

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

AQS Homecare Essex provides personal care for people living at home in Romford, Hornchurch, Upminster, Elm Park, Rainham, Harold Wood, Harold Hill and Collier in the London Borough of Havering. At the time of our inspection there were 116 people receiving personal care. This announced inspection took place on 12 October 2016.

There was a registered manager in post at the time of our inspection. 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 2008 and associated Regulations about how the service is run.

The provider had values and a clear vision that were person centred and focussed on enabling people to live at home. All staff demonstrated a commitment to providing a service for people that met their individual needs. People had positive relationships with staff.

People were actively involved in decisions about their care and support needs. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005. Staff provided people with information to enable them to make an informed decision and encouraged people to make their own choices.

People received safe care and support. Staff understood their role in safeguarding people and they knew how to report concerns. There were enough staff with the right skills and attitudes to meet people's needs.

Staff had a full understanding of people's support needs and had the skills and knowledge to meet them. Staff received updates to their training and regular supervisions. Staff were clear about their roles and responsibilities in caring for people and received regular support from the provider.

Care records contained risk assessments and risk management plans to protect people from identified risks. They gave information for staff on the identified risk and informed staff on the measures required to minimise any risks. Staff were vigilant regarding people's changing health needs and sought guidance from relevant healthcare professionals.

Staff were aware of the importance of managing complaints promptly and in line with the provider's policy. Staff and people were confident that if they had any concerns they would be listened to and any concerns would be addressed.

The provider monitored the quality and safety of the service and staff regularly monitored the support people received. People and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

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.

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were reviewed regularly.

Staffing levels ensured that people's care and support needs were safely met.

There were systems in place to manage medicines in a safe way and people were supported to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People received care from staff that had received training and support to carry out their roles.

People were actively involved in decisions about their care and support needs and how they spent their day. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

People were supported to access relevant health and social care professionals to ensure they received the care, support and treatment that they needed.

Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people using the service and staff.

Staff had a good understanding of people's needs and preferences.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

Is the service responsive?

Good ●

This service was responsive.

People were involved in the planning of their care which was person centred and updated regularly.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

Is the service well-led?

Good ●

This service was well-led.

A registered manager was in post.

The provider offered regular support and guidance to staff.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

Quality assurance systems were in place to review the quality of the service.

AQS Homecare Essex

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 12 October 2016. The inspection was announced and was undertaken by one inspector. We gave 24 hours' notice of the inspection as we needed to be sure that they would be in.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the local commissioners of care for feedback about the service.

During this inspection we spoke with three people who used the service and five relatives of people who could not speak for themselves. We also looked at care records and charts relating to 12 people. In total we spoke with ten members of staff, including seven care staff, two co-ordinators and the registered manager. We looked at eight records in relation to staff recruitment and training, as well as records related to the quality monitoring of the service.

Is the service safe?

Our findings

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe. People and their relatives told us they were treated well by staff and felt safe when they were around. Staff demonstrated how they could identify signs of abuse and they understood their responsibility to report any concerns or allegations in a timely way. One member of staff told us, "I always report anything I am worried about to the office straight away." We saw that the registered manager had taken timely action to report and investigate any allegations of abuse or issues of concern.

People were assessed for their potential risks such as moving and handling, falls and medicines. People's needs were regularly reviewed so that risks were identified and acted upon as their needs changed. For example where people's mobility had deteriorated their risk assessment reflected their changing needs. People's care plans provided instruction to staff on how they were to mitigate people's risks to ensure people's continued safety.

There was enough staff to keep people safe and to meet their needs. People told us that they had the same staff most of the time; and when staff came to provide their care, they were on time and stayed for the allotted time. One person told us "the staff come more or less the same time every day, but they ring me if they know they are going to be late." Relatives told us that staff would call if they were delayed and would be late for a call. People were allocated staff who had received the appropriate training to meet their individual needs.

