Care Quality Commission

Better at Home (IOW) Limited

Better at Home (IOW) Limited

Inspection report

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Ratings

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

Overall summary

The inspection was carried out on the 14, 22 and 28 October 2015. The provider was given 48 hours' notice of the inspection, which was given to ensure that the manager and the staff we needed to speak to were available. Better at Home provides a personal care service to people in their own homes. At the time of our inspection around 60 people were receiving the service.

The service had a registered manager. 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.

Sufficient staff were available to ensure people's care needs were met and contingency plans were in place to cover for staff absence. Staff felt personally supported by

Summary of findings

the management team and said the agency was like "a family". They were not always supported through regular supervision meetings, and concerns about staff practice were not always followed up in a timely manner.

The provider did not ensure that medicines were managed safely and records did not clearly show whether people received the medicines they required at the time they needed them. A system to monitor the quality of the service provided failed to identify issues that required improvement. People's views were not routinely sought and acted on.

People said they felt safe with care staff. They felt staff were confident and had the skills to provide their care safely. People said staff were caring and kind. They had built positive relationships with care staff and looked forward to them visiting. People were treated as individuals and their preferences and choices were respected. Staff knew what to do if they were concerned about a person's safety and always contacted the office to seek guidance if this was required.

Staff took care to protect people's privacy and dignity. They sought people's consent to care and supported people to remain as independent as they could be. Staff knew people's care needs well and had been well-trained. They assisted people to have enough to eat and drink, and contacted appropriate medical professionals when this was needed.

People said their care was planned with them. Risks to people's health and wellbeing were recorded and staff knew what action to take to provide care safely. Staff listened to and involved people when they were providing their care. If people had any concerns they got a good response from the office and complaints were taken seriously.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the providers to take at the back of the full version of the report.

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 not always safe.

Medicines were not always managed in a safe manner.

Staff were knowledgeable about the signs of abuse and how to respond to these. There were sufficient staff to meet people's needs and checks on their suitability were carried out before they started working with people.

Risks to people's health and wellbeing were assessed and managed. Staff knew how to care for people in a safe way.

Requires improvement 

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

Staff supervision was not regular or effective. Staff induction and training was comprehensive and staff were encouraged to gain further qualifications.

Staff respected people's right to choose and ensured they sought consent from people before delivering care.

People's health was monitored by staff and they took action to seek medical help where necessary. Staff supported people to eat and drink where necessary.

Requires improvement 

Is the service caring?
The service was caring.

People said staff were kind, helpful and respectful. They received care from regular staff who had built positive relationships with them.

Staff took care to protect people's privacy and dignity. They involved people in the way their care was planned and delivered. People felt listened to and staff provided comfort and reassurance where this was appropriate.

Good 

Is the service responsive?
The service was responsive.

People received care that was individual to them and their preferences were accommodated and respected wherever possible. Staff knew people's needs and routines well and supported people to be as independent as possible.

People had no complaints but were aware of how to make a complaint. When people requested a change to their care arrangements this was acted on.

Good 

Is the service well-led?
The service was not always well-led.

Requires improvement 

Summary of findings

Checks on the quality of the service provided were not always carried out effectively.

Staff felt supported personally and professionally and had access to advice and guidance from the management team.

The registered manager promoted an open culture and staff felt able to talk openly about their concerns with the management team.

Better at Home (IOW) Limited

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 14, 22 and 28 October 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the staff we needed to talk to would be available.

The inspection was carried out by one inspector. Before the inspection we reviewed information about the service, including the previous inspection report and notifications of deaths, incidents and accidents that the provider is required to send us by law.

We telephoned eight people using the service and visited two people in their homes. We also spoke with a relative. We interviewed four care staff, two office staff, the deputy manager and the registered manager. We reviewed care plans and associated records for 11 people and three staff files. We looked at the provider's policies and procedures, quality assurance records and the training record. In addition we spoke with two health professionals.

At our last inspection there were no concerns identified.

Requires improvement

Is the service safe?

Our findings

People felt safe with care staff. They said they had, "no concerns" about safety and that care staff, "know the risks and deal with them", "they look after me alright", and, "I trust them". A relative said, "they are vigilant when it comes to risks".

