

Care at Home Services (South East) Limited

Care at Home Services (South East) Limited - Bexhill

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Care at Home Services (South East) Limited – Bexhill, referred to as Care at Home in this report, is a domiciliary care agency providing personal care to approximately 183 people at the time of our inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks relating to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Care at Home had strong person-centred values and placed people at the heart of their work. People had access to staff who knew them well and achieved positive outcomes and strong relationships.

People were supported by kind and caring staff who worked hard to promote their independence and sense of wellbeing. People told us they enjoyed the company of staff with comments including; "They give me lots of company; we have a lot of laughs. I look forward to them coming", "I adore my carer" and "It's like having friends arrive, they are all very kind, I can't fault the carers."

Most people and relatives spoke highly of the overall service they received from Care at Home. People made comments including; "I would recommend the service. They are all really helpful; can't fault them. Nothing is any trouble" and "I would recommend the company to others; they are very good. I would and do trust them." A small number of people we spoke with were not as complimentary and raised concerns with us relating to rota changes and the responsiveness of the office. These concerns were shared with the registered manager who provided us with assurances and told us they would look into these people's complaints further.

People were protected from potential abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable to abuse and avoidable harm.

Risks to people's health, safety and wellbeing were assessed and action was taken to minimise the risks. During our inspection we identified some shortfalls in the detail available within people's risk assessments and management plans. We also identified staff lacked clear accessible guidance relating to 'as required' medicines. However, immediate action was taken to improve in these areas, staff were knowledgeable about people's needs and people were confident staff were competent when managing their medicines.

People were fully involved in their care and their wishes were respected. People's views were sought and their consent was always gained before any care took place. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was strong leadership at the service and people, relatives and staff spoke highly of the registered manager. There was a positive culture at Care at Home and staff felt their voices were listened to.

Care at Home's management team were passionate about improving the service and had plans for future projects to benefit people. There were quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

We have made a recommendation about comprehensive risk assessments being in place.

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

Rating at last inspection – The last rating for this service was Good (published 14 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Care at Home Services (South East) Limited - Bexhill

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector and one assistant inspector. An expert by experience also supported in making telephone calls to people who used the service in order to gain their views. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because we needed to ensure people had consented for us

to make home visits and to be contacted by our Expert by Experience.

Inspection activity started on 3 October 2019 and ended on 14 October 2019. We visited the office location on 3 and 4 October 2019.

What we did before the inspection

Before the inspection we reviewed information we already held about the service. This included reviewing information we had received from the provider as notifications. Notifications are information about events that providers are required by law to tell us about.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection-

During the inspection we spoke with 13 people who used the service and 12 relatives over the telephone about their experience of the care provided. We also completed two home visits to people receiving care and support. We received feedback from one external healthcare professional. We spoke with and received feedback from five care staff, three care coordinators, the deputy manager, the registered manager and the operations director.

We reviewed a range of records. This included reviewing 12 care records for people receiving support including their care plans, risk assessments and medicine records. We looked at six staff files in relation to recruitment and supervision and reviewed a number of other records relating to the management of the service, such as accidents and incidents, audits, company policies, complaints and staff training.

After the inspection –

We continued to seek clarification from the registered manager to validate and follow up on evidence we found. We looked at training data and quality assurance records. We received further information requested during the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Risks had been identified and action had been taken to minimise these. During our inspection we identified staff did not always have clear guidance recorded within care plans and risk assessments on how to minimise risks to people. Action was clearly being taken to protect people but this was not always recorded. This could potentially pose a risk to people should new staff start working with them without having access to clear guidance.
- However, we found staff caring for people at the time of our inspection were knowledgeable about people's needs and knew how to keep them safe. The service had a good rate of staff retention and staff felt they were provided with the information they needed when they started to work with a new person.
- Following our inspection the registered manager sent us evidence that demonstrated detailed plans and risk assessments were put in place for people. This ensured staff had access to the information they needed in order to keep people safe.
- Staff knew how to identify potential risks to people and knew how to raise this with the management and healthcare professionals.
- People were fully involved in their own risk management.
- During our inspection we identified that staff did not have access to clear protocols with regards to 'as required' medicines. This meant staff did not have guidance on when a specific medicine should be given, what to try first or when to highlight concerns if this medicine was being requested more regularly. Staff we spoke with were confident they knew when people required these medicines as they knew people well. We shared our findings with the registered manager and they implemented these protocols for people immediately after the inspection.

We recommend the service seeks and follows best practice guidance from a reputable source in relation to care planning and creating detailed risk assessments.

