

Carevisions@Home Ltd

# Carevisions@Home Ltd

## 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?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This inspection took place between 25 October and 1 November 2018. This was an announced inspection to ensure there would be somebody available in the office and so that people could be informed that we wished to contact them for their views.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to a wide range of individuals including older people, younger adults and children.

Not everyone using Carevisions@Home Ltd receives regulated activity; Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection 13 people were receiving support which included personal care.

We previously inspected the service in March 2016 and rated the service as good overall. At this inspection we found the service was no longer meeting all the required standards to retain this rating.

This is the first time the service has been rated Requires Improvement.

We visited the office location on 25 October 2018 to see the manager and office staff and to review care records and policies and procedures. After our visit to the office we made calls to people who used the service and their relatives. We also requested information from the local authority and asked external health professionals for their feedback.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had recognised there were problems with the current delivery of care so, prior to our inspection had reduced the number of people being in an attempt to improve care delivery. However, people were still not always receiving support in a way they were happy with. People told us there were times when staff were not available to attend calls and call times could not always be changed to accommodate a change in circumstances. People and relatives told us they were not always supported by a regular team of staff and that communication with the office could be improved.

Medicine records did not contain all of the necessary information to guide staff on how to administer them correctly and safely. People were not always happy with the way their medicines were managed. Medicines audits were undertaken but had not picked up the issues we identified.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, decision specific capacity assessments were not always being undertaken.

Staff training was up to date and specialist training was delivered to meet the needs of the people being supported. Staff were happy with the training they received. Some people and relatives gave negative feedback about staff knowledge and we fed this back to the registered manager who planned to address this.

People were involved in their care planning and reviews. Care plans did not always include information about a person's likes and dislikes. Some care plans included more detailed guidance to staff than others. Information was not readily available in an accessible format for people with a sensory impairment or learning disability. We have made a recommendation about this.

Audits and checks were conducted on a regular basis however they had not picked up on all of the issues we found.

The provider had systems in place to safeguard people from abuse. Staff completed safeguarding training and knew how to report any concerns.

People had individual risk assessments within their support files. Accidents and incidents were recorded and reviewed by the registered manager to minimise future risk. A plan was also in place to ensure the continued delivery of care in emergency situations.

Safe recruitment practices were undertaken to reduce the risk of unsuitable people being employed.

People's care needs were assessed to ensure staff, medicines and necessary equipment were available to meet their needs.

Staff felt well supported by management. Regular supervision sessions took place along with annual appraisals.

People's health and wellbeing was supported. People were supported to attend medical appointments where required.

Staff were passionate about their work and promoted dignity and independence. People who used the service and their relatives were all very happy with the approach of care staff.

Complaints were handled in line with the provider's policy. Staff knew how to support people should they wish to make a complaint.

Quality assurance surveys were conducted and action plans were drawn up in response to feedback.

Staff meetings did not take place often but staff told us they felt supported by an approachable registered manager who would listen to and act on any points that were raised.

## 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.

Medicine Records did not contain all the necessary information or guidance for staff.

The provider had systems in place to safeguard people from abuse and staff had completed safeguarding training.

People had individual risk assessments in place to help minimise risk.

Safe recruitment practices were undertaken to reduce the risk of unsuitable people being employed

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Decision specific capacity assessments were not always being undertaken.

Staff training was up to date and specialist training was delivered to meet the needs of the people being supported.

Staff felt well supported by management. Regular supervision sessions took place along with annual appraisals.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Staff were passionate about their work and promoted dignity and independence.

People who used the service and their relatives were all very happy with the approach of care staff.

**Good** ●

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.  
Care plans did not always include information about a person's likes and dislikes.

Information was not readily available in an accessible format for people with a sensory impairment or learning disability.

Complaints were handled in line with the provider's policy. Staff knew how to support people should they wish to make a complaint.

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### **Is the service well-led?**

The service was not always well led.

Audits had not successfully identified errors in records.

People and relatives told us they were not always supported by a regular team of staff and that communication with the office could be improved. People told us there were times when staff were not available to attend calls.

Staff felt supported by an approachable registered manager.

**Requires Improvement** ●

# Carevisions@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 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 between 25 October and 1 November 2018. We gave the service 48 hours' notice of the inspection visit to ensure there would be somebody available in the office.

We visited the office location on 25 October 2018 and reviewed records, policies and procedures and spoke with the registered manager and office staff. Telephone calls were later made to people using the service and care staff and emails were sent to family members and external professionals.

The inspection team consisted of one inspector.

We reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also contacted the local authorities who commissioned the service and Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the feedback received to inform the planning of the inspection.