Medicines were not always managed in a safe manner. Medicines administration records (MAR) were brought in to the office on a monthly basis. The MAR 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. In a sample of MARs for four people over three months we found there were multiple gaps in the record. One person's record had 36 gaps in their record for one medicine in one month. Staff used codes to indicate why a person had not taken their medicine. This may be because they had 'refused', felt 'nauseous' or for an 'other' reason. Staff used the code 'O' for an 'other' reason on multiple occasions but had not documented what the reason was. In addition, some doses of medicine were signed as given to the person, at a time when they were not due. For example, staff had signed the MAR to confirm a person had taken three different medicines at lunchtime and teatime when they were only due to have the medicine at breakfast. The registered manager said the MARs should be checked when they come into the office each month but this had not been done. As a result it was not evident that staff were administering people's medicines in an appropriate and safe manner.

The failure to ensure medicines were administered safely was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A medicines policy was in place and people said they received the appropriate level of assistance without staff, "taking over". People said, "[Care staff] make sure I take my insulin before my breakfast", and, "[Care staff] always read the [MAR] chart", before supporting people to take their medicines. If people were able to take their own medicines but needed assistance to get the medicines out of the packet, staff did this and recorded that they had 'popped' the medicines but had not seen the medicines taken. Where people administered their own medicines, risks were assessed and measures put in place to keep people safe. Staff had researched what each medicine was for and the potential side effects. This information was kept in people's care files. As a result staff were aware if the person they were supporting was experiencing a side effect of a medicine they were taking, and knew what action to take in response.

A safeguarding policy was in place. Staff were aware of the signs of abuse and what to do if they were concerned for the safety of people they cared for. They could describe the individual signs that people may exhibit which would make them concerned about their safety and wellbeing. Investigations into allegations of abuse were thorough and carried out according to the provider's policy. Staff said, "Because I know my clients really well, I know the signs if they are not right", and, "[my client] is really shy, so I take extra care to know that she is feeling okay". Safeguarding allegations had been notified to the local authority safeguarding team.

Staff carried out risk assessments with people and recorded instructions in their care plan for staff to reduce the risks. These covered areas such as mobility and physical health and details were recorded which helped staff to care for people safely. If a person was using a new piece of equipment, such as a stand-aid, the training manager attended the call to ensure staff knew how to use this safely. People's care plans contained a front sheet which documented essential information about the person. This enabled paramedics or other health professionals who may not be familiar with the person's needs, to know how to care for the person if necessary. A plan for enabling each person to evacuate their home in the event of an emergency was included in people's care plans. One staff member had had to use this to evacuate two people when a fire risk was identified. They were able to do this safely using the plan.

Staff were knowledgeable about people's individual risks and described how they cared for people in a safe manner. They adjusted the way they provided care to ensure people were, and felt, safe. For example, one staff member said a person they cared for, "Sometimes didn't feel up to a shower; a bit wobbly". In this case they assisted the person to have a full body wash so they remained safe and comfortable.

The recruitment process was robust and checks on staff suitability to work in care provision were carried out before they were permitted to start work. These included

Requires improvement

Is the service safe?

references from their previous employers, and criminal record checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer decisions when recruiting staff to work in the provision of care. The interview process covered staff knowledge of appropriate conduct for care staff. This covered areas of social media, making financial transactions on behalf of people using the service and how to provide personal care.

There were sufficient staff to ensure people received the care they needed. Staff worked in areas local to them, and before a care package was accepted the care co-ordinator checked the rotas of care staff working in that area to ensure they had capacity. They also checked that if those care staff were on leave, or on sickness absence, there would be other care staff available to cover that call. This approach meant that the service was not overstretched. Several staff working in the office, and the registered manager, were qualified to provide personal care. In the event of staff absence at short notice they could attend to people's needs if necessary. There was enough staff to enable flexibility, to a limited extent, within staff rotas. Staff said that if they felt overloaded, they were able to tell office staff and some of their calls were rearranged for other staff to carry out.

Requires improvement

Is the service effective?

Our findings

People said their needs were met by confident and skilled staff. They said, "They know what to do, and they do it", "They do a really good job", and, "They [provide care] very well, just as I like it". A relative said, "[The member of staff] is confident; he knows what he is doing".

Staff supervision was not carried out regularly, and at times, had not been effectively used to make sure staff competence was maintained. Three staff files we reviewed showed that only one working supervision had been carried out, as well as an appraisal, for two staff who had joined the company in April 2015. The third had started working in March 2015, had had an appraisal and no supervision meetings. The registered manager said this was too infrequent and that plans were place to train other senior staff to carry out more regular supervisions. When issues had arisen around the conduct or quality of work of a member of staff, this was not always acted on appropriately. On two occasions clear issues were evident with the practice of two care staff regarding the quality of reviews of people's care and the manner in which staff treated people and neither of these had been addressed with the member of staff at their next supervision meeting. In one example, the staff member carrying out the supervision had recorded, "no concerns", and in the other when a staff member was accused of misconduct there was no record of the concern being addressed with them, or even mentioned, at their next supervision meeting.

