HH Care Ltd

Meadows Homecare Services

Inspection report

Unit 9, Orton Enterprise Centre, Bakewell Road,
Orton Southgate,
Peterborough,
PE2 6XU
Tel: 01733889440

Date of inspection visit: 21, 22 and 23 October 2015
Date of publication: 26/11/2015

Ratings

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

Overall summary

This inspection was carried out on 21, 22 and 23 October 2015 and we gave the service 48 hours' notice of our inspection. This was the first inspection at this location.

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 where needed. There were 15 people being supported with the regulated activity of personal care at the time of our inspection.

There was a registered manager in place. 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.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. There had been no applications made to the authorising agencies. Whilst

Summary of findings

staff demonstrated to us that they respected people's choice about how they wished to be supported. Staff were not able to demonstrate a robust understanding of MCA and DoLS to ensure that people did not have their freedom restricted. The lack of understanding increased the risk that staff would not be able to identify and report back to the office concerns that people were having their freedom restricted in an unlawful manner.

Individual risks to people were identified by staff. Plans were put into place to minimise these risks to enable people to live as safe and independent a life as possible. People's risk assessments and care and support plans sometimes lacked detailed information. This included limited guidance for staff around people's identified health conditions. Arrangements were in place to ensure that people were supported with the safe management of 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 supported by staff in a respectful and caring way. People had individualised care and support plans in place which recorded their care and support needs. These plans prompted staff on any assistance a person may require. 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 registered manager and staff felt 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 poor care practice. There were pre-employment safety 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 registered manager to maintain 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 this care.

The registered manager sought feedback about the quality of the service provided from people who used the service by telephone monitoring. Staff meetings took place and staff were supported to raise any concerns or suggestions that they may have. These meeting were also used to update staff about the service. There was an on-going quality monitoring process in place to identify areas of improvement required within the service. Where improvements had been identified the registered manager had actions in place to make the necessary amendments.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Systems were in place to support people to be cared for safely. Staff were aware of their responsibility to report any safeguarding concerns or poor care.

People were supported with their medication as prescribed.

People's support and care needs were met by a sufficient number of staff. Safety checks were in place to ensure that staff were recruited safely.

Good

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

Staff were not always aware of the key requirements of the MCA 2005 and DoLS.

Staff were trained to support people. Staff had regular observations and supervisions undertaken to make sure that they carried out effective support and care.

People's health and nutritional needs were met. Care and support plans lacked detailed guidance for staff around people's identified health conditions.

Requires improvement

Is the service caring?
The service was caring.

Staff were kind and caring in the way that they supported and engaged with people.

Staff encouraged people to make their own choices about things that were important to them and to help them maintain their independence.

Staff respected people's privacy and dignity.

Good

Is the service responsive?
The service was responsive.

People were able to continue to live independently with the support from staff. Staff supported people to maintain their interests and promoted social inclusion.

People's care and support needs were assessed, planned and evaluated. People's individual needs were documented clearly and met.

There was a system in place to receive and manage people's compliments, suggestions or complaints.

Good

Summary of findings

Is the service well-led?

Good

The service was well-led.

There was a registered manager in place.

People were asked to feedback on the quality of the service provided through telephone monitoring. Staff were asked to feedback on the quality of the service provided via meetings.

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

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 inspection took place on 21, 22 and 23 October 2015, was announced. This is because we needed to be sure that the registered manager and staff would be available. The inspection was completed by one 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.

Prior to the inspection we looked at information we held about the service and used this information as part of our inspection planning. We asked for feedback on the service from a representative of the Cambridgeshire County Council contracts' monitoring team to help with our inspection planning.

We spoke with two people and five relatives of people who used the service by telephone. We also visited and spoke with two people in their home. We used observations as a way of observing.

care to help us understand the experience of people who had limited communication skills. We also spoke with the nominated individual/ director, registered manager, three care workers, and a social worker/discharge planner.

We looked at five people's care records and we looked at the systems for monitoring staff training and three staff recruitment files. We looked at other documentation such as quality monitoring records, incidents and the business contingency plan. We saw, records of weekly contracted/ commissioned work hours, compliments records and six medication administration records.

Good

Is the service safe?

Our findings

People and their relatives told us that they or their family member felt safe. One person told us, "I am safe and I'm very happy with everything." Another person said that the service provided and staff made them feel, "Safe."

