Care at Home Services (South East) Limited

Care at Home Services (South East) - Eastbourne

Inspection report

7 High Street
Polegate
East Sussex
BN26 5EP

Tel: 01323431314
Website: www.careathomeservices.co.uk

Date of inspection visit:
30 January 2018
01 February 2018
05 February 2018

Date of publication:
10 April 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Care at home services (South East) is a domiciliary care agency. At the time of our inspection they provided care to 108 people living in their own houses and flats. It provides a service to older adults and some younger disabled adults.

Not everyone using Care at home services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of inspection 74 people were receiving support with regulated activities.

This was the first inspection for Care at home services (South East) at their new office location in Polegate.

At the previous inspection in 2016, the service was rated as 'Requires Improvement' overall. There was a continued breach of Regulation 17, Good governance; this was due to a lack of auditing tools that monitored the service and the provider not consistently maintaining records. This meant that there was not clear oversight of the service and the people accessing it. There was also a breach of Regulation 11, Need for consent. This was due to the provider not meeting the requirements of those who lacked the mental capacity to make an informed decision. It was evident from this inspection that improvements had been made to these areas identified previously and it was now meeting the required regulations.

Care at Home Services (South East) had a registered manager. '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.'

It was recognised that the registered manager had worked hard to address the issues that had been identified at their previous inspection. However a number of shortfalls were found within record keeping which suggested current auditing processes needed to be developed and embedded further. It was clear that staff knew people well. However information was not always clearly detailed within their care plans. This included information to support staff to know how to appropriately manage challenging behaviour or communication needs for people with a sensory impairment.

Some people took medicines on an 'as required' basis for pain management. Staff told us how a person indicated they were in pain. However, this was not documented within the person's medicine assessment about pain relief. There was a potential risk that if unfamiliar carers visited the person, they would not have all the information they required to meet their needs fully.

Current auditing processes had not identified that a person had not received pain relief medicine as prescribed. Audits of people's care documentation had not yet been implemented, which meant that gaps and inconsistencies in records had not been highlighted.

By the final day of inspection, the registered manager had addressed these issues. This demonstrated a willingness to improve.

People and their relatives felt safe. Staff demonstrated knowledge of safeguarding and the processes to follow if they suspected abuse was happening. There were suitable numbers of staff to meet people's support needs.

People and their relative's felt that staff were suitably skilled and trained to do their job effectively. Staff demonstrated a good understanding of seeking consent from people before providing care. Staff also spoke positively about a new and improved induction programme and said that they received regular supervision, spot checks and annual appraisals. Staff felt that positive practise was recognised and areas of improvement identified.

People and their relative's spoke highly of the staff that supported them. They found them to be kind, compassionate and knowledgeable of people and their support needs. People felt that their independence was promoted and their dignity and privacy was maintained at all times.

Care plan documentation for people was detailed with the specific care needs required during each care call. Any changes to health or support needs were discussed with a relevant health professional. People and their relative's felt that staff met all of their needs. They were knowledgeable of the complaints procedure and were comfortable raising any concerns. Complaints were resolved in a timely manner and people were satisfied with outcomes.

People, their relatives and staff spoke highly of the management team and how there had been many improvements since the last inspection. The management team sought regular feedback from people which was assessed to identify any trends or patterns and were acted upon. Staff also advised that they had regular staff meetings to discuss areas of good practise and areas for improvement.

Further information is in the detailed findings below.

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 and their relatives felt safe when supported by people in their homes.

Staff had knowledge of how to keep people safe and could recognise signs of potential abuse.

Accidents and incidents were clearly recorded with actions taken to prevent reoccurrence.

Staff were recruited safely.

Is the service effective?

Good

The service was effective.

People and their relatives felt that they were supported by staff who had sufficient skills and knowledge.

Staff had an understanding of the mental capacity act, particularly with regard to specific decisions and asking for consent before care.

People's nutritional needs were met.

Is the service caring?

Good

The service was caring.

People and their relatives were very positive about the caring nature of the staff team.

People felt that their independence, privacy and dignity was respected and promoted.

Is the service responsive?

Good

The service was responsive.

Each person had a care plan. Assessments were completed prior

to care starting and support needs identified.

The provider sought support from healthcare and other professionals in response to any changes in people's needs.

Staff, People and their relatives were knowledgeable about the complaints process and felt comfortable raising any issues.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Staff knew people and their support needs well, but audit processes were not fully embedded which meant that there were inconsistencies with records.