Staff told us they were given travel time between visits, so people were given care at the time they expected and received their full allocated length of time. Staff were allocated to look after the same people every day, and where people required two members of staff, these staff worked in teams to ensure people received their care at a regular time. The provider had implemented a system to electronically monitor people's calls to ensure they received their visits on time and for the whole time allocated.

People could be assured that prior to commencing employment with the agency, all staff applied and were interviewed through a recruitment process; records confirmed that this included checks for criminal convictions and relevant references.

People's medicines were safely managed. Staff had received training in the safe administration of medicines. Staff recorded when they gave prescribed medicines on medicine administration records. One member of staff told us "any changes in medicines are added to the medicine administration records (MAR) charts, including emergency medicines." They followed guidelines for medicines that were only given at times when they were needed for example Paracetamol for when people were in pain. There were regular medicines audits where actions had been taken to improve practice.

Is the service effective?

Our findings

People's needs were met by staff that had the required knowledge and skills to support them appropriately.

New staff underwent an induction which included spending time with other experienced staff; shadowing them to enable them to get to know the people they were to support. Staff completed a set of mandatory training courses which included safeguarding, manual handling and food hygiene.

People's needs were met by staff who had received training to meet their specific needs, for example where people had a catheter or a stoma staff had specific training to manage their care. Staff received yearly updates to their training; this year's training had been arranged for later this month. One member of staff told us "I have had my manual handling training which included how to use a hoist which I use every day."

Staff were supported to carry out their roles through regular supervision that provided them with opportunities to discuss their training needs and be updated with key policies and procedures. Staff told us they received regular supervision and they felt supported. The supervisor told us "I observe staff, what they are doing and how they talk with clients. If they are not doing it right we discuss it and look for further training to improve them." We saw evidence that there was a clear plan to undertake regular supervision, where training, staffing levels and people's support were discussed; ideas and actions to resolve issues were set and followed up.

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.

The registered manager and staff were aware of their responsibilities under the MCA code of practice. The care plans contained assessments of people's capacity to make decisions and when 'best interest' decisions had been made following the codes of practice. Staff gained people's consent before they entered their homes and before providing any care. One relative told us "they [staff] always ask [name] what she wants to do, that she is happy to receive care and check that she has heard and understood them."

People were supported to have sufficient food and drink. People's risk of not eating and drinking enough to maintain their health and well-being had been assessed, monitored and managed. Staff were aware of people's nutritional needs, for example one person required a soft diet. Staff received training in food hygiene and prepared food to people's preferences. Staff ensured that people were encouraged to eat and drink regularly.

Staff had information about who to contact in an emergency. Staff were vigilant to people's health and well-being and ensured people were referred promptly to their GP or other health professionals where they appeared to be unwell. We observed a co-ordinator following up a GP and district nurse referral to ensure

that people received the care they needed from health professionals.

Is the service caring?

Our findings

People received care from staff that were kind. People spoke positively about the quality of the staff that supported them. One person told us that the staff were "very good, they give me all the care I need." One relative told us "I am very happy with the carers, especially the regular ones."

People received care from a regular group of staff, which helped form positive relationships. One person told us "they [staff] know me well, I feel quite comfortable with them." Staff were knowledgeable about the people they cared for; they were able to tell us about people's interests; their previous life history and family dynamics. One member of staff told us "I enjoy what I do, I've got to know the clients really well; you get to build a special relationship."

People's care was person centred. People described how the care they received met their individual needs. People told us they felt they had a voice, they told us of examples where they had been listened to and their care had been changed. One relative told us "sometimes the staff come in earlier when I ask them to." People had their individual routines and preferences recorded and carried out by staff.

Some staff took time to ensure people received their care during special family events, to help support people and their families where they would otherwise not be able to take part. For example one person wanted to travel to London to support their parent in a charity race.

