

Support at Home Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced comprehensive inspection took place on 05, 11 and 18 January 2017.

The service provides personal care to 48 people, in their own homes.

The service requires 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.

Support at Home had a registered manager who had been in post for several years.

The service used safe systems for recruiting new staff. These included checking references and a criminal conviction check using the Disclosure and Barring Service (DBS) for criminal records.

People told us they were happy about all the aspects of their care and support in their own homes. We found that the service was adequately staffed, with competent and trained staff members. They had an induction programme in place that included training staff to ensure they were competent in the role they were doing at the service and received on-going training. Staff told us they felt supported by the senior staff and the registered manager.

The care was person centred and individual to each person's needs and staff and senior managers kept accurate and up to date records of the care they delivered. Staff knew how to safeguard people from abuse and report any concerns.

Risk assessments were carried out for people and where they needed help, were given support to administer their medication.

The service was monitored effectively for quality and people using the service were listened to and treated with respect and dignity. Any complaints were dealt with effectively and the outcomes were recorded.

The provider had complied with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and its associated codes of practice in the delivery of care. We found that the staff had followed the requirements and principles of the Mental Capacity Act 2005 (MCA). Staff we spoke with had an understanding of what their role was and what their obligations were in order to maintain people's rights and were aware of the differences in the implementation of the MCA in a person's own home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

There was appropriate recording and administration of medication when necessary, which was stored safely in people's homes.

Staff had been recruited safely. Disciplinary and other employment policies were in place.

Safeguarding policies and procedures were in place. Staff had received training about safeguarding vulnerable people.

There were risk assessments in place for people who needed them.

Is the service effective?

Good ●

The service was effective.

All staff had received training and had been provided with an on-going training plan. They had good knowledge of people's needs.

Staff received good support, with supervision and annual appraisals taking place.

The service followed the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

We saw that staff respected people's privacy and were aware of how to protect people's confidentiality. We observed that staff were caring.

People we spoke with praised the staff. They confirmed to us that staff were respectful, very caring and helpful.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred, up to date and informative. The information provided sufficient guidance to identify people's support needs.

The complaints procedure for the service was up to date and available. Complaints were responded to appropriately.

People told us their individuality was promoted and their independence was enabled.

Is the service well-led?

The service was well-led.

There were systems in place to assess the quality of the service. People who received the service, their relatives and staff, were asked about the quality of the service provided.

Staff were supported by the registered manager and senior staff who were respected.

The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Good 

Support at Home Ltd

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced comprehensive inspection took place on 05, 11 and 18 January 2017 and was carried out by one adult social care inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to our visit in September 2016, we also looked at other information the Care Quality Commission (CQC) had received about the service including notifications received from the registered manager. We checked that we had received these in a timely manner. We also looked at whether any safeguarding referrals, complaints and any other information from members of the public had been received by us. We had not received any information of concern about the service. We checked with the local authority to see if there was any information we should consider during this inspection.

We visited the offices of the service on 05 January, 2017 and two people agreed to see us in their own homes. These visits took place on 11 January 2017. We spoke to a further four people by telephone on 18 January and we spoke with six relatives over that time period. We spoke with the registered manager, care manager and three support staff.

We viewed six care files, three recruitment files and other documents and policies relating to the running of the service.

Is the service safe?

Our findings

When we asked if people felt safe with their support staff, one person told us, "Oh yes, very safe. I am diabetic and had a couple of 'hypos' recently and luckily the girls spotted them".

A second person said, "They are 100% safe and I know they get safeguarding training".

Another said, "I've always felt safe and secure with them".

Staff demonstrated that they had an understanding of the arrangements for safeguarding vulnerable adults. There were able to tell us about abuse and how to report it. We saw that the safeguarding policy followed local safeguarding protocols. Staff told us that if they had any concerns about any allegations of abuse or neglect they would report this to the senior staff member on duty immediately and most staff also knew that they were able to report it to the local authority or to CQC. One staff member told us, "The safeguarding training was brilliant. We had a slide show a discussion and a booklet and we have an 'app' on our phones to use if we have a concern about safeguarding, or need to whistle blow. It also has all the policies and procedures and contact numbers to use to report a concern. We've also got a safeguarding co-ordinator". One of the people we spoke with told us, "I am very safe with them, very much so".

