Care Quality Commission

HH Care Ltd

Meadows Homecare Services

Inspection report

Unit 9, Orton Enterprise Centre
Bakewell Road, Orton Southgate
Peterborough
PE2 6XU

Tel: 01604632320

Date of inspection visit:
18 October 2017
19 October 2017

Date of publication:
17 November 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?	**Requires Improvement**

Summary of findings

Overall summary

Meadows Homecare Services is a domiciliary care agency registered to provide personal care for people living in their own homes. They specialise in offering 24 hour 'live in' care support. This means that there are staff supporting people 24 hours a day, seven days a week. There were 15 people being supported with the regulated activity of personal care at the time of our inspection.

The registered manager for this service was not in post and not managing the regulatory activities at this location at the time of the inspection. However, they were still a registered manager on our register at the time. Arrangements had been made to cancel their registration with the Care Quality Commission (CQC) and an area operations manager was overseeing the day-to-day running of the service. 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.

This inspection was carried out on 18 and 19 October 2017 and was an announced inspection. At the last inspection on 21, 22, and 23 October 2015, the service was rated as 'good.' At this inspection we found the service remained 'good.'

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and report on what we find. Staff were able to demonstrate an adequate understanding of the MCA to ensure that people did not have their freedom restricted in an unlawful manner. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had individualised health, care and support plans in place which recorded their needs. These plans prompted staff on any assistance a person may require and how they would like the support to be given. Individual risks to people were identified and assessed by staff. Plans were put into place to minimise these risks as far as practicable to enable people to live an independent and safe a life as possible. Arrangements were in place to make sure that people, who required this support, were assisted by staff with the safe management of their prescribed medication.

People were assisted to access a range of external health care professionals and were supported to maintain their health. People's health and nutritional needs were met.

People who used the service were cared for by staff in a kind and respectful way. Staff supported people to maintain their interests and links with the local community.

People and their relatives were able to raise any suggestions or concerns that they might have with the manager and feel listened too.

There were enough staff available to work the service's number of commissioned and contracted work hours. Staff understood their responsibility to report suspicions of harm and poor care practice. There were pre-employment checks in place to ensure that new staff were deemed suitable to work with the people they were supporting.

Staff were trained to provide effective care which met people's individual support and care needs. Staff were supported by the manager to maintain and develop their skills through training. The standard of staff members' work performance was reviewed by the management through observations and supervisions. This was to make sure that staff were competent and confident to deliver the care required.

The manager sought feedback about the quality of the service provided from people and/or their relatives. Staff were supported to raise any concerns or suggestions that they may have with the manager and felt listened to. There was a basic on-going quality monitoring process in place to identify areas of improvement required within the service. Where improvements had been identified, actions taken to reduce the risk of recurrence were recorded.

The CQC were not always informed of incidents that the provider was legally obliged to notify them of.

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. The service remains good.	**Good**
Is the service effective? The service was effective. Staff were aware of the key requirements of the MCA 2005 and people were not unlawfully restricted. Staff were trained to support people. Staff had regular observations and supervisions undertaken to monitor their work performance. People's health and nutritional needs were met. Care and support plans included detailed guidance for staff about people's support and care needs, identified risks and health conditions.	**Good**
Is the service caring? The service was caring. The service remains good.	**Good**
Is the service responsive? The service was responsive. The service remains good.	**Good**
Is the service well-led? The service was not always well-led. There was a registered manager in place, but they were no longer in role. The area operations manager was overseeing the day-to-day running of the service. CQC were not always notified of events that they were legally	**Requires Improvement**

obliged to be made aware of.

People, their relatives and staff were asked to feedback on the quality of the service provided to drive forward any improvements required.

There was a basic quality monitoring process in place to identify any areas of improvement required within the service.

Care Quality Commission

Meadows Homecare Services

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 announced inspection took place on 18 and 19 October 2017. The inspection was carried out by an inspection manager and an inspector. The inspection was announced so that we could be sure that the manager and staff would be available.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at this and other information we hold about the service. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Before the inspection we asked for information from representatives of several local authority contracts monitoring teams, social workers, the local authority safeguarding team, and healthwatch to aid us with planning this inspection.

During the inspection we spoke with four relatives of people who used the service, by telephone; the area operations manager; a senior care worker; and two care workers. We looked at three people's care records and records in relation to the management of the service; management of staff; and the management of people's medicines. We also looked at compliments and complaints received; staff training records and three staff recruitment files.

Good

Is the service safe?

Our findings

Relatives of people using the service told us that their family member felt safe because the support they received from staff. This enabled their family members' to continue to live in their own homes safely. One relative said, "I feel totally comfortable [with the service], I know if anything goes wrong the [staff member] will be on the phone to me."