The registered manager ensured that staff looked after people's general welfare. For example the staff meeting minutes in May 2016 recorded that staff were to be more vigilant and ensure that people had enough drinks and ventilation to keep them comfortable during the hot weather, and to ensure that people's windows and doors were secure in the evenings.

Staff demonstrated their awareness of the need to maintain people's dignity; they were able to provide examples of how they supported people in a dignified manner, such as using positive language to encourage people to be independent. One relative told us "[name] has all of their care in her room, the care staff close the door to keep her privacy."

There were arrangements in place to gather the views of people that received personal care during care reviews and supervision of staff. One person had shown symptoms of anxiety, the manager had recognised this and ensured regular contact with them to listen to their concerns and alleviate their anxieties as quickly as possible. For example, when they had building work undertaken in the house, the care staff were deployed earlier so that the person was up and dressed before the builders arrived. People had provided positive feedback about the kindness of staff and the care they had provided.

Is the service responsive?

Our findings

People were assessed before they received care to determine if the service could meet their needs. Initial care plans were produced before new people began to use the service; these were then monitored and updated as necessary.

Care was planned and delivered in line with people's individual preferences, choices and needs. People told us the staff understood their needs, one relative told us that care staff provided care at regular times as it was "important that [name] get their meals at regular times due to their medical condition." The care plans were clear about how to provide people's care, for example, one care plan stated that when staff helped a person move in bed, they must use the 'log roll' method to roll them straight.

People were involved in planning their care; during their assessments they discussed how they wanted to receive their care, their nutritional preferences and the timings of their calls. People had signed to say they agreed to their care plans. Staff demonstrated they were aware of the content of people's care plans. Staff told us that they knew people they cared for well and were involved in people's reviews.

Staff informed the co-ordinators of any changes in people's needs, such as fluctuations in mobility. People's care plans were updated and their regular staff were notified of changes to care. One relative told us "The staff know what to do, on a good day they help [name] get out of bed and stand behind her when she walks." Detailed care plans provided staff with specific instructions about people's preferences which staff followed. For example staff were aware of the names people preferred to be known by.

People said they knew how to complain and felt confident that their concerns would be listened to. One relative told us "I called the office, they dealt with it straight away." One person told us they knew how to make a complaint and that the "information was in their folder" to refer to. There was a complaints policy and procedure in place and we saw that complaints had been dealt with in a timely way. The manager used the information from complaints to make improvements in the service, for example changing the regular timings of calls and improving communication.

Is the service well-led?

Our findings

There was a registered manager in post at the time of our inspection that had the skills, experience and knowledge to manage the service competently. They understood their responsibilities which included notifying the commission of incidents or changes to the service.

The manager demonstrated commitment to providing a good service for people. They had a clear vision of providing person centred safe care with clear communication between people who used the service, their relatives and staff. The manager ensured that staff had clear communication channels to the co-ordinators, the on-call staff and to herself. The manager was proud of the staff and told us "I would be happy for anyone of my care team to care for my parents."

The manager understood the importance of providing good quality, safe care. The service was growing and taking on more care packages; however, the manager was very strict about ensuring there were enough trained staff to provide the care for new people. When they employed new staff the manager looked for previous experience of personal care and that all staff had a good command of written and spoken English. The combination of careful recruitment and training and supervision, and providing regular clients had ensured a good retention of staff.

People who used the service and their relatives told us they had confidence in the service. The manager listened to the feedback they received from people and used this information to improve the service they provided. The service was organised into smaller teams which helped to ensure a personal and manageable service as the service grew. We observed that this had had a positive impact on people's rotas, reviews and staff supervision as team leaders had responsibility and ownership of their group of people using the service.

Staff team meetings were used to inform staff of any changes in people's needs, and of new people joining the service. Team meetings were used to relay feedback from people who used the service and the results of audits, for example findings from the medicines audit.

There were arrangements in place to consistently monitor the quality of the service that people received, as regular audits had been carried out. Where issues had been identified the registered manager had taken action to improve the service and continued to monitor the quality.