Using medicines safely

- People and relatives were confident medicines were administered safely. Comments included; "I feel very confident that medicines are safe" and "My medicines are very complex and the carers are very good at doing it right."
- Only staff who had been trained in the safe management of medicines administered medicines to people. Staff undertook regular competency checks, tests and spot checks. Staff made comments including; "We get retrained regularly. I have been checked to see if I'm competent to do meds" and "I feel confident in doing people's meds. People are very safe."
- Regular reviews of people's medicines were conducted and audits of people's medication administration records were carried out. Any issues identified were investigated and responded to appropriately.

Systems and processes to safeguard people from the risk of abuse

- The service was managed in a way that protected people from abuse. People made comments including; "I feel safe in their care" and "Definitely safe, cocooned is the word, you're in a special little bubble, they are very good."
- Staff and the registered manager were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. We saw evidence of the staff and management having done this in the past to ensure people were safe.
- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported concerns promptly.

Staffing and recruitment

- Recruitment practices were safe and included pre-employment checks to ensure staff were suitable to work in a care setting before starting work.
- There were enough staff to ensure people had access to care that met their needs and protected them from risks.
- The majority of people we spoke with told us carers attended their calls on time apart from the occasional unforeseen circumstance. Comments from people included; "Yes we are happy, we have consistent carers in general who know what to do and it's a regular routine which is adhered to pretty strictly" and "They come when they should be coming."
- The service had systems in place to monitor and audit call times to ensure people received their visits as required. Should a member of staff be running late to a call, the duty manager's phone would send an alert, ensuring action could be taken. This minimised the risk of people having late, shortened or missed visits.

Preventing and controlling infection

- Staff were trained in the prevention and control of infection and had access to appropriate protective equipment when performing care tasks.
- People and relatives did not have any concerns with regards to staff following good infection control practices. Comments included; "My (relative) has a PEG (Percutaneous endoscopic gastrostomy) fitted and I'm happy staff are careful with this. They practice good infection control."
- Staff took time to ensure they left people's homes clean and tidy. The details for doing this to people's satisfaction were included within their care plans so staff were aware of the expectations.

Learning lessons when things go wrong

- Where incidents had occurred, action had been taken immediately to minimise the risks of any reoccurrence. For example, where an incident had occurred in relation to a safeguarding allegation, the registered manager had taken steps to ensure memos were sent out to staff reminding them of the policy and had implemented new systems to minimise any future reoccurrence.
- The registered manager ensured they reflected when unexpected events occurred from which lessons could be learnt. The service was part of a group and learning was shared between these to ensure people received the best possible care.
- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- People's care needs had been assessed and support plans had been created to guide staff on how best to meet people's needs.
- People spoke highly of the care they received and made comments including; "I would say I feel cared for yes. I am definitely content, I'm satisfied, they're very nice", "I would recommend the service. They are all really helpful; can't fault them. Nothing is any trouble" and "I would recommend the company to others; they are very good. I would and do trust them."
- People's needs were regularly reviewed and where changes had occurred their care plans were updated. For example, when a person's mobility needs changed their care plan had been updated to reflect this and staff knew how best to support them.
- People had been involved in the planning and reviewing of their care wherever possible and people's wishes were respected.
- People were supported to see external healthcare services where required. Staff regularly sought guidance from professionals on how best to care for people and referred people when concerns for their health and wellbeing were identified. One relative commented, "Any issues, such as skin changes, staff will report to the office who get the district nurses out straight away."

Staff support: induction, training, skills and experience

- Staff undertook a thorough induction into the organisation. There was a comprehensive training programme to ensure staff had the necessary skills to meet people's individual needs. Comments from staff included; "I was impressed with the training when I got here. They made it so much fun. I learned different methods and then there was shadowing. They tell us everything we need to know. I feel confident."
- Staff knew people and their needs well and were skilled in caring for people. Most people told us they had confidence the staff were skilled in supporting them. One person told us they did not feel new staff had the skills they would expect and this was fed back to the registered manager who assured us they would look into this concern and respond appropriately. Comments from people included; "I am very pleased with the carers. My (relative) uses a mini hoist. I feel staff use this safely and confidently" and "Yes I think the staff are well trained."
- Staff had the opportunity to discuss their training and development needs regularly at supervision and yearly appraisals. Staff could request further training and this had been organised and provided. Staff made comments including; "We get loads of training. It's all good. We get retrained regularly" and "The trainer has so much knowledge, not just from books, he has been there and done it. He makes it fun. In previous roles it's all on the computer but here it's face to face and it's more interesting. We've covered things like pressure

care, dementia, medication, pretty much everything you need to know."