The staff were aware of the whistleblowing policy and told us they would have no hesitation to use it if required. We saw that the staff handbook contained information about duty of care, safeguarding and whistleblowing. The staff handbook contained clear guidelines about safeguarding policy and procedures. Records showed that all staff had completed training about safeguarding adults. Staff were able to tell us about safeguarding and how to prevent it or report any concerns.

A relative told us, "Yes, Mum is safe in their care. If there is anything I am concerned about, I phone the office and they always get back to me straightaway and sort it".

We viewed the rotas for the service between 26 December 2016 and 22 January 2017 and saw there were sufficient staff on duty to meet the needs of the people receiving the service. However, some people told us that occasionally staff would be late for their calls, but most of them also told us they understood that sometimes this was inevitable, due to a problem with the previous call, or traffic. One person said, "Everyone has blips, or goes off sick. They [the service] will always sort things for you". Another person said, "They promised me consistency, but I don't get it. I had between 10 and 15 different carers in one week". However, we did not see this evidenced in the rotas we viewed. We also saw from the rotas that one staff member was planned for each week to provide emergency cover and that they did not have specific people to support. One person told us, "They always seem to have enough staff. They are never rushed".

We later discussed the people's perceptions of their care packages with the care co-ordinator who told us the service would try and become better at communication about the service it provided.

People told us they were sure the staff were recruited properly. One person told us, "They [the service] were

very good at getting the right staff". When we looked at staff recruitment files we saw that staff had been recruited using safe recruitment methods. There had been an appropriate application and interview process and before any staff member had started in employment there had been checks made on any criminal convictions and their previous employment history. We saw that there were appropriate employment policies and procedures in place, such as grievance and disciplinary procedures. A relative told us, "They choose their staff well. They are all very pleasant and good".

Many people who used the service administered their own medication. One person told us, "I administer all my own medication". Another said, "I oversee all my medication most of the time, but I know the staff are trained if they ever have to help me with it". For those who required help to administer medication, medication administration records (MAR) were kept in their homes and staff had recorded accurately and properly which medication and how much of it had been administered. We saw from the training information that the majority of staff had had medication administration and infection control training and most of this training had been in recent months. This meant that most staff were up to date with these procedures. The senior staff audited MAR sheets and medication for those people they supported with medication administration, monthly.

We saw that accidents and incidents were recorded and dealt with appropriately. Where people were at risk; for example, with respect to the internal or external environment, risk assessments had been incorporated into each person's care plan and arrangements put into place to minimise any risks to people's health safety and welfare. One relative had written in a recent feedback, '[Name] is so loyal, reliable and faithful...puts Dad first. I've never had a carer like them'.

We noted that staff were well equipped with personal protective equipment, such as gloves and pinafores. One person told us, "The office always makes sure they have plenty of gloves. They [staff] always wear them".

Is the service effective?

Our findings

One person who received the service told us, "The staff are well trained".

A relative said, "They are all very good. They remember what [Name] likes and needs and they are fine".

Another relative told us, "Staff are always attending training"

We looked at staff records. We saw that new staff received the provider's induction programme, which gave key training such as safeguarding, infection control, moving and handling and health and safety. We noted that staff had attended a range of additional and ongoing training including person centred care, mental health, first aid, privacy and dignity, care planning, dementia and moving and handling. Staff were also encouraged and enabled to obtain other health and social care qualifications run by the 'Skills for Care' organisation.

A person we spoke with told us, "My carers are very good; yes, they are competent. They are all properly trained, because if someone else fills in, they do the same things". A staff member told us, "I've done all the training you can think of. Its good overall training; they cover everything. Its 'hands on' training; it's really good". They went on to tell us that the staff all did regular refresher training. The staff member told us, "All mine is up to date".

A relative told us, "My carers for my mum are very good. They are competent and well trained. They know about her condition and how best to deal with it".

One feedback form said, 'Team are excellent, skilled and personable'. Another commented, 'I cannot begin to thank you enough for the amazing support you gave to my mum and dad at home'.

We saw evidence in the records that staff were regularly supervised by their line manager. One staff member said, "I have regular; about every two to three month, supervisions. It's a very good meeting".

