Mr James Malcolm Westcott

Care At Home

Inspection report

Innovation Centre
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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires improvement**

Overall summary

The inspection was carried out on the 4 November 2015. Forty-eight hours' notice of the inspection was given to ensure that the registered provider we needed to speak with was available.

Care at Home provides personal care to older adults living in their own homes. At the time of our inspection four people were receiving personal care from Care at Home.

Providers are required to notify CQC of certain incidents which occur, so we can monitor the safety of services and take regulatory action where required. We identified incidents which had not been reported to CQC although the registered provider had taken appropriate action to report the concerns to the relevant authorities.

Staff had completed all training appropriate to their role but were not receiving formal supervision. Recruitment processes had not ensured all essential pre-employment checks were undertaken.

Summary of findings

There were sufficient staff to provide people with the care they required. People said staff were caring. Staff spoke to people in a kind and patient manner. We observed staff supporting people with respect whilst assisting them to maintain their independence as much as possible.

People and their relatives said they were very happy with the service and care they received. They told us care was provided to them with respect for their dignity by a consistent care staff team. Care staff, and the registered provider, knew how the Mental Capacity Act 2005 affected their work. They always asked for consent from people before providing care.

Staff were knowledgeable about how to spot the signs of abuse and report it appropriately. People said they felt safe with care staff and were complimentary about the staff caring for them. Medicines were managed safely and people received their medicines when they needed them.

People's care plans were person-centred and their preferences were respected. Care plans were reviewed regularly and people felt involved in the way their care was planned and delivered.

Staff said they worked well as a team and that the registered provider was supportive and provided guidance when they needed it. Formal quality monitoring systems were not yet in place however, the registered provider was developing these.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not always safe.

Recruitment processes had not ensured all essential pre-employment checks were undertaken. There were sufficient staff to provide people with the care they required.

Medicines were administered safely although full records had not been maintained. Systems were in place to emergency situations.

People said they felt safe. Staff were aware of safeguarding and knew how to recognise and report suspected abuse.

Requires improvement

Is the service effective?
The service was not always effective.

Systems were in place to ensure staff received training but formal systems for supervision were not in place.

Staff were aware of the Mental Capacity Act 2005 (MCA) and had an understanding of consent and how this affected the care they provided. People said staff always obtained their consent before providing care.

Staff knew people's needs and records showed people received appropriate care.

Requires improvement

Is the service caring?
The service was caring.

People and their relatives said staff were kind and caring. Staff had built good relationships with the people they provided care for.

Staff respected people's privacy and dignity. People felt involved in their care and that they were encouraged to be as independent as they could be.

Staff communicated with people in a caring manner with regard to their frailties.

Good

Is the service responsive?
The service was responsive.

People received individualised care that met their needs. Their choices and preferences were respected.

Good

Summary of findings

Staff responded to people's changing needs. People felt confident that concerns and complaints would be acted on promptly.

Is the service well-led?

Requires improvement

The service was not always well-led.

Formal quality assurance systems were not yet in place although there were some informal monitoring of the service by the registered provider.

Staff worked as a team and they felt supported and well-led by the registered provider.

An open and honest culture was present and staff could access advice and guidance as needed.

The registered provider has failed to notify CQC of notifiable incidents as required by legislation.

Care At Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 4 November 2015 and was announced. Forty-eight hours' notice of the inspection was given to ensure that the people we needed to speak with were available. This was the first inspection for this provider who was registered in January 2015 and this location which was registered in August 2015.

The inspection was carried out by one inspector. We reviewed the information we held about the service including notifications. A notification is information about important events which the service is required to send us by law.

We spoke with two of the people using the service, and one relative. We interviewed six care staff, and spoke with the registered provider. We looked at care plans and associated records for three people including records held in one person's home. We also looked at staff duty records, three recruitment files, medicine administration records, the provider's policies, procedures and records relating to the management of the service. We also spoke with one social care professional who supported people using the service.

Requires improvement

Is the service safe?

