Better at Home (IOW) Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Better at Home is a privately run domiciliary care agency providing personal care for a range of people living in their own homes. These included older people living with dementia and people living with a physical disability or a learning disability.

The last inspection of the service took place in October 2015, where we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We set a requirement notice in relation to the management of medicines, the failure to ensure staff received regular supervisions and the failure to ensure there was an effective quality assurance process in place. We asked the provider to write to us with an action plan on how they planned to take to ensure they became compliant with the regulations.

This inspection was carried out between 19 and 25 October 2016 and at the time of our visit the service was providing personal care to 70 people. During the inspection we found the provider had completed all the actions they told us they would take.

There was a registered manager in place at 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.

There were enough staff to meet people's needs and to enable them to engage with people in a relaxed and unhurried manner. However, the recruitment process was not robust and all appropriate checks were not always completed before staff were able to work independently. We have recommended that the provider seek advice and guidance on adopting the latest best practice in respect of a developing a safe and effective recruitment process.

Staff were aware of the risks relating to people and how to manage them. However, records did not always provide sufficient information to allow staff who did not know the person to manage the risks relating to their care.

People and their families told us they felt the service was safe. Staff and the registered manager had received safeguarding training and were able to explain the action they would take if they identified any concerns.

There were suitable systems in place to ensure the safe management of medicines, were administered by staff who had received appropriate training and assessments. Healthcare professionals such as, GPs and district nurses were involved in people's care when necessary.

People were supported by staff who had received an induction into the service and appropriate training,

professional development and supervision to enable them to meet people's individual needs. Staff followed legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests.

Staff developed caring and positive relationships with people and were sensitive to their individual choices and treated them with dignity and respect. People were supported to have enough to eat and drink.

There was an opportunity for people and their families to become involved in developing the service and they were encouraged to provide feedback on the service provided through spot checks, client reviews and a questionnaire.

People and their families told us they felt the service was well-led and were positive about the registered manager who understood the responsibilities of their role. The provider had arrangements in place to deal with any concerns or complaints.

Staff were aware of the provider's vision and values, how they related to their work and spoke positively about the culture and management of the service. There were systems in place to monitor the quality and safety of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Newly recruited staff were able to work independently before all appropriate checks had been completed. There were enough staff to meet people's needs.

Staff were aware of the risks relating to people and how to manage them. However, records did not always provide sufficient information to allow staff who did not know the person to manage the risks relating to their care.

People and their families felt the service was safe and staff were aware of their responsibilities to safeguard people and report any concerns identified.

People received their medicines at the right time and in the right way to meet their needs.

Is the service effective?

Good

The service was effective.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Staff received an appropriate induction and on going training to enable them to meet the needs of people using the service.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff understood the importance of respecting people's choices and their privacy.

People and when appropriate their families were involved in planning their care. Staff used care plans to ensure they were aware of people's needs.

Is the service responsive?

Good

The service was responsive.

Staff were responsive to people's needs.

People received care that had been assessed to meet their individual needs. Staff responded appropriately to people's changing needs.

The provider sought feedback from people or their families and had arrangements in place to deal with complaints.

Is the service well-led?

Good

The service was well-led.

The provider's values were clear and understood by staff. The registered manager adopted an open and inclusive style of leadership.

People, their relatives and staff had the opportunity to become involved in developing the service.

There were systems in place to monitor the quality and safety of the service provided.

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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 was carried out by two inspectors between 19 October 2016 and 25th October 2016, supported by three other inspectors carrying out telephone interviews with people using the service. The provider was given two days' notice because the location provides a domiciliary care service; we needed to be sure someone would be in.

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 the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We visited four people in their homes and spoke with a further 13 other people or their families over the telephone. We spoke with the registered manager, the deputy manager, the training co-ordinator, a member of the admin team and the accounts manager. We also spoke with seven care staff.

We looked at care plans and associated records for six people using the service, and records relating to the management of the service. These included staff duty rota records, six staff recruitment files, records of complaints, accidents and incidents, policies and procedures, and quality assurance records.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us they felt safe with staff and the service provided. One person said, "Staff are fine. I feel safe with them especially [staff member's name] main carer very good". Another person told us, "As far as I'm concerned they keep me and my home safe". Other comments from people included, "I feel quite safe with them", "I feel safe and secure with them", "I always feel comfortable with them [staff]"and "I absolutely feel safe, no problem there at all."

