Care at Home Services (South East) Limited

Care at Home Services (South East) Ltd - Canterbury, Herne Bay & Whitstable

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

The inspection was carried out on 30 October 2017, and was an announced inspection.

Care at Home Services provides care and support to a wide range of people including, older people, people living with dementia, and people with physical disabilities. The support hours varied from 24 hours a day, to a half hour call and from one to four calls a day. Some people required two members of staff at each call. At the time of the inspection 167 people were receiving care and support from the agency.

There was a registered manager employed at the agency. 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.

At our previous inspection on 24 and 25 October 2016, we found continued breaches of Regulation 12 and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action and issued out two warning notices. Care and treatment was not provided in a safe way for people because the provider did not have sufficient guidance for staff to follow to show how risks to people were mitigated. There was a risk of people not receiving their medicines as prescribed. The provider had failed to ensure that people were receiving their medicines safely. The provider had failed to ensure that suitable systems and procedures were in place in order to assess, monitor and drive improvement in the quality and safety of people. The provider had failed to mitigate risks relating to health, safety and welfare of service users. The provider had failed to ensure that people were protected against the risks of unsafe or inappropriate care arising from a lack of proper accurate records.

We also found breaches of Regulation 9 and Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to make sure that people received person centred care and treatment that was appropriate, meet their needs and reflected their personal preferences. The provider had failed to ensure that people's capacity was assessed in line with the Mental Capacity Act 2005.

The provider sent us an action plan on 09 January 2017, which showed they planned to make the changes and meet regulations by May 2017.

At this inspection the provider had made improvements and they had met the warning notices.

The provider carried out risk assessments when they visited people for the first time. Other assessments identified people's specific health and care needs, their mental health needs, medicines management, and any equipment needed. Care was planned and agreed between the agency and the individual person concerned. Some people were supported by their family members to discuss their care needs, if this was their choice to do so.

Effective systems were in place to assess and monitor the quality of the service. There were formal checks in place to ensure that all records were up to date. Care plans and assessments had been consistently reviewed.

Staff treated everyone with respect. They involved people in discussion about what they wanted to do and gave people time to think and made decisions. People told us that staff were caring.

The agency provided sufficient numbers of staff to meet people's needs.

The agency continued to have suitable processes in place to safeguard people from different forms of abuse. Staff had been trained in safeguarding people and in the agency's whistleblowing policy. They were confident that they could raise any matters of concern with the registered manager, or the local authority safeguarding team.

The agency continue to have robust recruitment practices in place. Applicants were assessed as suitable for their job roles. Refresher training was provided at regular intervals.

All staff received induction training which included essential subjects such as maintaining confidentiality, moving and handling, safeguarding adults and infection control. They worked alongside experienced staff and had their competency assessed before they were allowed to work on their own.

Procedures, training and guidance in relation to the Mental Capacity Act 2005 (MCA) were in place which included steps that staff should take to comply with legal requirements. Staff had a good understanding and awareness of the Mental Capacity Act.

People were supported with meal planning, preparation, eating and drinking. Staff supported people, by contacting the office to alert the provider to any identified health needs so that their doctor or nurse could be informed.

People said that they knew they could contact the provider at any time, and they felt confident about raising any concerns or other issues. The provider carried out spot checks to assess care staff's work and procedures, with people's prior agreement. This enabled people to get to know the provider.

Staff had received regular individual one to one supervision meetings and appraisals as specified in the provider's policy.

There were a range of policies available at the agency, which provided guidance and support for staff. However, these policies and procedures did not include specific detail on how the policies and procedures would be assessed, in terms of practice and timescales. We have made a recommendation about this.

Staff spoke positively about the way the agency was run. The management team and staff understood their respective roles and responsibilities. Staff told us that the registered manager was approachable and understanding.

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.

Staff were informed about safeguarding adult procedures. The provider had appropriate safeguarding policies and procedures in place.

The staff carried out environmental risk assessments in each person's home, and individual risk assessments to protect people from harm or injury.

Accidents and incidents were monitored to identify any specific risks, and how to minimise these.

Staff were recruited safely, and there were enough staff to provide the support people needed.

Is the service effective?

Good

The service was effective.

