

Care at Home Services (South East) Limited

Care at Home Services (South East) Limited - Hastings

Inspection report

107a Sedlescombe Road North
St Leonards-on-Sea
East Sussex
TN37 7EJ

Tel: 01424202400

Website: www.careathomeservices.co.uk

Date of inspection visit:

02 May 2017

10 May 2017

Date of publication:

14 June 2017

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

This inspection took place between 2 and 10 May 2017. The inspection involved visits to the agency's office and conversations with people, their relatives and staff. The agency was given two working days' notice of the inspection.

The agency provided 160 people with a domiciliary service, for approximately 1,200 hours a week. Most people were older people or people who lived with long-term medical conditions. People received a range of different support in their own homes. Some people received occasional visits, for example weekly support to enable them to have a bath. Other people needed more frequent visits, including daily visits, and visits several times a day to support them with their personal care. This could include two care workers and the use of equipment to support their mobility. Some people needed support with medicines and meal preparation. The agency could also provide care workers at night, including sleeping-in duties and care workers who remained awake for some or all of the night.

Care at Home – Hastings, supplies a service to people in Hastings and surrounding rural areas. The provider is Care at Home Services (South East) Limited who provide domiciliary care services to people from different offices in the South East of England.

Care at Home – Hastings has a registered manager in post. 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.

Care at Home - Hastings was last inspected from 11 January to 1 February 2016. At that inspection, it was rated as requires improvement. At this inspection, we found the provider and registered manager had been successful in making necessary improvements

The provider had ensured the safety of people and others by developing its risk assessment and care planning processes. Staff we spoke with were aware of people's risks and how they were to be reduced. This included among other areas, supporting people with moving safely and reducing their risk of pressure damage.

People's safety when taking medicines had also been ensured. Care workers had clear information on people's medicines and accurately completed records when they supported people in taking them.

People were fully involved in developing their own care plans. Staff told us people's care plans gave them the information they needed to meet people's needs. Where a person's needs changed, their care plans were up-dated to reflect their current needs.

The provider had audited its recruitment processes and ensured new staff were safely recruited, to reduce

risk to people as much as possible.

The provider's systems for reviewing quality of care had been improved, to include regular audit of a wide range of areas of service provision. The opinions of both people and staff were sought, using a variety of means, and action had been taken when relevant, following comments made by people and staff.

There were no issues about missed calls due to staff shortages. People received continuity of care from the same team of care workers. People were informed of who would be visiting them and when.

People's wishes were respected and their independence supported. People spoke warmly about the staffs' kind approach and how they respected their privacy and dignity. Staff knew how to support people if they became unwell. Where people needed support with eating and drinking, they said staff supported them in the way they needed.

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's risk assessments and care plans identified relevant areas of risk and actions to be taken to reduce risk.

People were appropriately supported in taking their medicines.

Staff were recruited in a safe way

Staff were aware of how to safeguard people from risk of abuse.

Staffing levels were appropriate for people's needs.

Is the service effective?

Good ●

The service was effective.

Training was provided in key areas and staff received regular supervision and spot checks. Staff were trained in meeting people's specific needs.

Where relevant, people were assessed in accordance with the Mental Capacity Act 2005.

Staff were fully aware of how to support people in an emergency and if they showed changes in their condition.

Where people's care packages included support with meals, they were helped in the way they needed.

Is the service caring?

Good ●

The service was caring.

People were supported in a kind and caring way and staff respected their privacy and dignity.

People were supported in being independent and staff sought their agreement when providing care.

People told us staff were consistently polite and supportive to

them.

Is the service responsive?

Good ●

The service was responsive.

People were involved in developing their own care plans. Staff said people's care plans outlined the information they needed so they could meet people's individual needs.

People received information they wanted about their visits. They received continuity of care from the care workers sent to them.

People's concerns and complaints were appropriately responded to.

Is the service well-led?

Good ●

The service was well led.

The provider had identified relevant areas for action in their audits and had taken action to address any deficits.

Both people and staff said the service was well-led.

Staff commented on the friendly and supportive approach from the managers of the agency.

Care at Home Services (South East) Limited - Hastings

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 took place between 2 and 10 May 2017. The inspection involved visits to the agency's office on 2 and 10 May 2017. Between these dates, we spoke with people and their relatives on the phone. We met with staff in the office on 2 May 2017. The provider was given two working days' notice because the location provides a domiciliary care service.