However, although the provider had a recruitment process in place to help ensure that staff they recruited were suitable to work with the people they supported. We found some staff were working independently before their Disclosure and Barring Service (DBS) checks were completed. A DBS check will identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. In addition, the records did not always show where gaps in the employment history of potential new staff were fully explored. We raised these concerns with the registered manager who commenced a review of their recruitment processes.

We recommend that the provider seek advice and guidance on adopting the latest best practice in respect of a developing a safe and effective recruitment process.

People and their families told us there were sufficient staff to meet their needs. One person said "I always get the same carers who know me well, they are usually on time, but will let me know if they are running a bit late." Another person said "The carer will always stay for the length of call and have stayed longer if I am having a bad day, they don't just leave me". A third person said "I do sometimes feel rushed but I am able to tell staff to slow down and they listen".

The registered manager told us staff allocation was based on each person's needs. These were assessed, in conjunction with their care manager, prior to acceptance by the service. There was a computerised duty management system, which detailed the staffing requirements for each day. Short term absences of staff were managed through the use of overtime, administrative staff and supervisory staff.

People experienced care in a safe environment because staff had the knowledge necessary to enable them to respond appropriately to concerns about people's safety. All of the staff and the registered manager had received safeguarding training. One staff member said, "I would speak to the registered manager or deputy manager if I had any concerns, they will always act". Another staff member told us, "If a person was in immediate danger I would step in straight away and report my concerns to the office staff who always responds". A third staff member said, "If I was not satisfied with the response from management I would not hesitate to go to CQC or safeguarding directly". Where safeguarding concerns had been identified, records detailed the action that was taken.

People were supported by staff who understood the risks related to their care and the action they should take to reduce those risks. For example one staff member told us, "[person] is at high risk of falls and needs their walking aid available at all times". Another staff member said, "[Person] has not been eating much

recently, we will always give them a choice about what they want to eat and we have discussed with them if there is anything different they would like. We are monitoring their weight through observations and how their clothes fit and have contacted the GP to discuss our concerns". People told us care staff were good at identifying when they may need additional support and ensured they received this by staying with them, requesting additional support if required and contacting healthcare professionals when needed. However, the records in people's care files did not always provide sufficient information to help staff, who did not know the person, to understand the strategies and actions needed to reduce the risks relating to the person they were supporting. We raised this with the registered manager who agreed to review their risk assessment process and documentation.

Where an incident or accident had occurred, there was a clear record of this which was recorded on the provider's electronic system. This enabled the registered manager to review all incidents, accidents and 'near misses'. This enabled analysis to take place and provided the opportunity for learning and risk identification across the service.

People received their medicines safely. People who relied on care staff to assist with medicines told us that this was done on time during allocated calls and that all activity relating to this was consistently recorded in their book on site. One person said staff, "Give me my medicines; and they always make sure I get a drink". Another person told us, "They always ask me if I am in pain and will give me the medicine I need" and a third person said, "They know what they are doing".

At previous inspection in October 2015 we found that the provider had failed to ensure medicines were being safely administered. During this inspection we found staff had received appropriate training and their competency to administer medicines had been assessed to ensure their practice was safe. The agency had a clear medicines policy and there were arrangements in place to support people with regard to their medicines. Medicines administration records (MAR) were completed appropriately. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines were required to initial the MAR chart to confirm the person had received their medicine. Each person who needed 'as required' (PRN) medicines had clear information in place to support staff to understand when these should be given. During one home visit we heard care staff offer pain relief that was prescribed PRN to a person and when this was declined, it was recorded clearly and appropriately. Care files contained essential details of people's medicines. These included any symptoms for staff to look for to identify if people were suffering any side effects from their medicines. This helped staff identify any issues and seek appropriate medical advice if required.

Good

Is the service effective?

Our findings

People were supported by staff who had received an effective induction into their role. Each member of staff had undertaken an induction programme which followed the principles of the Care Certificate. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life. One new member staff told us that, "We get lots of training opportunities, we are always doing training". Another staff member said "The training is really helpful. When we did our moving and handling training I was hoisted, this made me really aware of how the people must feel and highlighted the importance of providing reassurance and explanation".

The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. The training manager told us that there was a training programme in place to highlight any pending and overdue training so that action could be taken to help ensure that training was always up to date. This included essential training, such as medicines training, safeguarding adults, moving and handling, infection control and food hygiene. Staff were also supported to access specific training to support their role including: catheter care, Mental Capacity Act, Parkinson's and dementia awareness. Staff were offered training in a verity for formats to meet their individual learning styles.