Staff told us that they had safeguarding training and records we looked at confirmed this. They demonstrated to us their knowledge on how to identify and report any suspicions of harm or poor practice. This included the reporting of any concerns internally and to external agencies. One staff member said, "Safeguarding - I have had training. The first thing I would do is report it to the office…if the office [staff] did not follow up [the concern] I would contact social services, safeguarding [team]." This showed us that there were processes in place to reduce the risk of poor care practice.

Staff demonstrated to us their knowledge and understanding of the whistle-blowing procedure. They knew the lines of management to follow if they had any concerns to raise and were confident to do so.

Prior to this inspection the CQC received concerns that people's care records did not contain adequate information for staff about people's assessed risk and health care conditions. At this inspection we saw that people's care and support needs had been assessed. Staff told us that they had time to read people's care records. One staff member said, "It's the first thing I do." They told us they contained enough information for them to deliver safe care. Staff said that if they felt that the care and support plans needed updating they would contact the office staff and this would be actioned. People's risks had been identified and assessed to provide detailed prompts and guidance for staff to support people and reduce the risk of harm.

We found that people had their internal and external environments risk assessed for any obvious safety concerns and in case of an emergency. This showed that there was an assessment in place to assist people to evacuate safely in the event of a foreseeable emergency.

Before the inspection the CQC received concerns about how staff were safely recruited. At this inspection staff said that the provider carried out pre-employment safety checks prior to them providing care. Records we looked at confirmed this. These checks were to make sure that staff were of a good character. This showed there were measures in place to help ensure that only suitable staff were employed.

Staff who administered medication told us and records confirmed, that they received training and that their competency was assessed. Accurate records of people's medication administration were in place and reviewed as part of the providers quality monitoring. Any action required to improve the quality of these records had been taken up with staff where needed. People's care plans detailed the level of medication support required. This included whether the person, their family or staff were responsible for either prompting or the administration of people's medication. This document also recorded who was responsible for the ordering and disposing of medication. Relatives of people supported by staff in this way told us that they had no concerns. One relative said, "I have no concerns re medication, staff always ask permission

before [family members] drugs are administered."

Relatives said that there were always enough staff to safely provide the required care and support. They told us that their family member had a core team of staff and as such they had a positive relationship with staff members who supported them.

Prior to this inspection the CQC received information that infection control and cross contamination processes were not always being adhered to by staff. At this inspection staff told us that they received sufficient personal protective equipment. A staff member said, "I have personal protective equipment. They always send me plenty of boxes of gloves." People's care records looked at clearly prompted staff on where and when this equipment was to be used to promote and maintain good infection control procedures.

Good

Is the service effective?

Our findings

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 MCA 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.

At the last inspection we found that people's capacity to consent had not been formally assessed or recorded. At this inspection we found that people who lacked mental capacity to consent to arrangements for necessary care or treatment were only being deprived of their liberty when this was in their best interests and legally authorised under the Mental Capacity Act (MCA). The manager told us that no one using the service currently lacked mental capacity. In records looked at we found that people's capacity to make day-to-day decisions were assessed where necessary and recorded in people's care records. This meant that staff acted in people's 'best interest' where appropriate.

Staff spoken with demonstrated an adequate knowledge of the MCA. Staff had a clear understanding about including and involving each person in decisions about all aspects of their lives. This was confirmed by the relative's spoken with.

People, where appropriate, were supported by staff with their meal and drinks preparation. Relatives of people who were supported in this way said that this assistance helped their family member remain independent in their own homes. Staff told us how they supported people with their meals but that the meal selection was the person's choice. A relative told us, "Sometimes staff do the meals and sometimes I do, it just depends on timings."

Staff told us that they were supported with supervisions and observations undertaken by a senior member of staff whilst working. Records we looked at confirmed this. Staff said that when new to the service they had an induction period which included training and shadowing a more experienced member of the care team. This was until they were deemed confident and competent by the manager to provide safe and effective care.

Relative's told us that in their view, staff had the skills, abilities and training to provide the support their family member needed. Staff described to us the training they had completed to make sure that they had the skills to provide the individual support and care people needed. This was confirmed by the manager's record of staff training undertaken to date. Training was mixture of on-line training and practical classroom based training. This showed us that staff were supported to provide effective care and support with regular training.

External health care professionals were involved by staff to provide assistance if there were any concerns about the health of people using the service. Care records we looked at recorded external health care input when needed. These included, but were not limited to; GP visits occupational therapist; speech and

language therapist; and visits by a district nurse. Relatives told us that staff were quick to contact external health care professionals when needed. A relative said, "I was away and the carers [staff] called an ambulance for [family member], they kept me up-to-date."

Good

Is the service caring?

Our findings

People's relatives had positive comments about the care and support provided by staff. One relative said, "They are absolutely brilliant, the carer [staff member] is a first class carer. Her and [family member] are like friends. You couldn't wish for anyone more caring."