Before the inspection we received concerns that staff were not always supporting people in a way that helped reduce people's anxiety whilst being assisted. People and relatives told us that staff were kind to them or their family member. One person told us, "Everyone's helpful, some [staff] are more helpful than others but everyone's fine, I'm comfortable with all of them. No-one's [staff] ever raised their voice to me." Staff told us that they had undertaken 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. They gave examples of types of harm and what action they would take in protecting people and reporting such incidents. Staff were aware that they could also report any concerns to external agencies such as the local authority and the Care Quality Commission. This showed us that there were processes in place to reduce the risk of abuse.

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. This showed us that they understood their roles and responsibilities to the people who used the service.

During this inspection we saw that people's care and support needs had been assessed. We saw that risks had been identified and assessed to reduce the risk of harm. Risks included moving and handling, people's identified support needs and, administering medication. Risk assessments gave prompts to staff to help assist people to live as independent and safe life as possible. Where people were deemed to be at risk, these risks were monitored. People at risk of malnutrition and dehydration had documents in place to show that their food and fluid intake was monitored by staff. However, we found that people's risk assessments and care and support plans sometimes lacked detailed information. This included limited guidance for staff around people's identified health conditions. This information would help reduce the risk of unsafe care and support from staff members.

Staff told us that they had time to read people's care and support plans. They said that they contained enough information for them to know the person they were supporting to deliver safe care. Staff told us that if they felt that the care and support plans needed updating they would contact the office and this would be actioned. One staff member talked us through an example of when this had happened. Up-to-date care and support plans meant that they helped reduce the risk of people receiving inappropriate or unsafe care and assistance.

Before the inspection we received concerns that staff were recruited prior to their safety checks being completed. Staff we spoke with said that the provider carried out pre-employment safety checks prior to them providing care to ensure that they were suitable to work with people who used the service. Checks included references from previous employment, a disclosure and barring service check, photo identification, gaps in employment history explained and proof of address. These checks were to make sure that staff were of good character. This showed us that there were measures in place to help ensure that on suitable staff were employed at the service.

There was a document in people's care plans which detailed the level of medication support required. This also documented whether the person, their family or staff would be responsible for either prompting or the administration of people's medication. This document also recorded who was responsible for the ordering and disposing of people's medication. Relatives of people supported by staff with their prescribed medication told us that they had no concerns. Two people said that they had support with their medication from staff and that staff asked their permission first before assisting them and observed them taking their medication. This was to make sure that medication was taken as directed.

Staff who administered medication told us that they received training and that their competency was assessed. Staff said that as part of the manager's observations of their work their medication administration competency was checked. However, records we looked at did not document staff medication administration competency checks. We found unexplained gaps in some peoples medication administration records (MAR) that we looked at. This meant that there was an increased risk of miss-interpretation of these records by other staff members. This was also not in line with the service's medication recording protocol which

Good

Is the service safe?

required a documented record in line with their agreed key symbols method of recording. However, we saw that MAR sheets were looked at as part of the providers quality monitoring. We found that action had been taken with staff.

People and their relatives said that there were always enough staff to safely provide the required care and support and that staff stayed the allocated amount of time. People and their relatives told us that staff were mostly punctual. They said that staff arrived at the time they were expected and stayed for the allotted time. People and people's relatives told us that they or their family member had a core of regular staff and as such they had a positive relationship with staff members who supported them.

We looked at two recent weeks of the overall contracted/ commissioned hours of care work the provider had to provide staff for. We then checked the overall hours of staff scheduled availability for that time period. This documented evidence showed us that there was enough staff available to work, to meet the number of care hours commissioned. Staff that we spoke with told us that they received their work schedules in advance. This showed that the provider had enough staff available to deliver safe care and support for people who used the service.

We found that people had a personal emergency evacuation plan in place in the care records we looked at and there was an overall business contingency plan in case of an emergency. This showed that there was a plan in place to assist people to be evacuated safely in the event of an emergency.

Requires improvement

Is the service effective?

Our findings

We spoke with the registered manager about the Mental Capacity Act 2005 (MCA) and changes to guidance in the Deprivation of Liberty Safeguards (DoLS). We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. However, although one person had been identified by the registered manager as requiring a MCA assessment due to their recent increased confusion and potential lack of capacity. We found that MCA capacity assessments were not formally recorded in the other sample of care records we looked at. This meant that people were at risk of receiving care that they had not agreed to or it was not in their best interests.