At our previous inspection in October 2015 we found the provider had failed to ensure staff received regular supervision. At this inspection staff told us that they receive regular supervision from the management team. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and agree learning opportunities to help them develop. Senior staff had conducted competency checks in people's homes to ensure staff were appropriately skilled to meet people's needs. Staff said they felt supported by the registered manager and senior staff. There was an open door policy and they could raise any concerns straight away. A member of staff told us they had had regular supervisions, "They [supervisors] just turn up and observe you roughly every six months and then you have a one to one to discuss what they found. At the one to one you can raise anything or ask for training. If they are not sure they will find out for you". Staff who had been at the service for longer than 12 months also received an annual appraisal.

People's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and staff had received training in MCA and were able to demonstrate an understanding of how it applied to the people using the service. People's families and other representatives had been consulted when decisions were made to ensure that they were made in people's best interests.

The provider had clear policies, procedures and recording systems for when people were not able to make decisions about their care or support. People told us that staff sought their consent before providing care. One person said, "They ask me before they do anything". Another person told us, "Yes [staff] ask for

consent". A family member said, "They ask for consent as far as I know". Daily records of care showed that where people declined care this was respected.

Before commencing with the service, staff undertook a pre-assessment with the person to identify their individual needs, their personal preferences and any risks associated with providing their care. This included their medical history, an assessment of their ability to communicate and information about their mobility needs. The pre-assessment gave the provider the opportunity to ensure they had the staff with the appropriate skills and experience available to meet the person's needs and provided a risk assessment for their home. Staff told us if they had any concerns regarding people's care they would contact the office and request a review.

People were supported to access healthcare services when needed such as GPs, district nurses and chiropodists to ensure people received a consistent approach to their healthcare. One person told us "They [staff] got the doctor out to me the other day as I was feeling unwell" and another said "[Staff] found me unconscious at home and called the ambulance for me. It's a good job they came as I was in a lot of pain and was on the way out". It transpired the person had fallen and broken their hip.

Daily records of care showed that staff had identified when people were unwell or in need of additional support. They contained detailed information in relation to people's physical health needs and highlighted actions they had been taken to request support from doctors, Speech and language therapists (SALT) and community nurses. Care staff understood their responsibilities in relation to accessing healthcare services and would act on concerns. One member of staff said, "I'm concerned about [person] bowels and I have asked them if they are happy for us to phone the GP about this". A member of staff told us "We contacted SALT the other day for advice as we had concerns".

People were encouraged to maintain a healthy, balanced diet based on their individual needs. Where people required support with their nutrition and hydration, this was documented in their care file. One person said staff, "Leave lunch for me, usually a sandwich and yoghurt. Whatever I want they get, their pretty good". There was clear guidance for staff supporting people who had feeding devices, such as percutaneous endoscopic gastrostomy (PEG). A PEG is where a person is fed through a tube surgically passed into their stomach through the abdominal wall.

All staff had received food hygiene training to ensure that food was prepared appropriately. The people's food intake was monitored by the staff and clearly recorded within their daily notes. During observed home visits people were given a choice about what they would like to eat, with support and encouragement given where needed. One staff member told us that they were particularly concerned about the reduced appetite of one person and will be raising this concern with the family and the office staff.

Good

Is the service caring?

Our findings

Staff developed caring and positive relationships with people. One person said of the care staff, "They treat me with love, I would miss them if they didn't come, I look forward to seeing their friendly faces". Another person told us, "The staff are amazing, they are wonderful". A third person said, "They're very friendly; they'll do anything I want" and added "I mainly see two [members of staff], so I get a chance to get know them. I've made good friends with them; they're good company". Family members told us that they did not have any concerns over the level of care provided. One family member said, "Some of the carers are fantastic, especially the more experienced ones. They really go the extra mile". Another family member told us, "Staff are very caring. They show respect and have a joke with mum and dad. Mum likes to have a joke".

People were supported by staff who understood the need to respect their privacy and dignity. During the home visits the staff were seen to knock and announce themselves when entering people's home. The staff would then say, "Its only [name], can I come in?" and await a response. One person told us that staff, "Treat me with dignity and respect when washing me". Care staff told us how they would maintain someone's privacy and dignity when providing personal care to people. They explained that this would be done by closing curtains and doors and ensure people were covered with a towel when having a wash. One member of staff told us, "I aim to treat everyone as an individual and with dignity and respect. I treat others how I would want to be treated". The staff knew the people's routines and abilities and encouraged people to be independent. For example one person's daily record of care stated 'Encouraged [person] to wash their face".

