints were logged and responded to appropriately. This included carrying out investigations and taking any necessary actions to improve care quality. The service took a conciliatory approach when managing complaints. Apologies were made and memos sent out to staff to remind them of company protocols to prevent re-occurrences. Lessons were learned and changes in practice made to improve the service.

End of life care and support

- No-one using the service was being supported with end of life or palliative care needs. The registered manager told us training in end of life care was touched on during induction but was not covered in detail. They told us there were plans to improve training in this area.
  - If people had a 'Do Not Attempt Resuscitation order in place (DNAR) this was identified during their assessment and kept in the care records in their home.
- We saw several compliments from people showing kind and compassionate support from staff to families who had suffered a bereavement. One person said, "Dear [named staff member], thank you for the lovely flowers you sent to [family members] funeral and for your help on the day, you were very kind and considerate towards [family member] and I appreciate all that you did for them."
- If people had particular wishes regarding their preferred place of death or funeral arrangements these had not been explored or documented. The registered manager told us this would only be discussed if someone was classified end of life.

We recommend that the provider consider seek independent advice and guidance on exploring and recording people's preferences for end of life care.

## 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

Good: ☐ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager promoted an ethos of honesty, learning from mistakes and admitted when things had gone wrong. They understood and reflected the requirements of the Duty of Candour. The Duty of Candour is a legal obligation to act in an open and transparent way in relation to people's care and treatment.
- The registered provider's vision and values for the service promoted safety and quality whilst ensuring people's needs and wishes were met in the way they wanted. These values were shared and put into practice by the registered manager and staff team.
- Feedback from people showed the service was committed to meeting people's individual needs and preferences. For example, one person told us, "They will change my visit times if I have an appointment." Another said, "I have a bubbly bath and they [care staff] sit and chat to me. It's always the same person; they aren't late, maybe a couple of minutes; 10.00 am suits me fine, I chose the time."
- People spoke positively about the service they received and said they would recommend the service to others. One person told us, "My husband had other services and these [AQS] are much better; I would rate them as 5 out of 5; I hope they keep improving or stay as they are."
- Most people knew who the manager was or knew how to contact someone at the office if needed. People told us they could always reach someone at the office and the office staff were polite and helpful.
- Care staff also said that communication with the office was good. A staff member told us, "If I report anything they [office staff] always come back to me; you can always get hold of someone on the phone."
- Staff were positive about working at the service and felt it was a good team. Staff also spoke well of the registered manager and felt well supported. Comments from staff included; "Manager is lovely, very supportive." And, "The manager is really good."

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

- Services that provide health and social care to people are required by law to inform the Care Quality Commission (CQC) of important events that happen in the service. CQC check that appropriate action has been taken. The registered manager understood their legal obligations of their registration and had correctly notified us of events, outcomes for people and action taken.
- There was a recognised management structure in place with clear lines of accountability. Staff at all levels understood their roles and responsibilities.

- A range of quality assurance mechanisms were in place to monitor the safety and quality of the service at management and provider level. This included checks on medicine management, people's care records and staff performance.

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

- The service engaged with people who used the service to include them in how the service was run. Face to face meetings, telephone calls and surveys were all used to obtain people's feedback which was used to improve the service. A person told us, "I have filled in a questionnaire and I think it possibly improved but I have always thought it was very good; I can't think of anything they could do to make it better, I'm very happy as it is."
- Staff were included in the running of the service through regular staff meetings. Minutes of meetings showed these were used constructively to discuss best practice and staff roles and responsibilities.

Continuous learning and improving care; Working in partnership with others

- Regular audits of complaints and safeguarding concerns were completed. The results were used as a learning tool and shared with staff to improve care.
- Call monitoring and random spot checks were carried out to assess and improve the overall quality of care and support.
- The registered manager kept their knowledge and skills up to date by attending relevant training and workshops such as safeguarding and the MCA. They also belonged to a provider forum which met every four weeks to share ideas on best practice. Learning was used to inform practice and drive improvements. For example, the last provider forum focussed on staff recruitment and retention. As a result, the registered manager changed their recruitment strategy and requested a direct link with the job centre through the local authority.
- Links had also been made with the local hospice and as a result the registered manager had completed training in end of life care.