People said that staff respected their choices. Staff we spoke with had a clear understanding about including and involving each person in decisions about all aspects of their lives and we saw this in practice. One staff member said, "Always ask what they [the person] want, don't force… it is important to ask, don't make [unlawful] choices for them." Staff we spoke with showed that understood the importance of asking and respecting people's choices. Another staff member told us how they would use people's facial expressions and body language. This, they said, would help them understand the choices of people they supported who were unable to communicate their wishes. They said that they would take their time and use visual prompts to help assist with this. Records confirmed to us that staff had completed training on MCA 2005 and DoLS. However, their knowledge about these subjects was not embedded. The registered manager was aware of this and told us that staff would be sent on refresher training. The lack of staff understanding of mental capacity and DoLS increased the risk that staff would not be able to identify and report back to the registered manager concerns that people were having their freedom restricted without the legal processes in place.

People, where appropriate, were supported by staff with their meal and drinks preparation. People who were supported in this way said that this helped them 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, "The carer is fantastic. They're very unassuming and giving, and politely and positively help [family member] maintain [their] independence. [Family member] has a balanced diet with fresh vegetables. [Family member] prefers [their] food blended so the carer blends it to [their] liking. They provide an exceptional and professional service." Other relatives also confirmed to us that their family members were well cared for with a good nutritional diet and that they were also well hydrated.

Staff told us that they were supported with regular supervisions and observations undertaken by a senior member of staff whilst working. Records we looked at confirmed that supervisions and observations happened. Staff said that when they first joined the team they had an induction period which included training and shadowing a more senior member of the care team for several days. This was until they were deemed confident and competent by the registered manager to provide safe and effective care and support. The registered manager confirmed to us that as no staff members had been working for them for over one year, no appraisals had yet been carried out.

Before the inspection we received concerns that staff were not trained before delivering care and assistance to people they supported. The registered manager told us that a staff member had attended 'train the trainer' courses so that they could cascade their learning to other staff. People said that in their view, staff had the skills, abilities and training to provide the support they needed. Staff told us about 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 registered manager's record of staff training undertaken to date. Training was mixture of on-line training and practical classroom based training. Training included, but was not limited to, food hygiene, dementia care, infection control, equality and diversity, safeguarding, MCA and DoLS, first aid awareness, person centred care, and moving and handling. We also saw that some staff had also received specialist training to support the people they were supporting. This training included; challenging behaviour and percutaneous endoscopic gastrostomy PEG (a medical procedure to provide a means of feeding a person when they cannot take food orally) 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

Requires improvement

Is the service effective?

at recorded external health care input when needed. These included but were not limited to; GP visit, occupational therapist input and speech and language therapist input and visits by a district nurse. People told us that they were also supported by staff to visit external health care professionals such as chiropodists and dentists. One relative told us, "[Family member] had a bit of an issue and the carer organised for [family member] to go to hospital. Because [family member] has [complex health needs] it was disorientating for [family member] and the carer stayed with her the whole time. She [staff member] didn't leave [family member] to go for a drink and she stayed in the hospital with [family member] all night. I can only say that the care [family member] receives from Meadows is excellent."

Good

Is the service caring?

Our findings

People and people's relatives had positive comments about the service provided. We were told that staff supported people in a kind manner. One person said, "I just need to ask the carers if I want something or need something and they will sort it out for me." One relative said, "My family and me are really happy with Meadows. [Family member] is quite frail but we are overwhelmed by the support provided by [named staff member]. Her patience, professionalism and care for [family member] is excellent. It's quite humbling; [staff member] keeps the house immaculate …… [Staff member] also very reassuring to [family member] and makes it easy for us to have quality time with [family member] when we visit." Another relative told us, "Everybody is really friendly, very polite and they know their jobs. [Family member] can't communicate verbally but [they] can communicate with me and [they are] happy with [their] care."

Care records we looked at 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. These records also included people's end of life wishes including the wish not to be resuscitated. 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 person we spoke with who was able to communicate this told us that staff talked them through their 'book' (care and support plan records). They said that staff had talked to them to get to know them. Information that was documented about a person gave staff a greater understanding of the needs of the person they would be supporting.

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 social worker/discharge planner told us that staff, "Promoted and supported [people's] independence and has helped keep people in their own homes." One person gave us an example of how staff encouraged them to help with the cleaning of their home. This meant that the person was supported to maintain their independence by helping with day-to-day living chores.