Care records were written in a personalised way and included social and personal information about the person. This included people's individual needs, their likes and dislikes and interests. Relatives told us that they were involved in decisions about their family members care. They said that they were informed by staff of any concerns about their family member. A relative told us, "There are handovers, with any medical information [updates] when staff changeover."

Care records prompted staff to assist people to maintain their independence. People were assisted by staff to remain living in their own homes and to access a range of medical and social activities with the support of staff. A relative said, "Staff communication is very good and their support will keep [family member] out of a care home, which is our goal. She needs to be [living] in her own home."

Relatives told us that staff showed their family member both privacy and dignity when supporting them. Care records we looked at that had clear prompts for staff to respect people's privacy and dignity at all times. A relative confirmed to us that, "They [staff] are always respectful. They also give the family some space when we are visiting [family member]."

Advocacy was available for people if they needed to be supported with this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

Prior to using the service, people's care, and support needs were planned and evaluated to make sure that the staff at the service could meet the person's needs. Records showed that people's support and care plans were agreed by the person/their relative and reviewed. Reviews were carried out to make sure that people's current needs were documented as information for the staff that supported them. From these assessments an individualised care and support plan was developed in conjunction with the person, their family and the relevant health and social care professionals. These plans provided guidance to staff on the care the person needed.

Daily notes were completed by care staff detailing the care and support that they had provided. We noted details in place regarding the person's family contacts, doctor, external health care professionals and assigned social worker (where appropriate), as guidance for staff. Individual preferences also were recorded and included how a person wished their care to be provided, their future goals and what was important to the person.

The support that people received included assistance with personal care, assistance with their prescribed medication, preparation of meals and drinks, social activities, household chores and health appointments. We noted that staff supported people with their interests and links with local communities. One relative told us, "Staff try to do activities with [family member] like a word search, knitting or puzzles...They used to take [family member] shopping but she is not so mobile now."

Relatives told us that that they knew how to raise a concern. We saw that information on how to raise a complaint or compliment was included in the service user guide. This is a booklet given to people when new to the service. The majority of relatives we spoke with told us that they felt that they were able to talk freely to the manager and office staff. They said that their views were listened to and acknowledged. One relative said, "The office staff keep the family informed and staff will ring the family direct if they have concerns." Another relative told us, "Communication is first class between us and staff members. The office staff are great, they listen and are great to deal with." However, another relative said, "Communication within the office needs improving. If they say they are going to call you at a certain time, then you expect a call at that time...It can be disorganised at the office end."

Staff said that they knew the process for reporting concerns. Records of compliments and complaints showed us that compliments had been received about the service but there were no recorded complaints for us to look at. The manager told us that this was because no complaints had been received by the service within the last twelve months.

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager registered with the CQC, but they had left the service and were no longer in post. They were aware that they need to de register with the CQC. An area operations manager was in place to oversee the day-to-day running of the service whilst a new registered manager was recruited. The manager was supported by a team of care staff and non-care staff. Relatives of people we spoke with had positive comments to make about the care staff. One relative said, "I am just so pleased and glad that I found this company [service]."

Prior to this inspection, the CQC received concerns that alleged that the directors from the provider did not always notify the CQC about events that they were legally obliged to. At this inspection we spoke with the manager about their understanding of their role and responsibilities. This included, whether they were aware that they needed to notify the CQC of incidents that had occurred within the service. The manager confirmed to us the improvements they would make to ensure that CQC are aware of all notifiable incidents going forward.

The rating of the previous CQC inspection was not displayed in the services office. This was corrected during this inspection.

Prior to this inspection the CQC was made aware of concerns that the 'out-of-hours' on-call monitoring system was not always in situ. At this inspection, staff told us that they could raise concerns using the on-call system and speak to a manager when needed. A staff member said, "If I rang on-call, of course a manager would answer the phone." Staff told us that an "open" culture existed and they were free to make suggestions and drive improvement. They said that the manager was supportive to them. Staff told us that the manager and office staff had an "open door" policy which meant that staff could speak to them if they wished to do so. One staff member said, "This is a good company to work for. They give me lots of training, they will speak to me regularly and come and visit me [whilst working] as well."

During the inspection we noted that people and relatives were able to feedback on the quality of the service provided. The majority of relatives we spoke with told us that communication with the manager and staff was good. One relative said, "They listen and try to resolve things." Another relative told us, "I'm quite happy." However, a third relative told us that communication from the management could sometimes be disorganised.

During this inspection we saw that the managers quality monitoring checks included audits of people's daily notes and medication administration records (MAR). These basic checks included any action taken to bring about improvement in these areas. The manager told us that they planned to improve and expand the quality monitoring currently carried out at the service. This would improve the organisational oversight of the quality of the service provided.