Although staff knew people and their support needs well, this was not always identified in care plan documentation.

People, their relatives and staff felt that the service was well-led overall and that it had positively improved under new management.

Care at Home Services (South East) - Eastbourne

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 was announced. We gave the service 48 hours' notice of the inspection visit because the manager is sometimes out of the office supporting staff or providing care. We needed to be sure they would be in.

The Inspection started on 30 January and ended on 8 February 2018. We visited the office location on 30 January and 1 February 2018 to see the registered manager and office staff and to review care records and policies and procedures. Following the office inspection, we visited some people in their homes to gain their experiences of care provided and to review their care documentation. We returned to the office on 8 February to give feedback to the registered manager and operations director.

One inspector was present at the office on 30 January and 8 February 2018. An Expert-by Experience supported the inspection team by speaking with people and their relatives by telephone. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two inspectors were present at the office on the 1 February 2018.

Before the inspection, we checked the information held about the service and provider. This included previous inspection reports and any statutory notifications sent to us by the registered manager. A notification is information about important events which the service is required to send to us by law. We also reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

On the day of inspection, we spoke with three people that use the service about their day to day experiences. We spoke with eight relatives, six staff, the two care co-ordinator's and the registered manager. We spent time reviewing records, which included eight care plans, six staff files, eight medication administration records, staff rotas and training records. Other documentation that related to the management of the service such as policies and procedures, complaints, compliments, accidents and incidents were viewed. We also 'pathway tracked' the care for people living at the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care.

Following inspection we visited four people in their homes and viewed their care plan documentation. We spoke to a healthcare professional regarding their on-going involvement supporting people from Care at Home Services. We sought feedback about the service from the Local Authority Quality Monitoring Team. We also sought advice from a Pharmacist.

Good

Is the service safe?

Our findings

People told us that they felt safe when supported by staff in their home. We were told, "The carer is quite thorough, it makes us feel safe" and "My carer's know exactly what they're doing which makes me feel safe". Another person said that because they see the same carer's, they feel safe and secure. "My carer's are warm and friendly and familiar – that makes me feel safe".

Relative's confirmed that they felt their families were kept safe. One relative said, "Carer's tell me anything that is out of the ordinary which makes me feel that they keep my relative safe". Some people were supported to take their medicines and relative's confirmed this was done in a safe way. We were told, "Staff know all of their medicines, when they should have it and they use gloves when they are giving it". Another family member told us that staff stay and wait whilst their relative takes their medicines to ensure it is taken.

People that were supported with medicines told us that they received them on time. We viewed Medicine Administration Records (MAR) for people to see whether medicines were given as prescribed and recorded effectively. Any gaps in MAR records had already been identified as administrative errors only and addressed by the registered manager with staff.

Some people took medicines on an 'as required' basis (PRN). There was information about the type of medicine they took, its dosage, how often it could be taken and any possible side effects. Staff were able to tell us about verbal and non-verbal signs people may display which indicated that they may require pain relief medicines. Staff knew people well and therefore they were able to respond to people's needs appropriately.

Staff had completed training in the safe administration of medicines. This was regularly reviewed and records showed that this was up to date. Medicines administration was observed during spot checks. There was also evidence to show that any issues identified in medicine audits were raised with staff directly and actions taken to improve practise. An example of this was where staff signatures were missing on MAR records. The registered manager had identified that these were administrative errors and spoken with staff directly. If issues reoccurred, further training was sought.

Feedback regarding staffing was mixed. People and their relatives told us that the same carer's visited them daily which meant they knew each other well. However, two people in receipt of larger care packages that consisted of up to 4 care calls per day, said that they have had up to 12 different carer's a week. People told us, "Although none of them are strangers, I never know whose coming or going." A relative confirmed, "My relative sometimes has a dozen carer's a week. However, they have never disliked any of them so I can't really complain." The registered manager advised that this had happened recently due to staff sickness and previous staff rotas confirmed that people would usually receive more continuity of care from regular carers. From the evidence viewed, we saw that staffing levels were sufficient and met the needs of people.

When staff were unwell, care calls were covered by others who knew the people. The registered manager explained how the computer system was able to give an overall percentage for how many times a staff

member had visited a person. When regular staff were unwell or on holiday, the registered manager would choose alternative staff based on how many times they had visited specific people previously. This ensured that as far as possible, staff knew the people they were supporting.