The failure to ensure staff received regular and effective supervision and was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

New staff completed a thorough induction programme. This covered the agency's policies and procedures and training in topics such as infection control, safeguarding, manual handling, medication and equality and diversity. Following this, new staff 'shadowed' more experienced staff to learn from them. Initially this was arranged over three days, but this period could be extended if staff felt they needed more time. People confirmed this happened saying, "New staff come with the regular ones", adding that they used this opportunity to, "train them how I like things done". Once confident to work alone, new staff were enrolled on the Care Certificate course and several had recently completed this. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. New staff were supported by phone calls from the training manager or other senior staff. They said, "we encourage them to call the office; we let them know that if they call us it doesn't mean they are incompetent; we'd rather they did that then make a mistake".

Most staff training was delivered in-house and staff expressed appreciation for the way training was organised and delivered. They said, "it's really practical; you get scenarios that make you think". Training was followed up with written exercises to check staff were fully aware of how to apply what they had learned in practice. The training record indicated all staff were up to date with their training and this was confirmed by care staff. Some training was 'refreshed' every year for all staff. One of these was training in dementia awareness; the training manager said, "This is a growing need amongst our clients".

Where staff had indicated they would like further responsibility they were supported to achieve this. Achieving a care qualification was encouraged for all staff who wanted to enrol; 20 staff had completed a vocational care qualification and 21 staff were currently enrolled.

Staff were aware of the Mental Capacity Act 2005 (MCA) and how the principles applied to them. The MCA aims to protect the rights of people who lack capacity, and maximise their ability to make decisions or participate in decisions that affect them. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant.

Staff knew obtaining people's consent before providing care was important and they made efforts to assist people to make decisions for themselves where this was not easy. One staff member said they used a white board to help a person who could not hear well to make decisions. About another person they said, "[They] get very tired and then her capacity can fluctuate. I gently say, 'why don't we have a nice wash and then you can relax and watch TV', or 'would you like a quick wash and then go back to bed for a while?' I let her choose and go from there". When an NVQ assessor attended a call with a member of staff, the staff member said, "I checked with [the person] if she minded; she did; so I asked the assessor to wait outside".

Requires improvement

Is the service effective?

People's care plans showed when they were able to make decisions such as what to wear, what to eat and what activity they would like to engage in. People said they were asked for their consent and made choices for themselves. They commented, "I choose my breakfast; they make it; I choose what to wear and they help me get dressed". People had signed their care plans to indicate they were satisfied with the way care was planned for them. If people refused care this was recorded. Care staff said they would try and persuade the person in a gentle manner, but that ultimately, "You cannot force anyone; you try a couple of times; but you respect what they say".

Where people received support to prepare meals, staff provided the appropriate level of assistance. People said staff asked them what they wanted to eat and drink. They said, "They get me toast or something, whatever I choose", and, "They make sure I drink; two glasses of squash and a coffee". Mostly people had frozen ready meals and staff heated these in the microwave. Records showed staff were aware of the need to leave people enough to eat and drink, even if they were not hungry at mealtimes. They said, "[The person] was asleep; I made a sandwich and put it in the fridge and left him a note to look there".

Staff were vigilant to people's health needs and took appropriate action. One person said, "My carer got onto 111 because I was so unwell; they look after me alright". Records of care showed staff documented if a person was not feeling well, stating the person, "was still a little wobbly on their feet", or was, "feeling a little weary". This alerted care staff who provided support at the person's next call to be aware of the person's health needs. Staff called the district nurse or the person's GP where this was necessary. Health professionals said they were contacted appropriately, "whenever [care staff] had concerns." They also said that Better at Home staff, "worked with" them to ensure people's health needs were met and that the management team were, "reliable" when adhering to their advice.

Good

Is the service caring?

Our findings

People said care staff were kind, respectful and caring. They said, "We have a very good relationship", "They are respectful", "They're wonderful", and, "They are very good, excellent". A relative said, "They are ever so caring, and gentle; there are no inappropriate remarks; they treat [my relative] with respect; they don't talk down to him, or over his head to me". All the people we spoke with commented that staff were hard working, saying they, "went the extra mile", and were, "very helpful".

People said that, mostly, they received care from regular staff. They said, "I get the same [care staff] who comes early every day and helps me", and, "They are people I know, doing what I want". A relative said, "[My relative] gets a regular [care staff], the same one every time, for showering, and then the same couple of girls for everything else". As a result staff knew the people they cared for well, and had built positive relationships with them. One care staff said of the person they regularly cared for, "[The person] is fussy, but I completely understand that because I would be". Another commented, "I always have a bit of joke with [the person]; I know what she likes, certain ways to be creamed; I know their little ways".