- The provider was in the process of organising more mental health training for staff. They had asked staff what specific conditions they wanted more in-depth knowledge in and were planning to respond to this demand in the upcoming months.
- Specific training was provided to staff in order to meet people's individual needs. For example, some staff had been provided with training in supporting self-harming behaviours as this was pertinent to a person's care.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people needed help with cooking and eating this was provided.
- Where people had specific needs and preferences relating to food this was provided. For example, where people required a diabetic diet.
- Staff knew how to identify changes in people's eating and drinking needs. Where risks had been identified, such as swallowing difficulties or weight loss, staff had sought advice and guidance from the speech and language therapists in order to support people safely.

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

- The staff and management at Care at Home were focussed on improving people's wellbeing and independence. The registered manager told us about a service they had undertaken for an entire apartment block when the lift stopped working. Although they had only been providing a service to a few of the people living in the flats, they offered to support all residents with tasks such as helping people down the stairs, taking people's rubbish out and helping them with their shopping. They received some high praise from the residents and the local community for this support.
- Staff worked effectively with healthcare services and community groups to provide care and support to people. Best practice was sought and communicated to staff to ensure people's care was of high quality.
- Care files contained details about people's health conditions and the support they needed to maintain their health.
- People and relatives were confident that staff would respond appropriately to any changes in people's health. Comments included; "I have needed to call the out of office as my (relative) has called saying she is stuck in her nightdress, for example. They have responded straight away and dealt with it then let me know all is OK again."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- We found the service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions was evidenced. Where people had legally authorised decision makers this was also clear from the records.

- Staff and the registered manager had a good knowledge of the MCA framework.
- People told us staff asked for consent and explained what they were doing when supporting them. One person said; "Yes they always ask me before doing anything."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who knew their needs, personalities, likes and dislikes well. The service took care to assign carers to people in order to ensure they were able to build good rapport. The registered manager told us they matched people and staff using information about their interests and character. For example, one person's first language was not English. The registered manager assigned staff who had an interest and basic knowledge of the language of this person's heritage and the person told them they had really appreciated this.
- People told us they enjoyed the company of staff with comments including; "They give me lots of company; we have a lot of laughs. I look forward to them coming", "I adore my carer" and "It's like having friends arrive, they are all very kind, I can't fault the carers."
- Relatives made comments about the caring nature of staff which included; "Mum looks forward to them coming; she has continuity of staff and they learn about each other's family. They talk about children, grandchildren and things she enjoys" and "99.5% are over caring to a degree they get told off because they take over the time. It is their nature. Because mums' needs are complex they stay and go over and above. Carers say that they like coming over because she has a wonderful smile."
- Care plans included basic information about people's personal, cultural and religious beliefs. The service respected people's diversity and was open to people of all faiths and belief systems, and people protected under the characteristics of the Equality Act were not discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

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

- People were fully involved in creating and reviewing their care plans wherever possible.
- People's views were sought, listened to and used to plan their care and improve the service. People made comments including; "The office deal with any issues straight away" and "There is good communication with the office. I feel involved with the care planning."
- A small number of people gave us negative feedback about the responsiveness of the office staff, including not being easily reached and not returning messages. These concerns were shared with the registered manager who gave us assurances they would be investigating these and taking action where necessary.
- People's preferences were respected. For example, one person did not like the smell of perfume and therefore staff had been instructed not to wear any when providing this person with support. Another person did not want staff to wear a uniform when attending their house and this had also been respected.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality were respected. One relative commented, "They will support my (relative) in the shower. They close the door and pull down the blind."
- People's independence was encouraged and promoted. Care plans highlighted what people could do for themselves and how staff should assist with this. Comments from people included; "I am more independent now. They help me when I am feeling a bit rough that day. They sit and talk to me which means a lot" and "With their help and care my (relative) has improved, her mobility is better she can now walk without a frame."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support in a way that was flexible and responsive to their needs.
- People's care plans provided staff with descriptions of people's abilities and how they should provide support in line with these. However, care plans contained very basic information about people's life experiences, interests, likes and dislikes. The registered manager told us they were in the process of implementing a new care planning system and would be ensuring these would be more person centred going forwards.
- Where people's preferences included a set routine this was recorded for staff to follow to ensure people had the personalised support they needed.
- The service was responsive to people's changing needs. A member of staff told us how they had raised concerns about a person's increasing mobility needs. They said, "I raised a concern about a person needing a change of equipment for mobility. I called up and they organised for an OT (Occupational Therapist) to visit the very next day. They listen and act."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and guidance for staff was provided to ensure they could understand people and be understood. The service was able to provide information in different formats for people, such as large print or pictures. One relative said, "We have a whiteboard for communicating to each other which works well."
- People were sent copies of their rota in their preferred method, either e-mail or paper copy. One person had poor eyesight and carers used a large calendar inside their home to let them know which staff would be visiting. This worked well for this person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- While the provider was not specifically contracted to provide additional social support to people, they took steps to support people to be actively involved in their local communities.
- People's care plans included basic details of people's interests and hobbies. Where possible, staff supported them to maintain their interests.