The inspection was undertaken by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the agency, including previous inspection reports. We received three 'Share your Experience' forms from people since the last inspection and used information from them when planning the inspection. The provider had sent us an information return (PIR) in which they outlined how they ensured they were meeting people's needs and their plans for the next 12 months. As part of the inspection, we reviewed the provider's information return (PIR). We considered information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We spoke with 17 people and/or their relatives. We spoke with 10 members of staff, the registered manager

and one senior manager for the provider.

During the inspection we looked at six people's records and six staff recruitment, supervision and spot check records. We also looked at training records, quality audits and policies and procedures.

Is the service safe?

Our findings

At the last inspection, improvements were needed in this area. This was because people's risk assessments did not identify all relevant areas of risk or actions to be taken to reduce risk. The provider had addressed this area. People told us they felt safe with the service provided to them.

All people had full assessments for risk. For example, one person's records showed they had a history of falling. They had a falls risk assessment which was reviewed regularly to ensure any changes were considered. Where risk was identified, care plans were drawn up to reduce people's risk. One person's records showed they had been assessed as being at high risk of pressure damage. They had a clear care plan about how staff were to reduce this risk, including how often they were to be supported in changing their position. They also had a full record of when they were supported to change their position; this showed their care plan was being followed. Another person needed to use equipment to move about in their home. Their care plan listed the range of equipment they used to do this. Records included when each piece of equipment was due to be serviced, so it continued to be safe for use. When this person was seen by a healthcare professional and some of their equipment changed, their records were up-dated to reflect this. We spoke with care workers about how they reduced people's risk. They all showed a clear understanding of their role. For example they knew if they noticed any reddened areas on a person's skin, they must document what they had observed on a body map, and inform the office, so relevant actions took place to ensure the person's safety.

At the last inspection, we also found staff did not have all relevant information they needed about people's prescribed medicines. The provider had taken action and addressed this area. People told us where care workers supported them to take their medicines, this was done in a safe way. One care worker told us, "There's always information in people's notes about the medicines they're on." Another care worker told us one of the people they visited was prescribed Warfarin. They knew prescribed doses of this medicine could change. They told us if they were not sure about a changed prescription, they would ring the office to discuss. They said, "I'd never give a person medicines if I wasn't sure." One care worker told us one of the people they visited was prescribed pain relieving patches. The care worker knew about the importance of regularly rotating where the pain patch was placed on the person's skin and the importance of keeping clear records about this.

Where people were supported by care workers to take their medicines, they had clear information on their files. For example, one person had a detailed care plan about how they were to be supported with applying prescribed skin creams. People had clear medicines administration records (MAR), which were completed by care workers. These were regularly audited by the registered manager. Where issues were identified, action was taken. For example, a recent audit had identified one care worker had not completed one person's MAR. The audit showed relevant action had been taken by the registered manager about this.

At the last inspection, we found the provider's systems for assessing suitability of some newly employed staff did not ensure all relevant areas were considered. Action had been taken to address this area. Staff recruitment records showed all prospective staff were assessed for their suitability. All staff files included key

documents such as a full employment history, at least two references and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable adults. This ensured only suitable people worked at the agency. Where issues were identified, there were records to show this was probed at interview. For example, a prospective member of staff's past working history showed gaps in their previous employment. The prospective member of staff had been asked about this and a record made about the reasons for this. When a member of staff stopped working for the agency and then returned to work for them, a full recruitment process was completed. This included the numeracy and literacy test completed by other applicants. The registered manager ensured the on-going suitability of staff. Records showed they had used the provider's disciplinary processes where relevant to ensure improvement in individual staff performance and the safety of people who were provided with a service.

There were enough staff employed to ensure people's needs were met in a timely way. The visit rota showed no missed visits or very late visits due to lack of staff availability. The care coordinators told us enough staff were employed to ensure that in the event of an emergency, for example where a care worker needed to remain with a very ill person while awaiting emergency services, there were enough staff to ensure other people's visits were not unduly affected by this.

All of the staff we spoke with were very clear about their individual responsibilities for ensuring people were not placed at risk of abuse. Staff knew what actions to take if they thought a person was at risk of abuse. One care worker told us, "I've done it in the past" about reporting an issue of concern about a person. Care workers were aware of the range of different areas which could indicate a person was at risk of abuse, including where a person showed unexplained bruising to their skin, was clearly frightened of another person or at risk of financial abuse. Care workers were all confident if they reported such concerns the office staff would take appropriate action. One care worker told us if they reported such an issue, the office staff would, "Invariably take action" and another that, "She does act on things like that," about the registered manager. Care coordinators told us they had made referrals to the local authority safeguarding team in the past and were aware of what to do should they need to do this. There was information on how staff could report concerns to the local authority safeguarding team displayed in the office. The registered manager confirmed such information was included in staff safeguarding training.