Our findings

People said they felt safe. They told us they were cared for by staff who took their time and provided care in a safe manner. One person told us "they always arrive when I expect them and help me as I need to be helped" Another person said "I feel safe knowing they are going to come". A relative said, "I'm here when they [care staff] are here and I have never seen or heard anything to make me worried". People said they would have no hesitation in contacting the registered provider if they had any concerns about the care they received.

Recruitment and selection processes did not ensure that all essential pre-employment checks were completed before new staff commenced working with vulnerable people. The provider described the recruitment procedure in use and we viewed three recruitment records. Candidates completed an application form and if suitable, were invited to interview with the registered provider. The application form directed staff to list all employment for the previous ten years however, applicants had not fully completed this or provided additional information about their work histories. The provider had failed to follow this up during interviews and therefore a full employment history was not available for all staff. The provider could not demonstrate that they had sought a reference from previous employers for all staff. They were also unable to evidence that criminal record check with the Disclosure and Barring Service (DBS) had been completed for all new staff. The registered provider was able to provide evidence of the DBS check for one staff member but these were not present for other staff whose recruitment files were viewed. Staff said these procedures were completed but had not taken their DBS reports to the office for the registered provider to view. Staff suitability to work in the care sector was therefore not established as these necessary pre-employment checks could not be evidenced for all staff.

The failure to have robust recruitment procedures and ensure that all information about candidates set out in schedule 3 of the regulations has been confirmed before they are employed was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were managed safely. Some people managed their own medicines, whilst others had requested staff to administer their medicines. Staff were aware of people's rights to refuse medicines and stated they asked people if they needed 'as required' medicines such as paracetamol for pain relief. One person told us "they ask and if I don't want it they don't make me have it". A second person told us staff left some medicine for them to take at a later time. They were fully aware of what the medicine was for and when they should take it. However, their care plan did not specify this information. Staff were collecting prescriptions from the pharmacy for one person however, this information was not included within their care plan. Staff had completed Medication Administration Records (MARs) when they had administered medicines although they had failed to record on the MARs the reasons why medicines had not been provided and gaps had been left in MARs. Staff involved in the administration of medicine had completed medicines management training. They knew people's needs in relation to medicines and some information was included in care plans. Systems were in place, and in use, to ensure staff knew which prescribed topical creams should be used for each person and where they should be applied. Care staff confirmed they always used gloves when applying topical creams.

Although there had been few incidents these were recorded and a process was in place to learn from them and improve practice as a result. The registered provider described action they had taken when they identified a person was at risk of falls. They had provided shower shoes to reduce the risk of slipping. Although risks were identified during the initial assessment process and information to mitigate risks was evidenced in care plans, individual environment and personal risk assessments had not been completed. For example, staff were raising bed rails at night for one person however, no bed rails risk assessment had been completed. Action had been taken to minimise, as far as possible, the risks to people or staff. For example, the provider was clear that whenever staff were involved in moving and handling of people two staff would be provided.

Staff knew what to do if they suspected abuse. Staff could identify the signs that abuse might be taking place and felt confident to report their concerns and follow these up with the local authority or CQC if necessary. Staff knew about whistle blowing procedures and were aware of their personal responsibility to report unsafe practices to the relevant authorities. One member of staff said, "I could call you (CQC) or social services". Staff described the procedures in place to fully record expenditure when they

Requires improvement

Is the service safe?

were undertaking shopping tasks for people. These included keeping receipts and records and providing these to people. Records of expenditure on behalf of people were documented and available in people's homes. The registered provider was aware of their responsibilities for safeguarding and described action they had previously taken as part of a safeguarding investigation. The registered provider was aware of who to contact at the local authority if they had any concerns about people's safety.

There were sufficient staff to provide the care and support people needed. People said they always received the care they required, at the time they required, and did not have to wait for care staff to arrive. The duty roster showed that two staff were allocated when there was a moving and handling need, or when other risks had been identified. The provider said they always considered the implications on staffing when deciding whether or not to accept new care packages. Staff told us they had time between care visits for traveling and had adequate time to complete all required tasks at each visit.