During the inspection we looked at four people's care plans and medicine administration records (MARs). We looked at three staff files, including recruitment records. We spoke with eight members of staff, including the registered manager, head of operations, office and care staff. A further four staff provided feedback by

completing questionnaires. We spoke on the telephone with two people who used the service and two relatives. We also received feedback from two health care professionals.

# Is the service safe?

## Our findings

At the last inspection, we found the service was safe and awarded a rating of good. At this inspection, we found the service required improvement in this area.

We looked at people's Medicine Administration Records (MAR) and found they did not contain all of the necessary information to guide staff, particularly around the use of medicines prescribed to be taken 'when required'. Information on how staff should support people who were being given their medicines covertly also needed to be improved. One person was prescribed medicine that was administered via a patch applied to the skin. Records showed that the patch was not being applied in line with manufacturers guidelines.

Staff had received medicines training and had their competencies checked by senior staff. Although we found that MAR charts were not always prepared correctly we did not find any errors in the administration of medicine.

People we spoke with were not always happy with the way their medicines were managed. One person told us, "I am always having to check my MAR charts. Every month for the last few months there has been some problem or other with them. I go through every time to see if they're right. I was prescribed some new medication last month. I checked my MAR chart and some of the medicines were missing."

These findings evidenced a breach of Regulation 17 Health and Social Care Act (Regulated Activities) Regulations 2014

Following feedback the registered manager provided assurances that a review of medicines management was being undertaken.

People who used the service told us they felt safe and relatives we spoke with also told us their family members were supported in a safe way. One relative told us, "I've never had any concerns with safety."

The provider had systems in place to safeguard people from abuse. There was an up to date safeguarding policy that was regularly reviewed. Safeguarding incidents were correctly recorded and escalated when necessary to CQC and the local authority.

All staff completed safeguarding training before providing support to people. Staff knew the signs of abuse and how to report any concerns. One member of staff told us, "I would speak to the manager about any problems and I would whistle-blow if I had to." Another member of staff said, "Regular safeguarding refreshers are booked in. You are given information on whistle-blowing as part of your induction and staff all know who to contact and when."

Accidents and incidents were recorded and reviewed by the registered manager. This information was collated to look for trends and ensure that any lessons were learned to minimise future risk.

People had individual risk assessments within their support files. These were comprehensive and tailored to minimise people's identified risks.

Lone working risk assessments had been undertaken for staff and assessments of premises were undertaken to ensure staff were providing support in a safe environment. The environmental risk assessment looked at things such as whether plug sockets were overloaded, if exits were accessible and whether there were working smoke alarms. A business continuity plan was also in place for emergency situations.

Safe recruitment practices were still taking place. Pre-employment checks including disclosure and barring service (DBS) reduced the risk of unsuitable people being employed.

Infection control risk assessments were in place that highlighted the importance of staff using gloves and aprons appropriately and promoted good hand hygiene.

## Is the service effective?

### Our findings

At the last inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service required improvement in this area.

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. We checked whether the service was working within the principles of the MCA.

Staff had received MCA training and demonstrated an understanding of the key principles. One member of staff told us, "I've had training on the mental capacity act. At the moment, I don't support anyone who lacks capacity but if I was worried about anyone I would get in touch with the manager so that the right people could be involved in any best interest decisions." Another member of staff said, "We make decisions in the best interest of the clients if they don't have capacity to do this for themselves."

There was a question on the initial assessment form regarding a person's capacity that was not always being completed. There was no evidence of decision specific mental capacity assessments being undertaken and the registered manager told us they felt they were not qualified to do this but the MCA code allows for care staff to complete these assessments. We saw that a decision to administer medicines covertly was appropriately recorded. In this instance the capacity assessment had been undertaken by the medical professional who had prescribed the medicines. No capacity assessments had been undertaken to assess the person's ability to make decisions about other aspects of their care.

These findings evidenced a breach of Regulation 17 Health and Social Care Act (Regulated Activities) Regulations 2014

An initial assessment of need was conducted to establish exactly what people's care needs were. This was a very comprehensive document that looked at all aspects of care, health and wellbeing. This helped to ensure all necessary equipment was in place and medicines were at the person's home ready for the package to start. A review of the initial assessment was booked within the first seven days of the care package starting to ensure things were working well.

Staff supported people at mealtimes where this was part of their care plan. Two people's care plans stated they required fluid balance charts but these were not being completed. This was discussed with the registered manager who told us this would be actioned immediately and after the inspection we received confirmation that these records were now being kept.