Is the service effective?

Our findings

At the last inspection, this area was rated as good. At this inspection, people told us this continued to be the case. One person told us, "Staff know what they are doing." Some of the people commented particularly on the effective training for staff in supporting people who were living with dementia. One person's relative told us staff had been trained to provide effective care to their relative because, "Sometimes it means dealing with challenging issues, they don't make my relative feel rushed and do not make choices for them. They try to do the things they should, and they care."

Staff received induction training when they started working for the agency. A new member of staff told us, "Everything relevant" was covered in their induction. Another new member of staff told us, "It covered a lot" about their induction. Both these members of staff said they had shadowed experienced staff before working on their own. They also said managers had checked they were happy to start working with people on their own, before they were rostered to do this. A member of staff who had returned to work at the agency told us they had re-done their induction on returning. They said this was important because, "Things change a lot in care work."

Staff were also supported by on-going training. One member of staff told us the general training was, "Very good" and another that it was, "Definitely useful." Several members of staff commented positively on the provider's new training manager. Staff were trained in specific areas to meet people's needs. Several staff commented on their effective training in supporting people who were living with dementia. When we discussed this area with staff, they showed a good practical knowledge of how to effectively support people who were living with dementia. One of the care coordinators told us about training they had received in writing care plans, which they said had been useful for their role. The registered manager had a training plan. This enabled them to see which members of staff were due to undertake which training and by when, so they could follow up relevant training matters.

All staff were also supported by 1:1 supervision, spot checks and annual appraisals. Staff told us they could bring up issues during their 1:1 and appraisal meetings. One member of staff told us, "You can say whatever during them." Another member of staff told us about the support they had received from the agency to work towards a diploma after they had asked about it during their annual appraisal. Staff also said they found spot checks helped them. All staff confirmed they did not know when they were going to have a spot check from their supervisor. A care coordinator told us spot checks were programmed by the computer system, this alerted them when a care worker was due to have a spot check. They said they always asked the person receiving care if they could do a spot check, but did not give the care worker prior warning. Care workers said their supervisor held a meeting with them after each spot check so they could receive feed-back. One care worker described such meetings as "Useful," another care worker told us spot checks were, "Reassuring for the client."

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

New documentation had recently been introduced by the provider in relation to people's mental capacity assessments. This documentation had been presented at the staff meeting in February 2017. All for the staff we spoke with showed a good understanding of their responsibilities under the MCA. One of the care coordinators told us, due to the increasing complexity of people's needs, an understanding of the MCA was becoming more relevant to domiciliary care. They told us they continued to try to involve each person in decision-making as much as possible but there were times when this was not always possible. For example when a person might be at risk of not taking their medicines in a safe way, so in their best interests, their medicines needed to be locked away. We looked at three people's records where their medicines were locked away. They all had an individually completed mental capacity assessments. Assessments set out who had been involved in making best interest decisions about locking the person's medicines away.

People told us they were confident they would be supported if they became unwell and needed medical attention. All of the care workers we spoke with were aware of what to do if a person was unwell. One care worker told us, "I wouldn't leave the client, I'd phone office and wait with them until emergency services come." Staff were also aware of what actions to take if they were not able to get in to a person's home. One care worker told us if this happened, "I'd never leave it, you just can't take the risk."

The agency supported some people who were living with more complex support needs. A person was prescribed an appliance which care workers supported them with. The person had a clear care plan, which set out how the person was to be supported with putting on and taking off the appliance and also the care of the person's skin in relation to the appliance. A person was living with a range of medical conditions, which could vary. Managers and staff confirmed, new staff were only allocated to support the person on their own once they had become familiar with the person and their complex care needs.

Some people were supported with eating and drinking. This was done in an effective way. One care worker told us about how they supported one person with meals on each visit. They said they used the meals organised by the person's family but, "Always give them a choice." Another care worker told us about a person who was unable to remember what they preferred to eat, so it was "Important to write it down." They said this meant care workers had found out over time what the person did and did not like to eat. They said, "Care plans are useful that way." One person who was living with dementia had a clear care plan about the support they needed with eating and drinking and how this was to be monitored by care workers. Where people needed it, food and fluid intake charts were completed during visits. People's care plans included other relevant information, such as advice from the Speech and Language Therapist and key matters such as food allergies.