We were told by the staff we spoke with that they had received an annual appraisal. They told us that they felt supported and that they could talk to the manager or senior staff about any concerns they had. We were also told that staff meetings were held at times when information was required to be shared from the management. We saw evidence to confirm this. The service also produced a monthly staff newsletter to keep staff informed of any issues or changes and developments in the service. Staff were also able to be nominated for employee of the month awards which recognised their good practice.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least

restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this was in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). In a domestic setting, such as for people living in their own homes, this process is by application to the 'Court of Protection'.

We checked whether the service was working within the principles of the MCA and found that it was. The registered manager and the staff we spoke with were knowledgeable about the MCA and its principles and application. The service and the provider trained all the staff and produced guidelines on the MCA to ensure that staff knew how to respect a person's legal right to consent to their care and treatment.

People were encouraged to have a healthy diet. Some people used a 'ready prepared' meal delivery company to supply their meals. One person told us that the staff were always checking to make sure the food had been sufficiently heated to ensure safety and that staff were always encouraging them to drink fluids. One person told us, "I have freezer meals; they [staff] always heat and serve them properly".

Is the service caring?

Our findings

One relative told us, "They are lovely. I can't fault them, every one of them. I can't".

The 'Skills for Care Code of Conduct', which is for health and adult care staff, was given to new staff members. This directed staff to be accountable, to uphold people's dignity, privacy, confidentiality and rights and to promote the health, safety and wellbeing of people who use health and care services and their carers. The Code is based on the principles of protecting the public by promoting best practice. It ensures that staff work to standard and provide high quality, compassionate healthcare, care and support. Support at Home worked to these standards, the registered manager told us. Staff had to adhere to the code in their employment with the service.

One person told us that, "Staff are brilliant. They stepped in when [my relative who was visiting me] needed extra support. They were superb".

People and their relatives told us that this was the case with the care they received from Support at Home staff. One person said, "They [the service] are the best care company I have ever had" They went on to tell us, "The girls are absolutely fantastic with me. They know exactly how to care for me. They are so good, they are fantastic. Sometimes the office gets a bit busy, but they are very nice in the office too. On a par, yes they are the best care company I have had and I've had a few".

A relative told us, "They are good and caring and treat us well. Yes, they are smashing".

Another relative said, "They understand about dementia. They show compassion. They know how to deal with difficult situations".

Another relative said, "Generally speaking, I am reasonably happy. All the carers are very nice with my mum; she has dementia. We are very dependent on them for the care she gets. We are happy with that".

One person however, complained to us that there was sometimes a lack of communication between the office and them, particularly if a carer was going to be late for the call. They said that "The office is a bit iffy; they don't always phone to tell you if they are running late".

People were supported to attend healthcare appointments in the local community. Staff monitored people's health and wellbeing. Staff were also vigilant in noticing changes in people's behaviour and acting on that change. One person told us, "Overall, I am happy with communication and flexibility and added, "If you need to change anything, they will do it. They will go with you to hospital appointments, that sort of thing".

We observed that staff knew people well and were able to communicate with them and meet their needs in a way that each person wanted. We noted that staff communicated well with people and their relatives and heard staff addressing them in the manner they preferred.

We saw that staff were patient and supportive to the people and their relatives who were receiving the service.

We saw that the entries that they have made in the person's daily records, which were kept in their home, demonstrated a clear understanding of the needs of that person and that they reflected that the staff member cared about their welfare.

Is the service responsive?

Our findings

One person told us, "They treat me like a person, an individual" Another said, They are very supportive and one in particular knows me well and is excellent".

Another person told us, about the service they received from Support at Home," It's definitely personal".

We saw comments sent to the registered manager such as, '[Name] has looked after me beautifully; she is so kind and sensitive. No praise can be too high for her'.

Staff received training in person centred care and we saw that the care files we looked at, were written in a person centred way. We observed that the staff's support, care and approach to the people being supported by the service was individualised and knowledgeable. It was clear from people's care records that staff knew them well.

People who used the service provided by Support at Home were treated as customers, we were told by the registered manager and other staff. There was a 'customer care plan' for every person who received a service from Support at Home. This had been recently introduced as an 'on line' or electronic file for the most part, although at the time of this inspection, was a transitional period and some files were still maintained as paper versions.