Care staff respected people's right to refuse care. During a home visit one member of care staff offered a person the opportunity to have their hair washed. When this was declined by the person, because they were feeling tired, the member of care staff respected this. They told the person, "If you're feeling better tomorrow we could do it then". This demonstrated the member of staff respected the person's choice and was flexible regarding when support was provided. Within the daily records there was evidence that people's right to refuse care was respected. Comments in these files included "[person] wanted to stay in bed today" and went on to explain what care was provided to respect this choice.

Staff understood the importance of respecting people's choice, and privacy. A person said that staff, "All give me a choice about what I do, and they know I would not do something if I didn't want to". Another person told us, "Staff respect my privacy". Staff spoke to us about how they cared for people. One member of staff told us, "The best thing about my job is helping people", another member of staff said, "I love the people we care for and really enjoy hearing about their lives". A third member of staff told us, "We are one big family here, carers and the fantastic clients".

People, and when appropriate their relatives, were involved in developing their care plans. One person told us, "They talked through my care plan and were pretty clued up about what I needed". The deputy manager told us they were in the process of upgrading people's care plans to ensure the care provided was centred on the person as an individual. The new care plans contained information such as the person's personal history, their likes and dislikes and their hobbies and interests. People's preferences and views were

reflected in their care plans, such as the name they preferred to be called and their choice of the gender of the person providing care. One person said, "I ask for just ladies [to support me with personal care] and that's what I get".

Information regarding confidentiality formed a key part of staff's induction training for all care staff. Confidential information, such as care records, was kept securely within the office and only accessed by staff authorised to view it. Any information which was kept on the computer was also secure and password protected. Daily records were collected monthly and stored securely in the relevant care files.

Good

Is the service responsive?

Our findings

People using the service and their relatives told us they felt the service was responsive to their needs. One person said, "The staff will always give me the help I need". Another person said, "When I am ill the staff will not leave me until they know I will be safe" and a third person said, "They will always be here if I need them".

Some people who use the service had communication difficulties or were unable to verbally communicate. Staff were able to demonstrate their understanding of these needs and how best to communicate with each person they cared for. Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand. Staff were patient when speaking with people and understood and respected that some people needed more time to respond.

Each person's care file contained a care guidance plan, which described people's routines and provided care staff with detailed information of the exact care people required at each visit. The registered manager told us they had put all the important things staff needed to know in the guidance, which are easy to read. The care plans also contained information on any health conditions and a full care assessment if staff needed to access more detailed information about the person. The staff were knowledgeable about the people they supported and the things that were important to them in their lives. Records were personalised and documented people's interests, histories, wishes and personal preferences. People's daily records of care showed care was being provided in accordance with people's needs. Where concerns were identified these were immediately logged on the person's electronic profile and actioned by a senior member of staff. For example, one person's profile detailed that a member of care staff had called in because they were concern that the person was in pain and was expecting a GP who had not arrived when expected. A senior member of staff contacted the surgery to confirm the a GP was attending and expected time of arrival

People received care from staff who were knowledgeable about the support and care they needed and the things that were important to them in their lives. However, the care plans were generic in style and contained information in an unstructured way. Therefore, staff new to the person may find it difficult to obtain the information to allow them to be responsive to the person's needs. The registered manager told us they were in the process of implementing new care plans to ensure they were individualised and in a format that made it easy for staff to find the information they needed. These were personalised and documented people's interests, histories, wishes and personal preferences. Each person's care file contained a guide, which described people's routines and provided care staff with information on the care people required at each visit.

People's care needs were reviewed by a supervisor and updated to reflect changes in people's needs. One person told us, "Yes they review my care plan. Someone came this morning in fact". Another person said, "I've had a review in the past and I have a review booked on Monday". A family member told us that their relative's health needs change frequently and the service were very responsive to making changes when needed and are pro-active in communicating with family if they notice things of concern. Another family member told us, "We have had care plan reviews a while ago. I was there but they mostly spoke to my parents". Each person received a telephone call from a supervisor 48 hours after starting with the service to

review their needs and receive feedback on the service being provided against their expectations.