Assessments of risks, both personal and environmentally were undertaken for people in their homes. This included risks surrounding mobility, falls, pressure care and moving and handling. There were also more detailed assessments for individuals who required support with specific health conditions. People who were supported to manage diabetes had detailed assessments that identified the type of diabetes, how it was managed and how they could be supported. There were information leaflets about different conditions and the signs and symptoms for staff to be aware of. This meant that staff had an understanding of people's support needs and could provide safe and appropriate care promptly if they became unwell.

The provider had sufficient contingency plans for emergency situations such as adverse weather conditions. There was a contingency plan policy with details of other Care at Home services who could support the provider to mitigate risks to people not receiving care as required. The registered manager also had a risk assessment that identified if people's care needs presented with a low, medium or high level of risk to ensure that measures were put in place to meet their individual levels of needs safely. For example, one person who lived on their own and in an isolated area was assessed as a high risk and a priority during an emergency situation.

Some people could display behaviour's that challenged. Examples of this included hitting out or declining support. Staff demonstrated that they knew people well and understood how to support people appropriately if challenging behaviour occurred. One relative told us that they were "Delighted" with the care their relative receives from their carer. "The carer deals with difficult moments by playing music, they are so engaging, always supportive, on time and know my relative well." Although this was not addressed in the care plan, staff knew people well and therefore were able to respond to people's behavioural needs positively. Records regarding how the provider supported people with challenging behaviour are addressed in the Well-led section of this report.

Staff were recruited safely. The provider had completed thorough background checks as part of the recruitment process. This included applications to the Disclosure and Barring Service (DBS)., which checked for any convictions, cautions or warnings. References from previous employers were also sought with regard to their work conduct and character and these were evidenced in staff files. All staff completed a literacy and numeracy assessment prior to being appointed. The assessments were designed to identify if any further support needs were required for the staff member when they started their work.

People were supported by staff that knew how to keep them safe. Staff were able to demonstrate their knowledge of current practise and understanding of processes to follow if they suspected abuse was happening. Accidents and incidents were clearly recorded with evidence to show that action had been taken to prevent incidents from reoccurring. An example of this was for a person that had fallen. The provider sought advice from the GP and reviewed the person's falls risk assessment to ensure that all reasonable measures were considered to minimise risks to the person from falling. This information was then fed back to the person's social worker. This meant that lessons were learned when things went wrong for people and positive strategies were implemented by the provider to keep people safe from harm.

We saw good practise with regards to infection control measures taken by the provider. People confirmed that carer's used personal protective equipment such as disposable gloves and aprons. Staff made sure that they had the right equipment in people's homes and advised the office when stocks were low so that more could be purchased. Staff attended Infection control training and demonstrated an understanding of how to

prevent the spread of infection.

Good

Is the service effective?

Our findings

People and their relatives felt that they were supported by staff that were suitably skilled and trained. We were told by people, "They know what they're doing" and "Yes, I think they are very well trained." One relative said, "I think they are [suitably skilled and trained] actually. If a new member of staff comes, they are shadowing the regular ones".

The registered manager advised that they have a robust training programme to ensure that staff have the skills they need to support people. We viewed a training plan that showed staff had attended regular training. Training included, health and safety, moving and handling, mental capacity, medicines management, and safeguarding. Staff had received more specialised training in dementia awareness and pressure care management. One staff member told us about a very specific training session they had received for a person who required support with insulin for diabetes. "It was delivered by a nurse at the hospital and completely person centred. It meant that the team of staff that support the person knew exactly what to do."

Staff told us that they received a thorough induction into the service. This was an area that had been developed in the last couple of years. There was an initial three day induction where staff learned about their roles and responsibilities and covered topics such as safeguarding, equality and mental capacity with a trainer. They then shadowed an experienced member of staff during their care calls to develop an understanding of people and their support needs. Staff who had been with the provider for several years advised that they had attended the newly developed induction as part of a refresher and found it extremely beneficial.

New staff completed the Care Certificate as part of their induction, depending on their knowledge, experience and qualifications. The Care Certificate is a nationally agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is comprised of 15 minimum standards that should be covered for staff that are new to care. There were also opportunities for staff to complete a Qualification and Credit Framework (QCF) in Social Care for those who wished to develop their skills and knowledge. A QCF is a work based award that is achieved through assessment and training. To achieve a QCF, candidates had to prove that they were competent to carry out their job to the required standard. Several staff had either requested this qualification or were in the process of completing it.