Staff had received training relevant to their roles. Staff had received supervision and support from the management team.

People gave us positive feedback about the choices they were supported to make and the support they received at meal times.

Staff had a good understanding and awareness of the Mental Capacity Act.

People received medical assistance from healthcare professionals when they needed it.

Is the service caring?

Good

The service was caring.

People felt that staff provided them with good quality care. The agency staff kept people informed of any changes relevant to their support.

Staff protected people's privacy and dignity, and encouraged

them to retain their independence where possible.

Staff were aware of people's preferences, likes and dislikes.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

Systems were in place to ensure staff were responding to people's needs. Changes in people's needs were quickly recognised with action taken.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

The service had a complaints policy and people were aware of how to make a complaint.

Is the service well-led?

Good

The service was well-led.

The service had an open and approachable management team.

Staff were supported to work in a transparent and supportive culture.

The service had an open and approachable management team. Staff were supported to work in a transparent and supportive culture.

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

Care at Home Services (South East) Ltd - Canterbury, Herne Bay & Whitstable

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 announced inspection took place on 30 October 2017. The provider was given 48 hours' notice of the inspection as we needed to be sure that the office was open and staff would be available to speak with us. The inspection was carried out by one inspector. and an expert by experience who made phone calls to people who used the service of the agency. An expert by experience is a person who has personal experience of using similar services or caring for older family members.

Before the inspection, we looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to plan our inspection.

We visited the agency's office in Herne Bay area of Kent. We spoke with 24 people who received support in their own homes from the agency and three relatives. We spoke with the registered manager and the operations director, who supported the manager with the inspection. We also spoke with three care workers and two care coordinators.

During the inspection visit, we reviewed a variety of documents. These included ten people's care records, care plans, health care notes, risk assessments and daily records. We also looked at five staff recruitment files, records relating to the management of the service, sample of audits, satisfaction surveys, staff rotas, policies and procedures.

We asked the registered manager to send additional information after the inspection visit, including training records, details of planned staff appraisal, a sample of audits and management meeting minutes. The information we requested was sent to us in a timely manner.

Good

Is the service safe?

Our findings

At our previous inspection on 24 and 25 October 2016, we found a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action and issued warning notices. Care and treatment was not provided in a safe way for people because the provider did not have sufficient guidance for staff to follow to show how risks to people were mitigated. There was a risk of people not receiving their medicines as prescribed. The provider had failed to ensure that people were receiving their medicines safely.

The provider sent us an action plan on 09 January 2017, which showed they planned to make the changes and meet regulations by May 2017.

At this inspection, we found there had been improvements. Care and treatment was provided in a safe way for people. The provider had sufficient guidance for staff to follow to show how risks to people were mitigated. The provider improved the service by ensuring that they did all that was reasonably possible to mitigate risks to people's health and safety and ensured a proper and safe management of medicines.

All the people spoken with told us that that they felt very safe with this agency and the carers that visited them. They also stated that, for the most part, they have the same carers, which meant that they get to know and trust them, and that really helps them to feel safe. One person said, "They are all really good, I wouldn't change them for anything".

Relatives spoken with unanimously felt that their family members were safe with the staff. They were very happy to speak at length and were all very complimentary about the level of care received by them and their loved ones from the agency.

At the previous inspection, risks relating to people's care and support had not always been adequately assessed. Some people were living with potentially unstable health conditions such as diabetes. The risks associated with this condition, such as people's blood sugar levels becoming too high or too low, causing them to become unwell, had not been assessed. There was also a lack of guidance for staff to follow about what to do if people's sugar levels were too high or too low. At this inspection, we found that there were detailed information gathered at the assessment stage for staff on such conditions as diabetes. This was supported with National Health Service (NHS) guidance on the management of diabetes, including types, signs, symptoms and urgent actions to take if required. These were written in a person centred way. For example, the care plan stated, '[The person] has type one diabetes and is insulin dependent. If [the person] goes into a hyperglycaemia, give me two glasses of water'. 'If they fall into hypoglycaemia, give me sugar or banana'. A 'hyper' means that someone's blood sugar levels are too high, which could cause someone to become unwell and a 'hypo' means someone's blood sugar levels are too low. This showed that there were detailed guidance in place for the management of diabetes for staff. One person stated in their telephone monitoring carried out on 27 October 2017, 'since receiving care from the agency, I have not had a 'hypo' or 'hyper' crisis. Thank you to the staff'.