Staff comforted people when they became distressed. They provided reassurance and appropriate physical contact to help the person feel calmer, and that they were cared for. Staff said, "I know if [the person] has been crying; I reassure her; talk about things she has to look forward to". Another said they had arrived at a person's house and found them, "sitting in the dark, crying". They stayed with the person reassuring them and left them, "feeling fine". When a person got forgetful and found this distressing staff said, "I helped her to walk around her flat so she can see she is at home; I asked her if she had eaten. She wasn't sure so I made her a meal". They went on to talk about things that were familiar to the person, visits to family members etc. The person said to the care staff, "You always make me feel better". Another person told of how they had become distressed when telephoning the office. A member of staff came to visit them immediately and spent an hour, "just chatting; I felt much better". Other people said, "I confide in them a lot; there are a couple I can really talk to", "Nothing is too much trouble", "We have a great rapport", and, "They are very friendly; I like them all very much".

People said staff respected their opinions and involved them in the way their care was planned and delivered. One person, who, at first, was reluctant to have assistance with personal care, said they had been, "gently encouraged" to accept this and was now happy with the way this support was provided by staff. A relative said, "We went through all [my relative's] needs; everything we wanted was put in place". People commented, "They always ask me if I need anything else, and they do it if I have", and, "They are more than happy to do extra things for me if I can't manage it". Staff said, "I like to give [the person] as many options as possible; they don't speak up so it's important I really know what [they] want".

Staff were aware that protecting people's dignity was important. They ensured people were not unnecessarily exposed when providing personal care. People said, "The doors are always closed", and, "They cover me up with towels and close the curtains" during personal care. One person said that since having an accident they were less able, commenting, "It's been very difficult; I spoke to [care staff] about it; they made me feel so much more comfortable; happier; more dignified". A staff member who supported a person to eat had arranged to have someone support them to eat, "so I would know what it was like; then I thought of ways to make [being supported to eat] a better experience for [the person]".

Good

Is the service responsive?

Our findings

People received personalised care that met their individual needs. They all said that their needs had been discussed with them and their care was delivered in accordance with their preferences. People commented, "We have added extra calls for more support; they've sorted that out for us". A relative said, "When the manager did the assessment, they took a person-centred approach and all the staff we see have definitely taken this on board". A health professional said that people received care that was, "personal to them" and that their advice was, "put into place promptly".

People's care plans showed care was planned according to people's individual needs and daily records of care confirmed care was delivered in line with this. People's medical history, cognitive ability, preferences for dietary needs and personal appearance were all recorded; details such as the order in which they liked to be supported to carry out tasks such as brushing teeth, having creams applied and putting on their nightwear were recorded and staff knew these well. Staff said, "People like routine; things in a certain place, in a certain way", and they respected this.

People's care plans were reviewed to ensure their needs continued to be met in the most effective way. Office staff said they had a clear schedule for the review of care once care staff began visiting the person. On the third or fourth day staff would telephone the person to check they were happy with their care. People had the opportunity to opt out of frequent reviews and select the frequency at which their care would be reviewed with them if their needs had not changed significantly. Records showed care reviews had not always been carried out at the specified intervals. Some paperwork was missing from people's care files. The registered manager said they would retrain senior staff to ensure they carried out reviews in a timely and effective manner. However, staff were familiar with people's needs and people said their care needs were met.

Staff were aware of the need to encourage people to remain as independent as possible. Care plans recorded the level of support people needed for different tasks such as mobilising inside and outside the home, getting into and out of bed, and their ability to use stairs. One person's care plan stated they were able to 'get up slowly' unsupported which informed staff how to assist the person safely whilst helping them to maintain their independence. In some cases care plan instructions were very specific and indicated a high level of awareness of enabling people to do as much as possible for themselves, even when this took more time than care staff doing it for the person. Care staff said of one person, "They like to put the sling handles on the hoist themselves, so we wait for them to do that and then check it is safe before proceeding".

When people expressed a preference for a male or female care staff this was organised wherever possible. A relative told us they were, "very impressed" with this arrangement as it was, "really important" to their family member. Other people said they were given choices of what shower crème they wanted to use, how they wanted their hair arranged, or what colour of clothes they wanted to wear. They said being given choices was essential to them and made them feel cared for as a person. People said they were provided with care at the time of their preference, and care staff always arrived within half an hour of the time on the rota which was the policy of the agency.