Is the service caring?

Our findings

At the last inspection, this area was rated as good. People told us they continued to receive a caring service. One person told us, "The people who come in are very caring and understanding, they take their time and are patient." Another person told us, "The people who visit are absolutely superb, they take time and are accurate, I have no problems at all." People were positive about the staff. One person told us, "The staff take time with personal care, they don't make me feel rushed," another, "The people who help are kind, which is vital" and another, "They make personal care, like washing and support seem natural."

People were treated with respect. One person told us, "The staff are very courteous, well presented and make me feel respected." One person's relative told us, "They try to understand people as people, they try hard and are sensitive and respectful." One person told us, "They act with respect to me," another described staff as "Polite and courteous." A care coordinator said about arranging spot checks, that they always discussed them with people first, saying, "It's only polite, it is their own home." A care worker's spot check records documented, "Service user put at ease, the call was completed with dignity." A person who was living with dementia had a care plan which was completed in a respectful tone. It also stated the aim of care was for the person to be kept in charge of their own life as much as possible.

People were supported in maintaining their independence. One person told us, "They don't try to take over, they support me to do things what I want." One person's relative told us, "The staff are very good, they help my mother to stay independent and at home." Another person's relative told us, "The staff who come in understand about difficult things, like encouraging people and do not make a fuss. That helps." One care worker told us a key area in their role was to, "Allow people to continue to live in their own homes." One of the care coordinators told us when reviewing care plans with people, "A key area is to ask them what they want." A person has a clear care plan about their personal care and how their independence was to be supported, so staff only did personal care tasks which the person was unable to do for themselves. All of the people who responded to the agency's recent questionnaire were positive about how the agency enabled them to live independently.

People were treated as individuals. One person told us, "They talk to me and care about my life in a real way," another, "They take time to understand and listen to how my day has been," and another, "They stop to have a conversation, they make me feel less lonely." People's assessments and care plans took their individual preferences into account. For example one person's risk assessment documented how much they liked their different coloured rugs in their home. Their plan outlined how risk of tripping for them was to be reduced in the light of these rugs, so they could continue to enjoy having them placed about their home.

The agency ensured people's confidentiality. All of the staff we spoke with were very aware of ways of maintaining people's confidentiality. For example, by changing conversations to areas such as the weather or giving general replies when asked by people's neighbours about how they were. Where the agency needed to give confidential information to staff, staff could pick it up in person from the office or have it posted to their address. At each one to one meeting, care workers' supervisors checked care workers' understanding of confidentiality, the importance of password protection and regular deleting of electronic

information from care workers' personal computers.

Is the service responsive?

Our findings

At the last inspection, this outcome area was rated as requires improvement. This was because some people's care plans did not always outline how care workers were to meet their individual needs. The provider had addressed this area.

People's care plans were agreed with them and outlined how their individual needs were to be met. One person told us, "They are good at detailing care needs and passing on information," and another, "They provide more to me than the care, they are thorough in their job and I have no complaints." Care workers also told us care plans had improved. One care worker told us, "Care plans say everything you need to know." Another care worker told us, "I never go in blind to a new client." Care workers said if people's conditions began to change, they told the office and a care coordinator would go out and review a person's needs with them. Care workers said the managers were good at letting them know about changes in people's needs. One care worker told us, "If I've been on annual leave, the office tell you, so you don't just walk in and find something different." A care worker wrote on their one to one meeting form, "I appreciate they always keep me updated re changes in clients."

People's assessments and care plans were clear and individually completed. For example a person's records showed they had a left-sided weakness. Their care plan clearly set out staff were to make sure that when they left, items the person might need such as a drink, tissues and their glasses, were placed by their right hand and within their sight. A person was supported in using a prescribed appliance. Their care plan clearly outlined how the person wanted the contents of the appliance to be disposed of at each visit. A person who was living with dementia could on occasion show behaviours which may challenge. They had a clear care plan about how staff were to support them when this happened. Care workers knew about this care plan. They also said they phoned the office when the person showed such behaviours and wrote a record of how the person had been. One of the care coordinators told us about the importance of listening to the person and writing down what they wanted on their care plan. People's care plans included specific matters which they wanted. For example a person's care plan set out when they wanted their bedroom window to be opened and closed.