Risks relating to people living with epilepsy had been assessed. Measures had been put in place to ensure that people were receiving the care they needed. Some people had seizures and there was information for staff about what their seizures may look like, such as, '[the person] may clutch onto their chair and become very stiff in posture'. We found that there were detailed information and guidance for staff on what may trigger a seizure and what staff should do if a person had a seizure whilst they were there. Care plan summary had information about the epilepsy, it's triggers, signs and symptoms for staff.

People's individual risk assessments included information about action to take to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home and transferring them in and out of their bed or to a wheelchair. Risks assessments had been reviewed regularly and also when circumstances had changed. These made sure people with identified risks could be cared for in a way that maintained the safety of the person and the staff assisting them. For example, each person had a risk assessment relating to pressure area care in their care plan. These were accurately completed. Daily notes were documented alongside body maps to show where the pressure sore was. There were detailed guidance in place for staff about what action to take if this person's skin became sore. Other detailed risk assessments were in place that guided staff on what action they might need to take to identify, manage and minimise risks in order to promote people's safety and independence. The risk assessments we looked at included the risk of falling, manual handling, finance and medication. They showed how the person might be harmed and how the risk was managed. We saw that risk assessments had been regularly reviewed and updated when people's needs changed.

Staff knew how to inform the office of any accidents or incidents. They said they contacted the office and completed an incident form after dealing with the situation. The registered manager viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe.

Previously, there was a risk of people not receiving their medicines as prescribed. The provider had failed to ensure that people were receiving their medicines safely. We found that there was a policy and procedure in place in relation to the safe administration of medication in people's own homes and the registered manager told us staff had to complete medication training before being allowed to administer medicines. This was confirmed by the staff we spoke with. We found the medication administration records [MAR] we looked at had been completed correctly by staff and were returned to the office on a monthly basis for audit purposes. Records showed that people had received their medicine at the correct time and there were no gaps in the MAR we looked at.

Each person had a medication profile in place which included information about the medicine prescribed and any possible side effects. Protocols were in place for medicines prescribed on an 'as and when required' (PRN) basis. These provided guidance to staff on the circumstances under which the PRN medicines could be administered. For example, one person was prescribed a medicine to treat headache, which was only to be administered PRN. The protocol in place made it clear to staff the medicine should only be administered as a last resort.

People who used the service and their relatives told us they received their medicines on time and raised no concerns about the competency of staff. One person said, "They (staff) make sure I get my medication on time and that I don't run out tablets, it works really well."

Records showed that staff competency in specific areas was checked regularly. Staff informed us that they received medicines administration training, and that their competency in medicine administration was

assessed annually, and records seen confirmed this. The competency assessment measured against specific criteria, including all stages of safe administration of medicines.

There continued to be sufficient staff employed to ensure that people received their allocated calls. People told us that when staff were not available to cover calls the co-ordinators and the managers would cover the calls. They told us that they had not experienced any missed calls and sometimes the staff may be late but they always received a phone call to let them know. People said the office staff were flexible with times of the calls and when they needed extra calls. One person said, "Most of the time I have the same carers, just once or twice, I've had ones that I don't know. I'm always wary with new ones". Staffing levels were provided in line with the support hours agreed with the person receiving the service or in some cases with the local authority.

The provider continued to follow safe and robust recruitment procedures to ensure that staff working with people were suitable for their roles. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Employer references were also checked and we found that at least two satisfactory references were received before staff started working with people. This meant that people could be confident that they were cared for by staff who were safe to work with them.

Staff were aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. Staff were able to tell us the different types of abuse and how to recognise potential signs of abuse. Staff training in protecting people from abuse commenced at induction, and there was on-going refresher training for safeguarding people from abuse. The training plan sent to us confirmed that all staff had completed safeguarding training. All staff spoken with were able to discuss the appropriate actions to be taken if abuse was suspected, and were able to demonstrate how they would ensure the person's safety was maintained. One care staff said, "Safeguarding is about reporting any suspicion of abuse to my manager. I can also go to police and social services". This showed that staff were knowledgeable about safeguarding, which would enable them to keep people safe from likelihood of abuse. Staff also had access to the updated local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff spoken with understood what whistle blowing is about. Whistleblowing occurs when an individual raises concerns, usually to their employer or a regulator, about a workplace wrongdoing or illegality that affects others. They were confident about raising any concerns with the provider or outside agencies if this was needed. One member of staff said, "If I saw a carer doing something that is wrong, I will report it to my manager. I can inform social services and CQC too".