Staff told us that they received regular supervision, face to face and over the phone. One staff member said, "I feel very supported and listened to", while another said, "Supervisions are very helpful." Collectively, staff felt that supervisions with their line manager gave them opportunities to raise any concerns or issues and that these were dealt with appropriately. Staff also received annual appraisals where they could reflect on the previous year, discuss any additional training needs and talk about their future goals.

People told us that they were given choice and asked for their consent before staff provided care for them. People told us, "Oh yes" and "always". Another person said, "They talk to me and ask me permission before

doing things."

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

Staff demonstrated understanding of involving people in decisions and asking their consent before providing care and support. This was also reflected within people's care plans. People had decision specific mental capacity assessments that demonstrated involvement from people and those that knew them best. An example of this was an assessment for a person that required their medicines to be locked away due to the risk of overdose. The provider had included views from the person, regular staff, a social worker and the person's GP.

People's nutritional needs were met. People that required support reported that they were given choice and control over what they wanted to eat and drink. One person told us, "My carer's look in my cupboards and then ask me what I would like." During one home visit, we saw a staff member check milk and inform the person that it was out of date. They then asked permission before disposing of it. Food and fluids were made available so that they could be easily accessed by people when carer's left. For those that required their intake of food and fluid to be monitored, there were food and fluid charts in their home file. Care plan summaries also highlighted their nutritional needs to remind staff to monitor closely and report to the office if they had any concerns.

The service supported people to maintain good health with input from health professionals on a regular basis. Records showed that people were supported to access their GP, chiropodists and health appointments if they became unwell. This was mainly arranged for people in their own homes. One person told us, "I tell my carer's if I am unwell and they offer to phone my GP for me." Another said, "If I have to walk to an appointment, my carer's sometimes go with me which is really nice and helps me feel safer." A health professional also felt that the provider was quick to contact them if they had any concerns about people's health; "I am happy to say that Care at Home have been really good with a client of mine, communication between us was very good and efficient."

Good

Is the service caring?

Our findings

People spoke highly about the caring nature of staff that supported them. One person told us, "I am perfectly happy, they do whatever I need and they are very caring and cheerful. Most of them are very friendly and like a good joke". Another person told us, "My evening carer is excellent – she has been very good to me." Other comments included, "They [staff] go above and beyond to help", "Carer's are amazing" and, "They're a jolly nice bunch".

Relative's agreed that they were impressed with the quality of care provided by staff to their families. One relative told us "Those carers have probably saved my job and my family. They are so conscientious and clearly very busy but never make my relative aware that they are in a rush". Another relative described the staff as, "Absolutely lovely, always cheerful with my relative, carer's greet them and ask them how they're doing and ask what they want to eat. They are very discreet." We were told by one relative that they are left notes from carers as their relative is not always able to communicate or remember events, "Lovely notes are left to tell me what they have eaten or drank and how they are that day." Other comments included, "they are really friendly and caring" and "The regular ones are particularly nice. They have genuine consideration for my relative, are very helpful and concerned when they are not well". To summarise their opinion of their regular carer's, one relative told us, "My relative is treated with respect, given choice and engaged with in a very positive way."

We viewed the Compliments folder which held numerous thank you cards or letters from people and their relative's that emphasised their satisfaction with care provided. Comments included, "My carer is the best I've ever had", "I'm so grateful for all the care and the wonderful staff" and "Honestly, care staff are amazing with my relative. They are reliable, helpful and very understanding."

A health professional praised the person-centred nature of the carer's and service and said, "They modified their approaches and demonstrated client led care. They also recognised the importance of regular carers, and the importance of building up the relationship."

Staff felt they were given enough time to support people so that they not only met their support needs but had time to get to know who they were as a person. Some people told us that once care support was completed, staff would sit and chat with them while others confirmed that the length of their calls were 'just right'. A relative said, "Carer's are really engaging with my relative. They take time to get to know them and it shows."

