Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Help at Home care service

37 Boslowick Road, Falmouth, TR11 4EZ

Date of Inspection: 02 January 2014

Date of Publication: January 2014

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Staffing	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Miss Caroleita Ann Perry
Overview of the service	Help at Home provide personal care to people in their own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safety, availability and suitability of equipment	10
Staffing	11
Complaints	12
About CQC Inspections	13
How we define our judgements	14
Glossary of terms we use in this report	16
Contact us	18

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 January 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We visited the office of Help at home and spent time with the registered manager reviewing the care documentation, policies and procedures. We were told the agency currently employed 10 staff who provided support for 25 people in their own homes.

We found people's views were taken into consideration in the way the service was provided to them.
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We found people's privacy and dignity was respected.

People were protected from the risks associated with equipment used by staff from Help at Home.

Help at Home had sufficient numbers of staff to meet the needs of the people who used the service.

We saw complaints were responded to according to the complaints policy.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases

we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

Peoples' views and experiences had been taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

During our inspection we spoke with the registered manager, three members of staff, four people who received a service from Help at home and one person's representative.

People told us the staff were "lovely" and "we are very pleased with the service". One family member of a person who received a service from Help at Home told us "I have dealt with other agencies in the past and this one is definitely better, they are very easy to deal with".

We asked people if the time of their visits were of their choosing. People we spoke with who had experience of the service told us the visits were at a time that suited them. One person reported having had one visit missed "some time ago", but this had not occurred since. No-one else we spoke with reported any late or missed calls.

Care plans are a tool used to inform and direct staff about people's health and social care needs. Care plans should involve people and/or their representatives and relatives, if necessary, to ensure the information written about a person is individual, reflective of current care needs and up to date. We reviewed three care plans. People we spoke with told us they were aware of the content of their care plans, and met with the registered manager regularly in order to review and update it.

All the people we spoke with told us they felt the staff respected their dignity and privacy at all times. In all the care files we reviewed we saw people were encouraged to make their own choices at all times. For example, we saw records stating "ask X what they would like to eat" and "ensure X is fully aware "of what the care staff are intending to deliver before proceeding and "check what X wants to do". In one care file we saw clear evidence of family involvement with a person's specific needs regarding their meal preparation. The person's family provided clear guidance for care staff in this regard. It was not clear from the records if this person had capacity to make their own choices, and we discussed this with the registered manger. The registered manager was clear on the law regarding the

Mental Capacity Act 2005, where it is stated that a person must be supported to make decisions for themselves whenever possible.

The provider might like to note although the care plans we reviewed were individualised and clearly showed the preferences of the person, we did not see evidence of people having signed their care plans formally recording their agreement with the information held.

We saw Help at Home staff kept financial transaction records for one person whose file we reviewed. We saw there were gaps in this documentation. Staff had not always completed the records following a transaction, and the person who received this support had not signed to prove they had received their change from the staff on every occasion. The provider might like to note there was no reference to such financial records in the care plan and it did not direct staff to ensure such records were completed. This does not safeguard the individual from potential financial abuse, and could potentially leave the service in a vulnerable position should there be a query raised in this regard.

We were told a quality assurance survey had been carried out in 2012 and we saw two responses which had been received from people, who used the service, and these were positive. The registered manager was unable to locate further responses. We were told these responses had not been audited. We were told a new quality assurance survey was due to be sent out early in 2014.

Care and welfare of people who use services ✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

We spoke with four people who received a service from Help at Home, and one person's representative. They told us "they do whatever I ask of them" and "it is a very good service". All the people we spoke with confirmed their needs were met by the care staff.

We reviewed the care plans for three people. In each file we saw the exact times the person wanted to be visited, duration and on which day(s). We checked these details against the daily notes recorded by the care staff at each visit. The times mostly matched. One person who received a service told us "they are sometimes a bit late but that is usually for a very good reason such as the previous person to me has been unwell or something, it could be me one day".

The daily notes we saw were detailed, factual, dated, timed and signed by the care staff and were mostly legible. These records were returned to the office for auditing and storage on a monthly basis.

Staff we spoke with told us they found the care plans were sufficiently detailed to inform and direct them as to the support needed by the person. Staff confirmed, and we saw, the care plans were regularly reviewed in order to take account of any changes that may have occurred.

The provider might like to note the initial care plans, created at the beginning of a period of support for a person were not dated. Therefore, it was not clear to the reader when the assessment had been carried out. However, all subsequent care plan reviews we saw had been clearly dated.

Risk assessments are a tool to identify hazards and the action that staff must take to reduce the risk from the hazard. We saw risk assessments had been completed in all the files we reviewed and these had been updated. Staff we spoke with confirmed such risk assessments were appropriate, accurate and regularly reviewed.