Staff knew the procedure to follow in the event of an emergency. Staff told us they would immediately contact the provider who would arrange for assistance and usually attend themselves allowing the staff member to continue with their following planned visits. This meant subsequent people would continue to receive the care they required and the person involved in an emergency would receive all the care they required. One care file described how this system had worked when a person had been unwell and required medical attention and a hospital admission. The care staff member told us they had been able to remain with the person until they were taken to hospital and had been supported by the provider. Staff were correctly able to describe the action they would take in a variety of emergency situations.

Requires improvement

Is the service effective?

Our findings

Systems were not in place to ensure staff received regular structured supervision. Structured supervision provides an opportunity individual care staff to discuss their work, training needs and any concerns with the registered provider. Staff files did not contain evidence of supervision either formal or informal. Care staff and the registered provider confirmed they did not have opportunities to formally meet and discuss their work or training needs.

The failure to ensure staff receive appropriate ongoing or periodic supervision in their role was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said they felt supported by the registered provider and that they could telephone or visit the office at any time if they had concerns or needed support. The registered provider undertook some care calls with care staff providing an opportunity to observe them in action. They identified this provided a good way to supervise care staff and ensure they were providing appropriate care for people. Appraisals had not been held as the agency had not been registered for a year. As part of the care certificate process personal development plans were in place for one staff member. This identified further training needs and work related goals.

People and a relative were confident that care staff had the skills to care for them effectively. One person said, "Everything is wonderful. I get all the help I need". Another person said, "I cannot fault them", adding, "they do everything very well". A relative made similar comments and said "they know what they are doing and how to do it, no worries at all about that". An external health and social care professional commented on the support the agency provided and told us how a family member was "always really positive about the agency and care provided".

Systems were in place to ensure all staff received the training they required. Care staff we spoke with had all previously worked in adult social care and had recognised care qualifications. Copies of training certificates from previous employers were seen in staff files. The registered provider told us they contracted with external training providers and we saw copies of email invoices confirming training had been commissioned. A care staff member who had not previously worked in care had undertaken the care certificate as part of their induction and other care staff were booked to complete this course with an external training provider. The care certificate covers all essential training required by staff new to the care sector. Care staff had also completed specific training such as moving and handling and safeguarding. They stated that they had completed all necessary training to give them the skills required to care for people safely. Care staff told us they had 'shadowed' experienced care staff when they had first started working for the agency. They said this had helped them to get to know the people requiring care and their support needs before providing care on their own.

People's health needs were met. Care plans contained information about people's health and personal care needs and any action that was required to meet these. Where people required health care this was arranged in a timely manner. In one record we saw that staff had identified that a person's health was deteriorating and had taken the necessary action of seeking medical advice. A relative told us care staff would inform them if they had any concerns about a change in their loved ones health.

Staff knew people's needs and described how to meet them effectively. Staff recorded the care and support they provided and a sample of the care records demonstrated that care was delivered in line with the care plan. Staff told us they would read previous daily notes to check if there were any additional tasks that needed doing. Duty rosters detailing which staff would be attending each call showed a high level of consistency of care staff for each person. This meant staff were aware of people's individual needs and how these should be met.

People said they were always asked for their consent before care was provided. One person said, "they ask if I want anything else doing". People's care plans instructed staff about ensuring people's consent was gained. One care plan said, "ask [person's name] what they want you to do". Staff said they gained people's consent before providing care. One staff member said "I always ask and tell them what I am doing, if they say no I don't continue and let [name registered provider] know".

Staff were aware of the Mental Capacity Act 2005 (MCA) and had an understanding of how this affected the care they provided. The MCA aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decisions that affect them. Staff described the process to follow if they were concerned a person was

Requires improvement

Is the service effective?

making decisions that were unsafe. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. People and a relative told us they had been involved in discussions about care planning and we saw people had signed their care plans agreeing to the care the agency intended to provide.