This customer care plan was used to record details of requirements and needs, the time and date of every visit to the home, the services provided and any significant occurrence such as a record of visitors to the home whilst carers were in attendance. It also recorded any financial transactions undertaken on behalf of the person, any changes of their circumstances, changes in health or physical condition, accidents or other incidents, prescriptions collected on a customer's behalf and any other information which may be required to ensure consistency in provision of service.

There was mixed reaction to the security of the online version of the care plan; some people mistrusted it. We were told by the management of the service that if people chose, their records could still be paperless. We discussed with them that there appeared some confusion over this option and the registered manager agreed to provide more information about this option.

We looked at people's care plans. These contained personalised information about the person, such as their background and family history, health, emotional, cultural and spiritual needs. One person told us their and their relative's views were considered when the service was formulating their care plan and they said, "I was involved and my daughter contributed; it's very good and personal".

People's needs had been assessed and care plans developed to inform staff what care to provide. The records informed staff about the person's emotional wellbeing and what activities they enjoyed. The plans were effective; staff were knowledgeable about all of the people they delivered the service to and what people liked to do. Those people told us that there were positive outcomes from the support they received

from the service, such as being able to continue to be independent with the knowledge that there was always a safety net because staff were responsive.

People's needs were formally reviewed regularly or as requested. There were records in the care plan records to show that senior staff had assessed the person and had amended the care plan if there were any changes. All the people receiving the service and their relatives, said they were happy with the care. All the relatives we spoke with told us that they were involved in the care review process and that the care provided was what was agreed.

The service maintained a record of concerns and complaints or issues and investigations and outcomes. There were only a few minor complaints, but all had been investigated and a solution had been found. One person told us, "On occasions, the right hand doesn't know what the left is doing, but since I complained, they are much better".

There was a record of compliments. We also looked at the many compliments from relatives, friends and other visitors comments made which as an example, included, 'From the first time I spoke to you, I knew there was something special about your service that you could provide' and 'I cannot begin to thank you enough for the amazing support you gave to my mum and dad at home'. There were many complimentary comments about the staff, their competency and their responsiveness to any changing situation.

People told us that there was good communication between health and other social care providers involved in their care. "They just sort it out for me" was said to us, by one person.

Is the service well-led?

Our findings

A person who used the service said, "The manager is brilliant; this is the only company I have never had a fight with. Everything is always done properly. [Name of registered manager] will always come to see me; they never let me down".

A staff member told us, "[Name of the registered manager] is really good".

The registered manager and the staff had a clear understanding of the culture of the service and were able to show us how they worked in partnership with other professionals and family members to make sure people received the support they needed. We spent time talking with the registered manager and they told us how committed they were to providing a quality service.

There were effective systems in place to assess the quality of the service provided by the service. These included medication audits, staff training audits, health and safety audits and training audits. We looked at the recent audits for the year 2016 to the date of our inspection. We saw records which evidenced that senior staff had evaluated and improved the service as a result of the audits. The registered manager informed us that they and the senior staff acted on issues immediately.

We looked at the ways people were able to express their views about the service and the support they received. One person told us "They always ask if everything is OK".

We saw that people were encouraged and enabled to make good community links.

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the service had informed the CQC of some events in a timely way. This meant we could check that appropriate action had been taken. However, on cross checking the records we saw that some events had not been reported to us as required. We discussed and clarified the legal requirements of sending statutory notifications through to CQC and the registered manager told us the situation would improve. Otherwise, the service met the registration requirements. They had also made appropriate referrals to either the local social services or local healthcare providers, as necessary.

Staff told us the registered manager and the senior carers were easy to talk and open and transparent. They told us they had a good relationship with them. One said, "They have an open door policy".

We saw that the service had various policies and procedures related to its running, staff and its practices. The service had systems and process's to make sure it operated safely, to ensure compliance with the legal requirements.

People we spoke with, overall, complimented the service and told us that the service was well managed and that the management was approachable and transparent. One relative told us, "They are very good. There have been a few little issues but [the registered manager] will be on the case". Another relative said, "If there

is anything I am concerned about, I know I can ring the office and discuss the problem".