At the last inspection, people said they did not always receive a rota to know who would be visiting them, and when. The registered manager had addressed this area by reviewing regularly with people how they wanted to be informed about visits and the timings of them. A person told us, "There is a good level of information offered. I can access the office readily and talk regularly about needs." A care worker told us they had, "Regular clients, you get to know them," and another, "I've regular clients so I get to know them and can tell the office about any changes and their family too." People's daily records showed people received continuity of care from a small team of staff.

People said if they raised issues, they were dealt with. One person told us, "If I have had any problems with them, issues are dealt with." Several people said they had no complaints about the service. One person told us, "I have no complaints with the care."

We looked at records of complaints and concerns made to the agency during the past year. Complaints had been fully and impartially investigated by the registered manager. For example, for one of the complaints, records showed the registered manager went to see the person to find out more. The registered manager had then followed the matter up with a care worker. The registered manager had taken appropriate action following their investigation and fed back to all relevant persons. One complaint had related to the provider's procedures as a whole, this had been responded to by a senior manager.

Is the service well-led?

Our findings

At the last inspection, this area required improvement. This was because the provider had not identified all relevant areas for action in their audits. The provider had taken action and addressed this.

The Hastings office was visited regularly by an area manager working for the provider. Where issues had been identified, for example about the safe disposal of certain appliances, relevant action was taken to ensure effective hygiene practice. Two of the people we met with raised issues with us about some of their visits taking place over half an hour earlier than was documented on their rota. One of these people told us, "The staff are good and interact well, but sometimes there have been visits scheduled for a certain time and people come half an hour before. Timing is important as it impacts on the rest of the day, this is something that could be improved at times." The registered manager was already aware of these issues. They were in the process of developing systems to analyse visit rotas so such issues could be identified early, before people raised them. The provider had also appointed a senior manager who would lead on development of quality audits. One of their areas of responsibility would be to review information on visit rotas across the agency. The registered manager regularly audited key areas such as care plans and medicines records. Where issues were identified, for example with the signing of records, they took appropriate action.

The provider had sent questionnaires to people about service provision. The majority of people had responded to state that they were very satisfied with the service provided. A few people had raised issues relating to themselves. The registered manager had reviewed all such areas, this included where people had completed questionnaires anonymously. For example one person had requested a rota and this had been organised for them. Where issues were raised by other professionals, relevant action was taken. We reviewed minutes of a safeguarding meeting which was held following a person not responding when care workers tried to gain access to their home. The registered manager had identified where certain staff had not followed the agency's procedures. They had drawn up an action plan which was shared with staff, to ensure risk was reduced for people. Some staff had raised issues during supervision and appraisal meetings about a need for training in the monitoring of peoples' blood sugar levels. The registered manager had passed on this request to the training manager who had a plan to action this.

People commented on the effective management of the agency. One person told us, "They are wonderful, I have used them quite a while now. I have no issues" and another, "They are very efficient at the office." A person wrote in their March 2017 care review, "I am happy with the carers and they do help a lot." Staff also commented on the effective management of the agency. One care worker told us, "I bring things up and they happen" and another said, "She's an excellent manager," about the registered manager.

The registered manager was supported by a team of four care coordinators. Each care coordinator was responsible for a geographical area covered by the agency. They each had a team of care workers who they supported and supervised. A 24 hour service was provided, and there was always a manager on call. A care worker told us, "Any doubts about anything at all, you phone" and another, "There's always someone on call and they do pick up." The registered manager was supported by area managers for the provider.

The provider had a lone working policy. Staff said they felt supported when working on their own. A care worker told us about an occasion when they had felt, "Not comfortable" with a particular person. They said the registered manager had listened to them and made sure they were appropriately supported. A different care worker told us if they were, "Concerned for safety" because of a person's behaviours which may challenge, following this the registered manager always made sure the person was visited by two care workers.

Staff were effectively managed, so they were supported in their role. One care worker described managers as, "Very approachable, understanding." Another care worker told us about the staff meetings, saying "We all have our input." The minutes of the February 2017 staff meeting documented some staff had asked for more travel time between calls. The registered manager showed us how this had been actioned. The provider had procedures to support staff, this included risk assessments where staff were pregnant, and follow-up meetings where staff had been off sick for a period of time. A care worker wrote in their April 2017 appraisal "I feel supported by all the office staff." A care worker summed up the supports they received by telling us, "It's a really nice, friendly place to work, very helpful, I'd recommend it definitely." Staff reported the agency's culture supported them. A care worker told us, "I think it's a good company to work for, it's flexible." Another care worker told us, "We're such a good team here" and another, "I'm very happy with the work."