Improving care quality in response to complaints or concerns

- People and their relatives felt comfortable raising complaints and most were confident these would be listened to and acted on. Comments included; "I've got no complaints, but they're very approachable yes definitely", "The complaints process is in the file and I feel comfortable raising any concerns. I think the office and the management are responsive" and "The office deal with any issues straight away."
- Systems were in place to address any concerns raised. We looked at copies of responses to concerns and saw the service had acted to address these. Learning took place as a result to avoid any repetition.

End of life care and support

- People's care wishes at the end of their lives were recorded in their care files wherever possible.
- Some staff had received training in end of life care from a local hospice. More training was being organised for the wider care team.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The majority of people and relatives spoke highly of Care at Home and the quality of the service they provided. Comments included; "I have not had any complaints. If it were out of 100 I'd give them 110", "It's a good service, I am very lucky" and "They are a good service, I am very happy with them." Some people were less positive about the service and we requested the registered manager look into the opinions raised.
- The service had a clear, positive and open culture that was shared both amongst the management team and care staff. All staff told us how passionate they were about providing a high quality and personalised service to people. They told us people were at the heart of the service.
- Each staff member we spoke with told us how positive they felt working for an organisation that shared their personal values about delivering high quality care. Staff were highly motivated and proud to work for Care at Home. Comments from staff included; "I really enjoy it. The values here are to look out for staff and the clients' wellbeing. All the people I work with give a good quality of care. I think it's great", "They really care about their staff here and people are really well cared for, everything is kept on top of" and "It's lovely here. I am confident people are getting good care."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager and provider understood their responsibilities.

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

- Care at Home had a registered manager in post. The registered manager oversaw the running of the service and undertook audits to monitor the safety and quality of the care provided.
- Staff spoke very highly of the registered manager and spoke about how supported, appreciated and included they felt. Comments included; "(Name of registered manager) is wonderful. If I've got concerns I can come in and see her. She will listen to me and act on it. She will thank you for your work. It's nice to hear. It makes you feel appreciated", "The manager is lovely. If I email her I have a response within 20 minutes. She's really responsive. She's supportive and I can talk to her about anything" and "The manager is really nice. I feel valued by the company."

- There was a clear management structure and all staff were clear about their roles and responsibilities. There were clear processes for staff to receive spot checks and feedback. Poor performance or issues, where highlighted, were dealt with immediately.
- There were thorough quality assurance processes in place to ensure the registered manager had the information they needed to effectively monitor the service and identify areas for improvement. Although the systems had not identified the shortfalls in risk assessments we found during the inspection, action was taken immediately to respond to this. There was a senior management team within the organisation who were involved in the oversight of the service. The provider had recently recruited a quality assurance lead who conducted inspections of the service in order to ensure appropriate improvements were made and issues were identified.

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

- Staff told us the service's management team were caring and supportive and that everyone worked well as a team.
- The registered manager and wider management team were committed to involving people in the service. They regularly sought views from people, their relatives and external healthcare professionals.
- Regular communication took place between staff to ensure information was shared and expected standards were clear. Staff were kept up to date with any important changes and news.
- Staff were encouraged to share their ideas and these were listened to and acted on where appropriate.

Continuous learning and improving care; Working in partnership with others

- Care at Home was continually working towards improvements and looking for new ideas. The registered manager had recently requested all staff attend a customer service course and this had been agreed. In order to continue learning and improving care for people, the service had recently been selected to pilot early intervention technology to catch early indicators of urinary tract infections and falls in order to reduce hospital admissions. This was going to be offered to people using the service in the upcoming months.
- The provider and the registered manager shared learning and knowledge between all their services to ensure improvements were made.
- We found an open and transparent culture, where constructive criticism was encouraged. The provider, registered manager and staff were enthusiastic and committed to further improving the service delivered for the benefit of people using it.
- The service worked in partnership and collaboration with a number of key organisations to support care provision, joined up care and ensure service development.