The provider sought feedback from people, their families and from staff through the use of quality assurance survey questionnaires. These were sent out to people and staff annually to seek their views on the standard of care provided. The results from both the people and staff questionnaires were positive. Comments included, 'Good service thank you', 'Very satisfied [named care staff] are wonderful', 'Always willing to help and assist' and 'carers are kind, courteous and helpful'. Where issues were identified these were responded too. For example, during a recent survey the provider identified that people were unaware of the complaints process. As a result each person was sent a copy of the complaints process and when appropriate, an easy read version was available supported by pictures to aid people's understanding.

People were also given the opportunity to provide feedback in relation to their care through 'Client review' meetings. As part of the assessment process people were given the choice of how often they wanted these meetings to take place, three, four or six monthly. The information gained from these meetings was recorded and kept within the person's file. On reviewing this documentation, most feedback was positive and comments included 'The care is very good', 'The carers are usually on time' and 'My carers treat me with dignity and respect'. One person told us, "Someone came to see me a couple of weeks ago to check everything was OK and I didn't need anything else".

People and relatives told us they knew how to complain and confirmed that the management team responded well to any complaints. One person said, "If I've got a grumble I speak with [the office staff] and they're very helpful. There's always a perfectly good explanation". Another person told us, "I would definitely feel comfortable raising a complaint". A family member said, "We know how to raise a complaint as we recently had a leaflet through on how to make a complaint."

The provider had a policy and arrangements in place to deal with complaints. They provided detailed information on the action people could take if they were not satisfied with the service being provided; this information was also available in the 'service users' guide' which was provided to all people using the service or their relatives. The information on how to make a complaint also included details of external organisations, such as the Care Quality Commission and the Local Government Ombudsman.

The registered manager told us they had not received any complaints since the home was last inspected but was able to explain the action that would be taken to investigate a complaint if one was received.

Good

Is the service well-led?

Our findings

People and their relatives told us they felt the service was well-led and felt confident contacting the service. One person said, "If I had to rate them, I'd give them five stars; I'd recommend them". Another person told us they, "Liked the manager" and felt that she would listen to what he said. He said that the company, "Seems to be well organised". A third person said, "I would certainly recommend Better at Home to my friends". A family member told us, "In my opinion, it [the service] is very well run, a good service". They added that the manager would always get back to her if she had problems or issues and they were fairly resolved. Another family member said, "Office are fine when I need to speak to them. We're quite happy with the service".

There was a clear management structure which consisted of the provider, the registered manager, a deputy manager, a training manager, a team leader/care co-ordinator, an accounts manager and an administrator/personal assistant. Staff understood the role each person played within this structure. The management team encouraged staff and people to raise issues of concern with them, which they acted upon. There was the potential for people and their relatives to comment on the culture of the service and become involved in its development through regular opportunities to feedback, such as the spot check visits, client reviews and the quality assurance surveys.

Care staff were aware of the provider's vision and values and how they related to their work. Regular staff meetings provided the opportunity for the registered manager to engage with staff and reinforce their values and vision. Observations and feedback from staff showed the service had a positive and open culture. Staff spoke positively about the culture and management of the service. They confirmed they were able to raise issues and make suggestions about the way the service was provided in their one to one sessions or during staff meetings and these were taken seriously and discussed. One staff member told us the management team were supportive and would always respond if they had any concerns. They told us, "Yesterday I phoned the office about a person as I was concerned, the registered manager came straight out to support me". Another member of care staff said, "The registered manager is so supportive; I would not hesitate to go to any of the management team if I had any concerns". A third member of care staff told us, "You can definitely depend on the management team to get stuff done".

At our previous inspection in October 2015 we found the provider had failed to ensure there was an effective system in place to monitor the quality of the service provided. At this inspection we found there were systems in place to monitor the quality and safety of the service provided. These included regular audits of medicines management, daily records, care files, staff files and staff supervisions. The provider also used the feedback from spot-checks and service user questionnaires to understand the quality of the service provided. Where issues or concerns were identified remedial action was taken. For people's lack of understanding of how to raise concerns

The registered manager was responsive to new ideas. She has developed links with other registered managers on the Isle of Wight and subscribed to the monthly Care Quality Commission (CQC) newsletter.

The service had a whistle-blowing policy which provided details of external organisations where staff could

raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission (CQC) if they felt it was necessary.

The provider and the registered manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events regarding people using the service, in line with the requirements of the provider's registration. The rating from our previous inspection was displayed in the reception area of the service.