It was clear that staff had an understanding of people's likes, dislikes and preferences. One person told us that they like it when staff have a friendly and joking nature, "They are cheeky with me and I give it right back. I don't like people that are serious. They know that." Another person that had two regular carer's said, "They know me well enough to make sense of me and my humour". While another person said, "I have to say, I don't think there's much that my carer doesn't know about me". A relative told us about how a carer had found out about their family member's preferences and used this to 'go the extra mile'. "The carer brought in some special foods from Austria (the person's country of origin) which they loved. Carer's talk

about my relative's family who are very important to them." Relative's also told us how staff know their relatives so well that they recognise when they may be unwell. One said, "They leave me notes or call me so that I know what is happening. It is very informative and shows they care."

Staff demonstrated a good understanding of respecting privacy and dignity and people confirmed that they were treated this way. We were told, "Oh yes, they definitely respect my privacy" and "They [staff] are very discreet and respectful. They always check I am okay whilst they are supporting me." Staff also told us how they ensured people's documents were only shared with relevant professionals and on a 'need to know' basis. We saw that people's files were kept in a locked filing cabinet in the office and computer files were password protected. These actions ensured that people's personal information was protected.

People felt that their independence was respected and promoted by staff. One person told us that they wouldn't change anything about the care they receive, "They encourage me to be independent when possible and do whatever I need them to." One relative confirmed that her family member is encouraged to be independent and is helped to do things themselves when they can. Another told us, "Carers encourage my relative's independence in a caring way saying "Come on … you can do this" in a gentle and nice way."

The caring principles of the service included the well-being of their staff. Staff told us,, "The registered manager and care co-coordinators are very supportive and if incidents happen, check that we are okay afterwards." They gave examples of how they were encouraged to attend funerals of people they supported who had passed away. One staff member also said, "I get texts from staff at the office to say thank you or to share any compliments I have received from people." Another told us, "I got a bunch of flowers once for providing additional support when other staff were off sick."

For staff where issues had been identified, we saw that the management team worked closely with them to improve. One staff member had originally received some complaints from people but after support from the management team, had recently received several compliments. The registered manager said, "We don't give up on staff here. There is always room to improve and we support our staff in the same way we support people."

Good

Is the service responsive?

Our findings

People felt that the staff and the provider were responsive to any changes to their support and also to any concerns that they had. We were told by a relative, "If staff have any concerns or there are changes required to the plan of care, they call me". Another relative confirmed, "They [staff] have been very supportive and responsive to my relative's and our needs. They recommended a respite break for our relative whilst we made plans for increased support."

People and their relatives felt that they received care that was specific to their individual needs. One person told us, "Carers know exactly how to support me" and another said, "They know everything I want and need." Before receiving care, pre-assessments were completed with each person to identify their support needs, preferences and wishes. This included awareness of specific sensory or communication needs. Examples of this were for people that had hearing or sight impairments. Staff were able to tell us how they support people with these needs, such as speaking clearly and checking understanding.

Information from the pre-assessment had been used to formulate the person's support plan. This included contacts for the person such as their GP, next of kin and family. There was information about moving and handling, food support and health conditions. There was also a care plan summary with detailed accounts of which needs for people were to be supported at each care call. Each one had a 'warnings' section that described important things to remember about people such as risk of falls and areas to monitor. They also reminded staff of specific support needs. An example of this was for a person at risk of falls. The person's summary highlighted for staff to check the area for trip hazards and to ensure the person was wearing their falls detector before they left. Another example was for a person with risk of pressure sores. The care plan summary emphasised the important of checking for reddened areas and seeking advice from the management team and GP if there were any concerns.

The provider responded to people's changing needs by taking appropriate actions to support them. One relative told us how carer's were 'excellent' when their relative became ill recently; "They phoned the doctor and were very concerned and kept us informed as well as the GP." Another relative agreed, saying, "Whenever there has been an emergency, they have been fantastic. When my relative had a recent fall, the carer stayed with them and kept them warm and reassured until help arrived. They stayed till after midnight and went above and beyond." Other comments included, "The office always call me if they have concerns or if my relative's needs change" and "the carer's guide us as to what to do next and give us good feedback".

We spoke with a health professional that was involved with the service due to the support needs of a person. They felt that staff were responsive and told us, "I found that understanding of clients changing needs and respect of their insight and condition was very good."

For those people who were supported with activities, we were told they were given choice and control. We saw in a person's care plan that the activities they liked to do were listed. The registered manager advised that this particular person will often choose to do the same thing all day. However, "Their regular staff tell me they don't mind at all because they can see how happy [the person] is and they have fun together." The

person's relative spoke highly of the staff that provide support. "My relative] really likes staff. Staff know what activities they like and respect their choice. This is usually singing on the karaoke machine or doing some colouring but my relative enjoys this and that's what is important."