None of the people using the service required assistance to eat their meals. Care staff involved in the preparation of food told us they would always ask the person what they wanted. We saw records of food and fluid people were offered and eaten were kept when there were concerns the person may not be eating enough. Care plans contained information about any special diets people required and about specific food preferences.

Good

Is the service caring?

Our findings

People and a relative said staff were caring. One person said, “they are wonderful, I could not manage without them, they are more like family now”. People said they had good relationships with the staff caring for them. One person said, “we have a chat and I’ve got to know them”. A relative said “[My relative] is happy to receive care”. A relative was complimentary about the staff. They said, “they are absolutely wonderful; more like friends”. Other comments about care staff included, “they are fantastic” and “very caring”. Positive comments were also made by an external social care professional who told us a relative had been “full of praise”. We observed care staff to be friendly with people and they promoted a helpful, relaxed atmosphere.

Care staff said they always kept dignity in mind when providing personal care to people. People said this was how care was delivered. One person said, “Yes, they remember to close the curtains”. People’s care plans guided staff to how people’s dignity should be respected, for example one said, “ensure dignity during care”.

People said care staff consulted them about their care and how it was provided. Care plans were detailed and showed people were involved in the planning and reviews of their care. Care plans stated how much assistance people needed and what they could do independently. Care staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people’s independence was paramount and described how they assisted people to maintain this whilst also providing care safely. Care plans reminded staff to offer choices to people for example one stated “ask [person’s name] what they want”.

Care staff respected people’s rights to refuse care. They told us that if a person did not want care they would encourage but then record that care had not been provided and why. Care staff also said they would inform the registered provider. We saw in daily records that care staff had recorded when care was refused confirming what they had told us. This showed staff respected people’s opinions and only provided care with people’s consent.

We observed staff communicating in a caring manner. Where people were quietly spoken or hard of hearing, staff sat close by so they could hear and be heard. One person’s care plan provided specific information about the person’s communication needs. This reminded staff to ask questions which had a yes or no answer.

All records relating to people were kept secure within the agency office with access restricted to only staff who should have need of access. Records kept on computer systems were also secure with passwords to restrict access.

Good

Is the service responsive?

Our findings

People received individualised care that met their needs. Both people we spoke with were very satisfied with their care and the way it was planned and delivered. One person said, “my needs are certainly met”. A relative said, “if [their relative] needs extra things done we just mention it and they do it”. They added “[their relative] gets consistent care from regular staff”. Where a person had requested a change to their care this had been done. One person told us they had expressed a preference not to have particular care staff and said the registered provider had taken action to address this.

Care plans reflected people’s individual needs and were not task focussed. For example, care plans detailed the support a person needed with food and drinks stating the type of cup the person required. Copies of care plans were seen in people’s homes allowing staff to check any information whilst providing care. There was a system that care plans could be reviewed and updated as needs changed or on a regular basis. Where changes were required these were added to care plans pending a retyping of the plan. This ensured staff had accurate up to date information which was not delayed by waiting for plans to be retyped. People and a relative said they were involved in the planning of their care and this was reviewed regularly. Records confirmed this and people had signed their care plans.

A daily record of care provided was kept for each person. These records showed people occasionally required a change to their routine, perhaps due to ill health. Staff responded to this and ensured care was provided to the person. The agency had been able to increase the staffing provided to one person when their care needs had increased following a hospital admission. Staff were clear that if they felt they needed extra time to meet a person’s needs they would let the registered provider know and were confident they would make any necessary arrangements. One person showed us their emergency alert button. The registered provider explained that the agency was listed as the contact for the person as they did not have anyone else able to respond in an emergency. The registered provider stated that, should the need arise, they or a care staff member would respond and provide an ad-hoc visit to support the person.