People told us that staff showed them both privacy and dignity when supporting them. This was demonstrated during our observations where personal care was delivered behind closed doors. This was confirmed by care records we looked at that had clear prompts for staff to respect people's privacy and dignity at all times.

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 service could meet their individual needs. Records we looked at showed that people's care and support plans were agreed by the person and reviewed. These reviews were carried out to ensure that people's current care and support needs were documented as information for the staff that supported them. A social worker/ discharge planner who had worked closely with the service said that the service was, "Absolutely fabulous. The [registered] manager is very thorough and proactive," they went on to say that, "[People's] pre assessments [assessments before they started with the service] were very good. Family and service users give positive feedback on carers." This meant that there were fewer people placed into care from when discharged from hospital as the work the service carried out supported people to remain in their own homes. From these assessments an individualised care and support plan was developed by the service in conjunction with the person, their family and the relevant health and social care professionals which 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 during each care visit. We saw samples of notes which were held in the services office detailing the care and support that staff had carried out during a visit to the person.

We looked at five people's care and support plans during our inspection. We saw that there were visit times recorded if the person was not supported with 24 hours seven days a week care. Records also detailed how many care workers should attend each care call. We saw detailed guidelines in place for each visit so that care staff were clear about the support and care that was to be provided. We noted details in place regarding the person's family contacts, doctor and assigned social worker (where appropriate). Individual preferences were recorded and included how they wished their care to be provided 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 the local communities. One person said, "I like shopping and we [staff] go shopping every week." We saw that there were agreements in place, signed either by the person or their legal representative, regarding the care and support to be provided. Staff we spoke with were able to give examples about the varying types of care that they provided to people such as personal care, and assisting people with their medication. One relative told us, "They are super with [family member], the older ones [staff] are more experienced so get on better with [family member]. They help her with knitting and jigsaws as well as her personal care needs."

People and their relatives told us that that they knew how to raise a concern but that they had not needed to do so yet. Information on how to raise a complaint or compliment was included in the service user guide. This is a booklet given to people when they were new to the service. People told us that they felt that they were able to talk freely to staff and that their views were listened to and acknowledged. One relative said, "If I wasn't happy with something I would have no qualms about getting on the phone to them and sorting things out straight away." Another relative told us, "The girls [staff] are great and the [registered] manager is great too. When I wanted to up the level of care I just got on the phone and it was sorted out quickly and efficiently." We asked staff what action they would take if they had a concern raised with them. 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 registered manager told us that this was because no complaints had been received by the service to date.

Good

Is the service well-led?

Our findings

The service had a registered manager who was supported by care staff and non-care staff. People we spoke with had positive comments to make about the staff. They said that Meadows Homecare Services provided a good service and was well organised. They told us that they would recommend the service to others. One relative told us how they could raise any suggestions or concerns with the service and that it would be acted upon. They said, "Every dealing I have had has been thoroughly dealt with quickly and professionally from home assessments to the level of care. Everything is excellent; it's an exceptional service which I would rate as outstanding." Another relative said, "Nothing is too much trouble for them, it really is a brilliant service."

During this inspection we were shown evidence that the registered manager had been nominated and won an award for the 'home care manager 2014-2015' at the Great East Midlands, Great British care award event. This meant the registered manager had received external commendation and recognition for their good work in the home care industry.

Staff told us that an "open" culture existed and they were free to make suggestions, raise concerns, drive improvement and that the registered manager was supportive to them. Staff told us that the registered manager and office staff had an "open door" policy which meant that staff could speak to them if they wished to do so. They also told us that staff meetings happened and that they were able to raise any concerns or suggestions that they may have. One staff member said, "[You] can ring the office with any questions." This made them feel supported.

During the inspection we observed that people and relatives were able to feedback on the quality of the service provided by completing a telephone monitoring calls. Relatives and people we spoke with said that communication with the registered manager and staff was good. Records we looked at showed that people's feedback from the telephone monitoring was positive. However, it was too soon for the responses to be collated into an action plan.

During this inspection we saw that the registered managers quality monitoring checks included audits of new staff recruitment checks, people's daily notes and medication administration records (MAR). These checks included any action taken to bring about improvement.

The registered manager had an understanding of their role and responsibilities. They were aware that they needed to notify the CQC of incidents that they were legally obliged to inform us about that occurred within the service. The registered manager told us that there had been no accidents to date. As such we were unable to look at these records.