Essential training was up to date and records showed specialist training was delivered to ensure staff had the skills necessary to provide care to everyone. There were some questions raised by people using the service regarding specialist training. One relative told us, "Staff need more training in some things. None of

the carers seem to be well versed in diabetes." A person who used the service told us, "In the past staff have come and said they haven't had epilepsy training." This feedback was passed to the registered manager and they provided us with the evidence that the necessary training had been delivered. They said they would arrange reviews with people to discuss their concerns and consider whether refresher training was required.

The registered manager told us how the provider was planning to specialise more in dementia care and 20 staff were completing a diploma in dementia care.

Staff told us they were happy with the training they received. One staff member told us, "The training is good. We get regular updates. If I feel I need to learn anything or have any queries I wouldn't hesitate to ask and they (management) support you." Office staff told us, "The training all comes down to the packages we deliver. We make sure that the staff have the training they need to look after the people they visit."

Staff felt well supported by management. Regular supervision sessions took place along with annual appraisals. One member of staff said, "The supervisions are every three months. I find them useful as if you have any problems it gives you the opportunity to bring them up."

People's health and wellbeing was supported. People were supported to attend medical appointments where required.

# Is the service caring?

## Our findings

At the last inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service remained good.

The people we spoke with were very happy with the care they received from staff. One person told us, "My carers are always on time. They are lovely." Another person's relative told us, "We have been really happy with the carers we have been lucky. I was quite apprehensive but they have all been nice."

People were treated with dignity and respect and where possible encouraged to retain their independence. One person told us, "Yes, they (staff) treat me with dignity and respect."

Staff told us how they supported people in a caring and sensitive way. One member of staff told us, "When providing personal care I always make sure I cover people so they feel comfortable. It's a little thing but it makes a difference. It's what I would want myself." Another member of staff told us, "The client I work with is unable to speak, but the way he laughs and smiles lets me know that he enjoys my company and is happy with the care I am giving him."

Feedback from a health professional stated, "There are number of staff who are very committed to their role and deliver an excellent standard of care to the client."

Staff supported people to be as independent as possible. One member of staff told us, "I always ask people what they can manage for themselves and encourage them to do what they can." A relative told us how staff supported their family member to use their computer independently.

Staff had a positive and caring attitude towards their job. One member of staff told us, "Whether it the first time or the 800th time you visit someone you are professional and you want to be there. You are there to help someone and it's a privilege." Another member of staff told us, "I absolutely love my job, I love everything that I do. Right from my first week I loved it!"

A member of staff who worked in the office told us, "If staff have any concerns they are able to come into the office. If there is anything they are not sure about we'd always encourage them to double check and I think there is a good relationship now between the office and care staff."

At the time of our inspection nobody was using an advocate. The provider had information advocacy services that could be used should people require this type of support. An advocate is someone who supports a person so that their views are heard and their rights are upheld.

# Is the service responsive?

## Our findings

At the last inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found the service required improvement in this area.

People were involved in their care planning and reviews and care plans were written from the point of view of the person. However, the language used was often very complicated. For example, one care plan said, 'I'd like my support to be collaborative and not controlling or punitive. Carers should encourage me to talk about my emotions and what is impacting on them so that I do not need to display challenging behaviour to externalise my emotions.' We saw the person had signed to say they agreed with the content of their care plan but the information within it was not easy to understand.

Some care plans were generic and focussed on tasks staff needed to perform without including more personal information about a person's likes and dislikes. However, staff were happy with the content of care plans and felt they provided them with the necessary information. One member of staff told us, "There is definitely enough information in the care plans. There is information in people's homes and another file in the office if I need to check anything." Another member of staff said, "The care plans are person-centred, written from the person's point of view. I'm happy I've have had plenty of time to read the care plans."

People's communication needs were assessed, however, some people had a sensory impairment or a learning disability and there was there was no evidence of how accessible information standards were being met. There was no easy read information in care plans and no evidence that other information, for example the complaints policy, was available in an accessible format.

Communication care plans were not consistent in the quality of information they contained. One care plan described in detail how the person needed staff to take time to listen to them and watch their facial expressions. It directed staff to sit and talk to the person to calm them down if they became frustrated. However, another person was identified as having a hearing impairment and there was no guidance for staff on how to effectively communicate with them.

We recommend the provider consults current best practice guidance on accessible information and person-centred care planning.

Although person centred detail was not always included within care plans, staff knew the people they supported well and they were able to describe to us how a person's care should be provided. An external health professional told us, "Both the family and the young person are happy with the carers, their caring attitude and the person-centred approach used."

Complaints were handled in line with the provider's policy. Records showed a thorough investigation was conducted into all complaints. The points raised by the complainant were addressed and outcomes and actions were recorded. In some instances, further training was given to staff as a result of the findings.