Staff had received infection control training, staff told us they had a good supply of personal protection equipment and showed they knew how important it is to protect people from cross infection. We observed the registered manager reminding staff about collecting gloves and aprons from the office.

Good

Is the service effective?

Our findings

At our previous inspection on 24 and 25 October 2016, we found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that people's capacity was assessed in line with the Mental Capacity Act 2005.

The provider sent us an action plan on 09 January 2017, which showed they planned to make the changes and meet regulations by May 2017.

At this inspection, we found that the provider had improved the service by ensuring that people's capacity was assessed in line with the Mental Capacity Act 2005.

One person said, "Oh my goodness, yes they [staff] are so good. Loyal, helpful, sweet and I'd be lost without them. They make such a difference to my life. They make me a hot cup of tea, help me wash, and make me a hot meal. They make whatever I ask for. I absolutely love them; they are absolutely brilliant".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people live in their own homes Deprivation of Liberty Safeguards (DoLS) must be applied for via the Court of Protection. We checked whether the service was working within the principles of the MCA.

People told us staff asked their consent before performing any care or support tasks. One person said, "They always ask me before doing things". The registered manager, management team and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005. All staff had been trained on awareness of MCA 2005.

People's capacity to consent to care and support had been assessed and recorded within their care plans. A policy and procedure was in place to advise staff on any action they needed to take regarding a person's capacity. Records showed that these had been followed in relation to assessing people's capacity to make certain decisions. For example, people understanding prescribed medicines and consent to care and treatment.

Where people had made an advanced decision that they did not wish to be resuscitated. There was a copy of this document on file for staff to note. The registered manager told us the original document was in the person's file at their home. The copy we saw did not have 'do not copy' written on it. We found that the document had been reviewed accordingly when they were due and signed by health care professionals and

other stakeholders.

Staff were matched to the people they were supporting as far as possible, so that they could relate well to each other. The provider introduced care staff to people, and explained how many staff were allocated to them. People got to know the same staff who would be supporting them. This allowed for consistency of staffing, and cover from staff that people knew in the event of staff leave or sickness.

People if required, were supported to maintain good health. Guidelines were in place to inform staff of the specific support the person required during their care visit and any equipment staff were required to use. For example, one person needed staff to remind them of their appointments which they did. Staff were available to support people to access health care appointments if needed and liaised with health and social care professionals involved in their care if their support needs changed. Staff told us the management team responded quickly when they had raised concerns about someone's health. For example, a member of staff told us they had called an ambulance for someone they were concerned about. Records showed that the staff worked closely with health professionals such as district nurses in regards to people's health needs. This included applying creams, recognising breathing difficulties, pain relief, catheter care and mental health concerns.

Staff had access to detailed information regarding meeting people's needs safely. For example, where a person had a catheter, there continued to be information about emptying and changing the catheter bag. There were guidelines in place for staff about monitoring the person's urine output and the colour and encouraging fluids. The daily records we looked at clearly confirmed these. People with diabetes had care plans which identified the signs and symptoms they may display when they became unwell due to this condition or what action staff should take to keep the person safe. People had had their care plans reviewed using the new template and there continued to be good information about risks and keeping people safe.

The registered manager told us that staff completed in house induction courses before starting. There was an induction process, which involved new starters being shadowed by more experienced staff until they were assessed as competent to work independently. We saw induction records within all the staff files we reviewed, which confirmed this. The records showed when each element of the induction programme had been completed by the new staff member, for example, the policies, employee handbook, and care plans. Staff told us that the induction and shadowing programme was very helpful. The induction was based on Skills for Care, Care Certificate. These are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new staff.