People were actively encouraged to express their views about the service and were given clear information about how to make a complaint. There was a complaints policy and contact information in people's home files so that it was clear who to phone with any concerns. People that had raised issues felt that they were listened to and a response was made straight away. An example was given by a relative when they complained about a morning call getting later and later. "The office were very apologetic and explained why this had happened. The issue was then resolved." Another example was when a person and their relative complained about one carer. They said, "I spoke to the office about my concerns. They apologised and assured me they would address it with the staff member. She didn't come back so the problem was resolved." We saw that the registered manager had addressed these issues with the staff member during supervision. Other family members said that they left notes for carers and stated that they were always responded to very quickly.

People told us that they participated in reviews with the care coordinators regularly. One person said that they are always involved in care reviews. Another said that further needs were identified and a review was arranged. These were either face to face or over the telephone. During this time they discussed current support needs and reviewed documentation in the home file. One person told us that a review meeting was held and changes were discussed and planned. Care co-coordinators completed satisfaction questionnaires with people to see how they felt about care provided. There was also involvement from relatives. Two family members told us, "I have completed a survey very recently." Another said, "Following review, it was identified that my relative needed more support and they now have an increased package of care. It came through very quickly".

People advised that they had not had any care calls missed and that if staff were late, they were phoned with an explanation. Relative's agreed that carers were on time. One said, "The morning carer is very, very good. They arrive on time and seem to have enough time to do what needs to be done." The registered manager showed us a computer system that supported staff delivery of care. Staff confirmed their arrival and departure from people's homes with the use of a programme on their mobile phones. This meant that the registered manager could monitor that people get their care calls at the right time.

At the time of inspection, no person required support with end of life care. When people's health deteriorated, additional health professionals were accessed. Most people had then been supported to hospital or to a residential placement. Where people were comfortable discussing it, their wants and wishes for end of life care had been written in their care plans. The registered manager advised that should end of life care be required, they would work with the person, their families and health professionals to support them.

Requires Improvement

Is the service well-led?

Our findings

The management team at Care at Home, Eastbourne, consisted of a registered manager and two care coordinators.

People spoke positively about the management team, telling us, "They seem excellent" and "They sort things very well." One person said that, "Everything has changed for the better" [now that there is a good management team at the office]. Relatives agreed that they felt the management team were supportive of them and their families. We were told, "They [management] do seem very good", "So far, so good" and "They are really obliging and helpful". Another relative emphasised how they were always willing to help. They said, "They are very good and respond quickly to concerns".

We were told by people that, "I find the registered manager very nice" and "They [registered manager] manage to avoid pitfalls and cover everything that needs to be covered. They must be organised to manage that." One relative agreed, saying, "They are very 'on-the-ball', caring and concerned".

Staff felt that they were well supported by the registered manager and part of an open and empowering culture. One staff member said, "The registered manager and co-ordinators are very helpful and they listen to feedback that I have". Another member of staff told us, "The registered manager is extremely helpful and always willing to listen". Other descriptions included, "Very understanding", "Firm but fair" and "Definitely had a positive impact on the service". Staff all agreed that there was a strong emphasis on team work and that they felt valued and respected.

Despite this positive feedback, there were some areas that we found were not well-led.

Since their last inspection, the registered manager had worked hard to further implement audit processes that would give over-sight of the service and care provided. It was stated in the previous inspection that the registered manager did not have complete oversight of complaints received and therefore could not recognise trends or patterns with issues raised. We saw that the registered manager listened to this feedback and developed a system where information from complaints and feedback forms were collated. This was then generated into a bar graph that highlights common themes which meant that the registered manager was able to address any repeated concerns more proactively. The head of service delivery for Care at Home services had also completed a thorough audit which highlighted some areas that the registered manager was previously unaware of and this had developed greater over sight of the service.

However systems and processes still needed some development to ensure that the quality of service people received was monitored effectively.