A complaints policy was in place which indicated when a response could be expected and who to contact if the person was not satisfied with the response. A complaint received this year had been dealt with according to the policy and the complainant had indicated they were satisfied with the response they received.

Although people said they had no complaints they were aware of how to complain and felt confident that the agency would take complaints seriously. People said they had telephoned the office and requested changes to their care and action had been taken in line with their request. They said, "You get good response from them; there's a couple I can really talk to", "I phone up if I want anything changed; I am quite happy with them; I wouldn't want to complain at all", and, "I said I didn't want the young [care staff] to shower me; I get the more mature ones now". Others commented, "I'm outspoken, so I would just come out and say what's wrong. I am more than happy with the service", "I have never had to complain at all", and, "I can't fault anything. They are all so nice".

Requires improvement

Is the service well-led?

Our findings

People expressed confidence in the registered manager and the management team. They said, "I am very pleased with everything; my daughter arranged it and I can't fault it", "They are very efficient", and, "A relative said, "I've known them a long time. I am impressed with them; nothing is too much trouble". All the people we spoke with said they would recommend Better at Home care.

The management team carried out spot-checks on care staff in order to monitor the quality of the care being provided. These were unannounced and covered the staff member's appearance, the way they interacted with the person they cared for and their punctuality.

The registered manager said that all people using the service had been asked to complete a survey earlier in 2015. However, they, and office staff, were not able to locate the responses from people and evidence that they sought and acted on people's feedback. Some people we spoke with said they had regular care reviews and others said they had not and would appreciate having a face to face discussion about their care. Whilst some people were confident and able to contact the office if their care needs changed, some people were not and this could result in their care needs and preferences not being as up to date as they would like. The registered manager was not aware that audits of care records, care reviews, and MARs were not being carried out according to their requirements. Staff had not been allocated the responsibility to carry out these quality assurance measures and were not sure who should be doing them. As a result, some people's care was not monitored; issues had not been identified or addressed to ensure the service improved.

The failure to have systems in place to assess, monitor and improve the quality and safety of services was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The philosophy of care at Better at Home included that all people should be treated with respect; skilled care that upholds people's rights; respecting people's privacy whilst offering individual choice and personal decision-making'. Staff were familiar with this philosophy and described how they ensured the care they provided lived up to it. The registered manager said they had developed a culture that was, "friendly, reliable and supportive" and this extended to relatives of people receiving care if this was appropriate. People could telephone, email, write or visit the office if they wished to. The registered manager was aware of their responsibilities in relation to duty of candour and a policy was in place for this. Duty of candour is a requirement that providers of care must be open and honest with people receiving care, when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology.

The registered manager and other management staff made themselves available for support and guidance. They said staff could, "come in at any time" to discuss anything that was on their mind. We saw this occurred on the days of our inspection. A friendly and welcoming atmosphere was promoted and staff felt at ease to ask for help and advice. Staff felt supported, as a team and as individuals, by the registered manager and the management team. They said, "I feel really supported; everyone here is so nice to me", "We are a small company; it's like a family", "The manager and office staff are always willing to listen. Any worries or issues we have, they will sort out and get back to us", and, "They are personally supportive as well as professionally". Staff said changes to their rota were accommodated wherever possible and that as a team they, "rallied round" for each other.

Staff feedback was sought and acted on. Every three months staff attended meetings to discuss their workload. Staff had requested more comprehensive feedback from spot-checks, including what they did well and what they needed to improve on, rather than a tick-box approach. This was acted on and a new form was put in place to record this information. The registered manager reminded all staff by letter of issues they needed to be aware of, such as changing their rotas, how to report sick leave, and attending training. A weekly newsletter was sent out to remind staff of important issues, and also to let them know of changes to the care needs of people, such as health issues or if new equipment was now in place. A staff survey carried out in March 2015 indicated a high level of satisfaction from staff about the way the service was run.

Staff were aware of whistle-blowing and felt they would be supported if they drew attention to poor care practice by their colleagues. Records showed staff felt free to raise concerns with the management team and staff said they would not hesitate to be open and honest about issues. However, the registered manager was unaware that all

Requires improvement

Is the service well-led?

allegations of abuse should be notified to the Care Quality Commission. As a result the Commission had not been informed of all allegations. The registered manager said they would ensure these were notified to the Commission from now on.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment People's safety was at risk because the provider had not ensured that medicines were administered safely. Regulation 12 (2) (g).

Regulated activity	Regulation
Personal care	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider failed to ensure staff received timely and effective supervision. Regulation 18 (2) (a).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider failed to operate systems to monitor the quality of the care provided. Regulation 17 (1), (2) (a).

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.