Staff acted to meet people’s request. For example, one person had been provided with a pressure relieving mattress and bed with bed rails. They told us how they found this uncomfortable and disliked the protective bed rails that had to be used with it. Care staff told us they had contacted the person’s care manager and requested the bed was removed and the person could then return to using their previous bed. This could not be fitted into their bedroom until the special bed was removed. We later spoke with the person’s care manager who confirmed staff had contacted them and arrangements were in place to meet the person’s request.

Staff knew how to deal with any complaints or concerns according to the service’s policy. The registered provider recorded complaints and investigations and outcomes were documented. Information on how to make a complaint was included in information about the service provided to each person. People and a relative were confident that the registered provider took their concerns seriously and took appropriate action in response.

Requires improvement

Is the service well-led?

Our findings

Providers are required to notify CQC of certain incidents which occur, so we can monitor the safety of services and take regulatory action where required. We identified incidents which had not been reported to CQC although the registered provider had taken appropriate action to report the concerns to the relevant authorities.

The failure to notify CQC of notifiable incidents was a breach of regulation 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009.

Formal quality assurance systems were not yet in place. The registered provider stated they reviewed all medication administration records and records of daily care when these were returned to the agency office at the end of each month. This helped them identify if people were receiving the correct care. However, this had not resulted in action being taken to reduce the number of gaps in medication administration records. There was a system for reviewing care files. Each person was allocated a keyworker who had responsibility for overseeing their care. They told us they reviewed the care plans at least every three months and would inform the registered provider if changes were required. The registered provider reviewed care plans every six months. The registered provided told us they had changed the recording systems for care staff and introduced recording books as previously loose sheets of paper had been used. They had identified the risks of these being lost within people's homes. The registered provider agreed quality assurance was an area that required further development and discussed some ideas in relation to this.

The registered provider had introduced feedback comment cards which would be sent to people or relatives every three months. These requested people to comment on the service provided and included specific questions and space for general comments. This showed the registered provider was taking action to address developmental needs of the agency and to improve the service provided.

Both people and a relative were on first name terms with the registered provider. They named him and said they could contact him if the need arose. People and a relative said the registered provider had visited them to complete assessments or reviews of the care. They expressed satisfaction with the way the registered provider ran the service. One person said "[the registered provider] is very nice. A relative said, "I know the boss, he's been out here and I know how to get hold of him".

Staff said the registered provider was supportive and they felt valued by him. They told us they could access advice and guidance at any time and this was encouraged. One staff member said, "[the registered provider] listens and is always available, any time of day or night". Staff were all confident that the registered provider would resolve any issues they may have. They gave examples of when the registered provider had provided assistance at short notice.

The registered provider had established links with other care providers and gave examples of when they had sought advice or guidance from these sources. This showed an open approach and a willingness to ensure the service they provided met latest and best practice guidance.

The registered provider stated the agencies core values were independence, dignity, privacy, and choice. Staff explained how they carried out their role with regard to people's independence, rights, dignity and respect. Staff were clear they were working for the people they cared for. One staff member said "they pay our wages". Staff were proud of their work and looked for ways to improve the service people received.

Appropriate policies and procedures were in place. Specific policies and procedures such as safeguarding and receipt of gifts from people were included in the contract provided to all staff. The registered provider had considered the service development. They were clear about the level of care and type of care they could provide. They were also clear that they would not be willing to compromise safety or service provision by accepting care packages they were unable to meet. The registered provider had purchased a computer care provision software programme. They stated that although this was not required at this time this would be essential as the agency grew and provided care to more people. They were in the process of transferring all information to the computer and demonstrated how this would be used.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **The registered provider has failed to have robust recruitment procedures and ensure that all information about candidates set out in schedule 3 of the regulations has been confirmed before they are employed.** **Regulation 19 (1)(a)(2)**

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing **The registered provider has failed to ensure staff receive appropriate ongoing or periodic supervision to make sure their competence is maintained.** **Regulation 18 (2)(a)**

Regulated activity	Regulation
Personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents **The registered provider has failed to notify CQC of notifiable incidents.**