Training records evidenced that staff had received training relevant to their roles. Some staff had obtained or were working towards a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ) level 2 or above). Diplomas are work based awards that are achieved through assessment and training. To achieve a diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard. Staff received training in a variety of topics, which included health and safety, fire safety, safeguarding and food hygiene. We reviewed the training records. This showed training included; fire prevention, infection control, moving & handling, basic first aid and management of medicines. All staff were up to date with their training with refresher training planned. This showed that all staff had been trained to work towards expected standards of caring for people effectively.

Staff were supported through individual one to one supervision meetings and appraisals. This provided opportunities for staff to discuss their performance, development and training needs, which the registered manager monitored. Staff spoken with confirmed that they had been given regular opportunities to formerly

meet with the registered manager to discuss their job role and development. Records reviewed showed that staff had supervision and appraisal a minimum of once a year, and spot checks on a more regular basis. The spot checks were conducted by the coordinators, who observed the staff providing care to the person in the person's home. The spot check covered areas such as punctuality, appearance and identification of the staff, correct use of personal protective equipment such as aprons and gloves, knowledge of the person's care plan, cleanliness and tidiness of work, correct methods of recording care provided, and completion of the care visit within the allocated time. The outcome of the spot check was documented in the staff member's file.

People were supported at mealtimes to access food and drink of their choice. The support people received varied depending on people's individual circumstances. Care plans contained detailed information to educate staff of the support people required. Some people required support with preparing or heating meals and other people required support to eat their meals. When staff prepared meals for people, they consulted people's care plans and were aware of people's allergies, preferences and likes and dislikes. People were involved in decisions about what to eat and drink as staff offered options. The people we spoke with confirmed that staff ensured they had sufficient amounts to eat and drink.

Good

Is the service caring?

Our findings

One person said, "They are very kind, caring and yes, treat me with dignity and respect, very much so". Other comments included, "I really cannot fault them or praise them highly enough. I really can't. They are so helpful. They do anything you ask and even at the end of what must be a long day, they are always happy and have a smile. It's not easy having to have help but they are so good", "The staff are all very kind, very caring, very friendly and very professional" and "The girls are all lovely. I so look forward to their visits".

Staff were respectful of people's privacy and maintained their dignity. Staff described how they protected people's privacy and dignity. For example, closing doors and curtains and keeping as much of a person's body covered up whilst completing personal care tasks. Staff received training and guidance during their induction in relation to privacy and dignity.

Staff treated everyone with respect. They involved people in discussion about what they wanted to do and gave people time to think and made decisions. One person said, "They are lovely, very chatty and chirpy". Staff knew about people's past histories, their life stories, their preferences and the things they liked and disliked. This enabled them to get to know people and help them more effectively. Staff ensured people's privacy was protected whilst they supported them with personal care, but ensured they were nearby to maintain the person's safety, for example if they were at risk of falls.

Staff understood the importance of promoting people's independence and this was reinforced in people's care plans. People were supported by a consistent group of staff; some people had been involved in the selection of staff by choosing staff who they had common interests in and who they felt comfortable with. The registered manager had removed staff from supporting people, where people had identified that they did not want particular staff involved in their care. One person said, "Once before I had a new carer who ignored me when I spoke to her. I felt very hurt and upset. She was miserable. I told the supervisor and this particular carer has never been here since". This showed that the registered manager supported people in making decisions about their care to promote the best possible outcomes for them.

Staff were able to talk about the people they supported and explained people's likes and dislikes. They gave examples of how people liked to have their personal care delivered in different ways such as, some people had certain routines and other people preferred a bath to a shower. Staff told us that they read people's care plans before they met people to ensure they had up to date information.

The agency had reliable procedures in place to keep people informed of any changes to their care plans. The registered manager told us that communication with people and their relatives, staff, health and social care professionals was a key for them in providing good care. The registered manager told us that people were involved in the review of their care packages, which might lead to changes in their care plan. People confirmed to us that if staff were running late, they do inform them. One relative confirmed this and said, "They always turn up. That gives me peace of mind. Sometimes they are a bit late, not often and it's never too bad, but I know someone will always come. And they are all excellent, all of them".

Staff had a good understanding of the need to maintain confidentiality. People's information was treated confidentially. Personal records other than the ones available in people's homes were stored securely in the registered office. People's individual care records were stored in lockable cupboards in the office. Other documents were securely stored on the computer with passwords. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Good

Is the service responsive?