Staff knew how to support people should they wish to make a complaint. One person told us, "I have the phone number for the office. I've emailed [the registered manager] if there has been an issue." A relative told us, "I don't think anyone has ever told me how to make a complaint. There may be something in [family members] file. I have never had to make a formal complaint."

At the time of our inspection nobody was receiving end of life care but staff had received end of life training.

# Is the service well-led?

## Our findings

At the last inspection, we found the service was well-led and awarded a rating of good. At this inspection, we found the service required improvement in this area.

Audits and checks were conducted on a regular basis however they had not picked up on all of the issues we found. For example, medicines audits had failed to identify the errors on MAR charts. MCA assessments and best interest decisions were not being appropriately recorded. Daily records such as fluid carts were not being completed and this was not identified during care plan audits.

These findings evidenced a breach of Regulation 17 Health and Social Care Act (Regulated Activities) Regulations 2014

People told us that there were times when staff were not available to attend calls and call times could not always be changed to accommodate a change in circumstances. One person using the service told us, "One of the carers couldn't come on Tuesday to care for me. They struggle getting a core team of staff together. It has happened on more than one occasion." A relative told us, "They don't change the times. I have asked if the call times could be changed but they haven't done this yet." Another relative told us, "Over a year ago we were allocated an evening call to put [family member] to bed. This has never been met. They have said they will keep trying but they have only managed on a few occasions."

People and relatives told us they were not always supported by a regular team of staff. One relative told us, "At the moment there are a lot of carers leaving. There is not a large regular team of carers at present. It's getting to an awkward stage. They don't always introduce new people." Another relative said, "[Family member] goes to a lot of medical appointments. These make [family member] very anxious and they need consistency. The same people need to keep coming. At the moment, this isn't happening." The registered manager told us they felt people were regularly supported by a core staff team but this was not reflected in the feedback we received.

The registered manager told us there had been a lot of changes in the last 12 months. Following a difficult period where calls were not always delivered effectively and feedback from people had been negative. As a result of this, the number of people supported was significantly reduced. The provider felt it was better to support a smaller number of people more effectively. There had been issues with the relationships between care staff and the case managers. Rotas were not always well managed and staff morale was not good. This had been addressed by reducing the number of calls and changing the way the office was managed. Case managers had left and the registered manager was supported by a member of staff who worked in the office and, also delivered care. The registered manager told us they also received good support from senior management.

Despite these changes the feedback we received indicated there was still a problem with the management of calls. One person who used the service told us, "Don't really have confidence in [registered manager]. I'm not always happy with the way they promise the world and nothing gets done."

Some staff told us they felt communication could be improved. They said they would like to receive rotas sooner, felt at times the distance between calls was an issue and had not been informed why the number of calls had reduced leaving some staff with reduced working hours. One member of staff told us, "We've all wondered why we've been left with less hours. We just got an email letting us know. I'm just a get on with it type of person but staff have not been kept informed and it feels like we're all fighting for the hours now." Another member of staff said, "The changes have been difficult at times. We would appreciate some more communication about it. If people aren't told that's when rumours start."

People who used the service and their relatives also felt communication was a problem. One person told us, "We get a rota 4:30pm on a Friday but by that time the office is shut so I can't call to query it. If a new person who doesn't know me turns up it is awkward for both parties." Another person told us, "The communication could be better. There are sometimes that a different carer comes. It doesn't happen a lot but changes to the rota are not always communicated." We fed this back to the registered manager who told us rotas were sent to people using the service and staff every Wednesday.

Quality assurance surveys were conducted and action plans were drawn up in response to feedback. The feedback received was acted upon. As a result of the concerns raised in a previous survey the number of people being supported by the service was reduced in an attempt to improve the quality of care delivered.

Staff meetings did take place but there had only been two in the previous twelve months. One member of staff told us, "The staff meetings aren't that regular but I can email [registered manager] any time of the day or night if there is something I need to discuss, so for me that's not an issue. I can ring during office hours and speak to someone and after 5pm there is still someone on call so you are always supported." Another member of staff said, "[Registered manager] is really approachable and compared to other companies I have worked for I feel I get very well supported."

Staff spoke highly of the registered manager. They felt they were approachable and would listen to any points that were raised. One member of staff told us, "The personal support is there when you really need it most. I can't complain about that." Another member of staff said, "[Registered manager] is so easy to approach." An external health professional told us, "The service is always responsive to calls from [our] team, the training is evidenced and our team have no concerns with the leadership of the service."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Effective systems were not in place to audit the service. As a result errors and omissions in records had been undetected. Regulation 17(1)(2)(a)(c)