For one person receiving medicines for pain relief, audits of their 'as required' medicines records had not identified that on occasion, tablets were given earlier than the four hour gap recommended by health professionals. We asked a Pharmacist for their view and they advised that although it was not good practice, as this was infrequent, it is unlikely that this would have caused the person harm. The registered manager

acknowledged that this was something that was missed during the audit process and was therefore an area for development. In response to this, the registered manager sent a memo to staff reminding them to be vigilant of ensuring that medicines were administered with the required gaps between doses of medicines as prescribed. They also advised of a new protocol that if the person asked for pain relief medicines and it was before the four hour gap required, that staff were to speak to the registered manager or care coordinators and they would seek further medical advice or arrange a later care call to give medicines. Additionally the registered manager advised that this would be on the next staff meeting agenda.

The registered manager showed us a new 'care plan audit' form that looked in depth at each person's support plan. However, this had not yet been implemented and we identified records inconsistencies during this inspection. Some areas of the support plans were blank. In others, there was a lack of consistency. An example of this was for a person that required support with nutrition. There were food and fluid charts in the file in their home but no indication in their care plan that they required support with this and the reasons for this additional monitoring being required. In another care plan, it stated that the person did not have 'as required' medicines, however they had 'as required' medicine records for creams.

On the first day of inspection, we observed that documentation for 'as required' medicines were not fully compliant with current guidelines and practice. Staff knew how people they support would indicate they were in pain; they told us that people either asked for pain medicines or displayed non-verbal signs, such as becoming withdrawn or refusing support. However medicine documentation did not identify this. By the third day of inspection, the registered manager and nominated individual had referred to guidance regarding 'as required' medicines and amended all people's support plans to reflect this. They had also developed a new 'as required' protocol which had been sent to all staff to read so they could understand what was required.

It was evident from speaking with the registered manager, care coordinators and staff, that they knew people and their support needs well. However, information was not always reflected in care and support documentation. An example of this was for someone who could display challenging behaviour. Although regular staff were aware of how to support the person during episodes of behaviours that challenge and relatives were very complimentary of their practise, this was not recorded in care plan documentation. If staff that were not familiar with the person were to read the support plan, they would not have sufficient information on how to support them.

The registered manager and staff were able to tell us which people had sensory or communication needs and how they were supported. However, this was not consistently evidenced in people's care plans, which meant unfamiliar carers would not have the information they needed to support people. One example was for a person who had a hearing impairment. Staff were able to tell us that they speak loudly and stand to the side of the person as they hear better in their right ear. However, this was not written in their care plan. We advised the registered manager that these guidelines were not in line with the Accessible Information Standard (AIS). This standard applies to people who have communication needs relating to a disability, impairment or sensory loss and identifies steps that providers should follow to ensure these needs are identified, recorded and met appropriately. By the third day of inspection, the registered manager had amended the support plans for people with communication or sensory needs. On each care plan summary, this was highlighted to ensure staff knew exactly how to support them.

Staff were very positive about the management team. However, staff sometimes felt that communication about people could be better. They gave examples of when their rotas had changed and they were required to support someone they were not familiar with. Sometimes they were sent information about the person's care needs and at other times they had to ring the office themselves if they wanted details. This was

discussed with the registered manager who advised that both the management team and staff had a responsibility to ensure information about people was shared. The registered manager also acknowledged that this area of communication between management and staff could be improved.

People, their relatives and staff advised that they are regularly asked to feedback their experiences of the service in the form of questionnaires or surveys. Information gathered was generated into percentages so that the registered manager could identify areas of good practice and areas for improvement.

We saw that staff received regular spot checks to ensure they were meeting people's care needs. Staff told us that this process monitored the time they arrived at the care call, demonstrated that they were providing all care as stated in people's care plan's and that they used any equipment correctly and safely. Where medicine was given, staff practices were observed to ensure staff were competent. One staff member said, "Spot checks are good because we get feedback about how we are doing. They also observe how we communicate with the person and how well we know them and their support needs." Staff told us that any issues identified were discussed with them during supervision.

Staff told us that they attend regular staff meetings where they can discuss any issues with people they support or other concerns that they have. Staff meeting minutes were reviewed and showed that staff meet regularly and an agenda is set for items to discuss. The registered manager also advised that they attend regular management meetings with the operations director and manager's from other Care at Home services. This gave opportunities to discuss new polices or guidelines and share good practice.

During the inspection we found the registered manager and care coordinators to be open and responsive to feedback. Any constructive comments made were dealt with immediately and by the final day of inspection, improvements had been made to manage any issues that had been identified by us. This demonstrated the provider's willingness to improve and work positively with other agencies.