Our findings

At our previous inspection on 24 and 25 October 2016, we found a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action and issued out warning notices. The provider had failed to make sure that people received person centred care and treatment that was appropriate, met their needs and reflected their personal preferences.

The provider sent us an action plan on 09 January 2017, which showed they planned to make the changes and meet regulations by May 2017.

At this inspection, we found that the provider had improved the service by implementing new care plans that were detailed and person centred.

People and their relatives told us that the agency had been very thorough when first assessing their needs and involved them fully in planning the care they needed.

One person said, "Nothing is too much trouble for them. I am very happy and very grateful for the care that I receive. It is exactly what I need and allows me to stay in my own home and have some level of independence".

Previously, the care plans were not detailed. For example, there was no further information on what the person may be able to do for themselves or about their daily routines. Care plans were not always clear to ensure staff had the right guidance to make sure people received the care they needed. During this inspection, we saw that initial assessments were completed with people and their relative before the service could commence. Referrals were made directly from the local authority but relatives could also make direct contact with the agency themselves. An initial holistic needs assessment and risk assessment were then completed at the initial assessment stage. These were detailed assessments which covered the person's needs including physical environment and recorded any identified hazards to both the person and staff. The assessments were then used to draw up a plan of care which took into account the current abilities and specific needs of the person for a variety of daily tasks, such as getting up, walking or personal care. The assessments determined the level of support required; for example whether the person was independent, or required minor or major support. The corresponding care plan then detailed which resources or equipment were required to provide this support.

The new care plans were personalised and reflected the person's preferences. For example, one person who was living with dementia had a care plan which clearly documented their needs in terms of staff reminding them to take their medicines. Care records showed that staff provided this care. Another care record noted that although the person was unable to communicate verbally, they could choose their own clothes by tapping on their choice from a provided selection. Care plans for each person included an identified need, the actions required to meet that need and a planned outcome. There was evidence of regular reviews of care, which involved all the key stakeholders in a person's care, such as their doctor, social worker, relatives, as well as care staff from the agency and the person. The reviews discussed the suitability of the person's

care package, and whether or not any changes were required. There were detailed guidance for staff on all ailments established during the assessment, such as diabetes, epilepsy, dementia, parkinson's disease, angina and lewy body.

Staff were informed about the people they supported as the care plans contained information about their backgrounds, family life, previous occupation, preferences, hobbies and interests. The plans included details of people's religious and cultural needs. The registered manager told us that they matched staff to people after considering the staff's skills and experience. Care plans detailed if one or two staff were allocated to the person, and itemised each task in order, with people's exact requirements. This was particularly helpful for staff assisting new people, or for staff covering for others whilst on leave, when they knew the person less well than other people they supported, although they had been introduced. People were able to choose the staff that supported them which helped to ensure they were compatible in terms of interests, cultural, religious beliefs, age and sex.

Staff we spoke with knew people well and were able to describe how they met people's individual needs. A member of staff said, "My clients are different and have different needs. For example, one person likes their bath in a certain way, like washing their face themselves and I will do the rest". We saw occasions where staff supported people to access the community and assisted people to access healthcare appointments. We also noted that the agency referred matters to specialists when required. The registered manager said, "I regularly contact healthcare professionals when there are issues or concerned about people's health".

People had opportunities to provide feedback about the service they received. The agency's questionnaire/satisfaction survey responses received in June 2017 supported what people told us. All the survey that were received demonstrated that people receiving service/s from Care At Home were happy with service provided. People scored all areas of questioning 10/10.

People were given a copy of the provider's complaints procedure, which was included in the 'service users' guide. The information included contact details for the provider's head office, social services, local government ombudsman and the Care Quality Commission (CQC). People told us they would have no hesitation in contacting the provider if they had any concerns, or would speak to their care staff. One person said, "There is nothing to complain about but if I need to, I will. I had, in the past, raised a problem, it was dealt with well and with a satisfactory outcome". Staff were aware of the complaint procedure and one member of staff said, "If someone wanted to complain I would suggest they speak to the manager. If they are forgetful I would suggest they write things down so they don't forget what they want to say".

The provider viewed concerns and complaints as a way of driving improvements in the service people received. The provider completed a monthly audit of any complaints that had been received. As a result of feedback which had been received following complaints, the provider had ensured that staff wore uniforms to work and this was further discussed with staff at team meetings.

Good

Is the service well-led?

Our findings

At our previous inspection on 24 and 25 October 2016, we found a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We took enforcement action and issued warning notices. The provider had failed to ensure that suitable systems and procedures were in place in order to assess, monitor and drive improvement in the quality and safety of people. The provider had failed to mitigate risks relating to health, safety and welfare of service users. The provider had failed to ensure that people were protected against the risks of unsafe or inappropriate care arising from a lack of proper accurate records.

The provider sent us an action plan on 09 January 2017, which showed they planned to make the changes and meet regulations by May 2017.

At this inspection, we found improvements in the audit systems and processes of the service. The provider had mitigated risks relating to health, safety and welfare of service users and had ensured that people were protected against the risks of unsafe or inappropriate care arising from a lack of proper accurate records.

One person said, "The agency is was well led because the level of care received was very good and I saw a supervisor regularly". Another said, "A company is only as good as it's foot soldiers! The girls that come to see me are lovely. I have no problems at all. Quite the opposite".

A relative said, "The management is all fine. My loved one has just recently been re-assessed. We have no need to but it was felt necessary".

The provider had taken action to address the shortfalls identified at the previous inspection. The operations director and registered manager told us that they recognised the importance of regularly monitoring the quality of the service provided to people. They showed us records of audits and spot checks including observations carried out in the workplace to make sure staff supported people in line with their care plans. These records were clear. Audits of call/visit times were carried out to ensure that people were getting the care and support they were assessed for. Visit log books were being audited in line with call times. Care plans and log books were now being audited regularly with new paperwork. Medication record audits were being carried out. When shortfalls were identified, either through the audits or surveys these were addressed with staff and action taken. The registered manager said that if they found any issues then they would talk with staff and offer extra training or guidance where necessary. Records and quality monitoring systems had been improved. The registered manager had implemented monitoring of falls and pressure areas. This would enable them to take appropriate actions whenever required.

Communication within the agency was facilitated through regular meetings. This provided a forum where staff shared information and reviewed events across the agency. Staff members told us that team meetings were held regularly, to ensure all staff were kept up to date with any changes at the service. We found that team meeting minutes for a meeting held in June 2017 were available for staff, and covered discussion of appropriate uniforms for staff, people that were supported, care plans, as well as completion of log books

used to record care provided. This showed that there had been a system of communication in place that provided for staff voices to be heard and promoted knowledge.

Our discussions with the provider and staff showed us that there was an open and positive culture that focused on people. The service had a culture of fairness and staff were listened to and encouraged to share their ideas. A member of staff said, "I feel able to bring any concerns to the manager; I think they listen to us". Another member of staff said, "Well managed. Lots of support from the manager and the directors. I can approach them at anytime. I have suggested review of coordinator's roles in the past and it was taken on board".

The management team included the registered manager, operations director who supported the registered manager with the inspection. The registered manager had many years of experience working within Health and Social care sectors. There were also four coordinators who supported the registered manager. The registered manager was familiar with their responsibilities and conditions of registration. The management team had managed the agency for a number of years and had concentrated on consolidating existing processes and bringing about a number of changes. The registered manager had recently completed their level 5 leadership and management qualification. This qualification is designed for managers, department heads, and other practising middle managers to develop their skills and experience, improve their performance and prepare for senior management responsibilities.

There were a range of policies available at the service, which provided guidance and support for staff. These included all aspects of care provision, as well as guidance for staff on how to support a person to be involved within their care. For example, there was a policy on mental capacity, which provided further information on presumption of capacity, and the procedure for assessment. The policy also included information on the best interests' decision making procedure. Staff told us that they found this very helpful, and it allowed them to ensure that people were at the centre of care planning and delivery.

The registered manager had a good understanding of their role and responsibilities in relation to notifying CQC about important events such as serious injuries, safeguarding concerns, deaths and if they were going to be absent from their role for longer than 28 days.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the entrance to the service office and on their website.