We saw, in one person's care file, food and fluid intake was to be monitored by care staff due to concerns regarding nutritional intake and possible weight loss. We reviewed the

records for this monitoring and saw there were gaps were care staff had not recorded food and fluid intake. The entries we saw were not sufficiently detailed in order to inform the registered manager, who was reviewing such records, if the person had eaten sufficient quantities. For example, the records stated the person had eaten "custard" and "Soup" on several occasions, but did not state the quantity that had been eaten by the person. The provider might like to note such records should be accurate and detailed if they are to perform their function and effectively inform the reviewer if any action should be taken.

People's life histories, their hobbies or their end of life wishes were not clear in the care plans we reviewed. It is important such information is gained so staff can understand a person's past and how it can impact on who they are today, together with details of their choices and preferences. This information supports staff to provide person centred care.

In one care plan we saw visit times had been altered recently in order to meet the needs of the person. For example, the person wished to access the local community, and we saw two visits were brought together to allow the carer sufficient time to support the person to go out in the car. This demonstrated the service was flexible when meeting people's needs.

We reviewed the policies and procedures stored on computer at the office of Help at Home. Most of these policies were dated October 2013 and the registered manager told us they were in the process of reviewing all policies. We did not see a specific policy detailing the action required should adverse weather affect business as usual. The registered manager informed us the service had a priority list of the most vulnerable and those without family/friends who could support them in the absence of carers who may not be able to reach them, for example, following heavy snow fall. We were told these people would be reached using the two 4X4 vehicles available to the staff.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from the risks associated with equipment as the provider had suitable arrangements in place.

Reasons for our judgement

We spoke with the registered manager, three staff, four people who received a service from Help at Home, and one person's representative. Two people required equipment to be used by care staff when care was provided for them. They told us "I am very happy with the care X receives", "the staff are really good and kind" and "I think the staff are well trained and seem to know what they are doing".

Staff we spoke with were clear on the checks required before using equipment such as a hoist and stand-aid equipment to ensure it was safe to use. Staff told us they would report any concerns regarding any equipment directly to the registered manager. One member of staff told us of their experience when needing to obtain an urgent repair of a piece of equipment, and how this was done. Staff felt confident in how to obtain assistance and advice regarding the equipment they used in people's homes.

Staff told us they had received training in moving and handling and the use of equipment. We confirmed this when we reviewed staff files and saw certificates relating to the attendance of such training
.
We were told by the registered manager that staff had access to gloves, aprons, and hand gels for use in people's homes. The staff were provided with uniform tunics.

The registered manager told us that any information which required to be passed to staff regarding changes in the use of equipment, new service users and access arrangements such as key safe codes, would be sent in a person to person phone call.

The registered manager told us that she did not currently receive medical device alerts from the Department of Health, but told us this would be arranged. These alerts are generated to all services who register with them and inform them of any fault or recall of equipment and give advice on action to be taken by staff should the equipment be in use at the time.

Staffing ✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

We spoke with the registered manager, three staff, four people who received a service from Help at Home and one person's representative. They told us "they don't rush me, and they always have time for a chat" and "they are on tight schedules but they don't rush X".

One person required a hoist to be used by two staff at all visits. This person's care records clearly showed two staff visited on each occasion. Staff we spoke with confirmed two staff were always in attendance at this person's visits and there was enough staff for this to take place on each visit.

The registered manager told us the staff work roughly two shifts, from 7.45 am to 1pm approximately and 4pm to 9pm approximately, depending on the needs of people. The service had 10 staff providing support for 25 people at the time of this inspection.

Staff told us they felt there were enough staff to meet the needs of the service. Staff felt they had sufficient time to provide the care required and travel to the next person, although some did state that when staff are off sick or on leave, it can get a little pressured. Staff told us they felt well supported by the registered manager. One told us "I feel respected".

Staff reported receiving appropriate training to meet the demands of the service. We saw certificates in staff files evidencing training had been attended in all the mandatory subjects such as Fire safety, food handling, safeguarding adults, moving and handling and infection control.

The registered manager told us there was a manager on call 24 hours a day seven days a week to support the care staff who were working in the community. The registered manager told us that she regularly carried out care visits together with the care staff to support them. We were told regular supervision was provided to all staff, and staff we spoke with confirmed this.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

We spoke with four people who received a service from Help at Home and one person's representative. They all told us they felt confident they could raise any concerns they may have with the registered manager and it would be dealt with quickly. Most reported being aware of having a copy of the complaints procedure in their care plan file in their homes.

One family member of a person who received a service told us they had to remind the staff to report to them on a regular basis, but this was now happening well. This person was happy with the way the concern was dealt with. The registered manager told us they had received one verbal complaint and this had been addressed and resolved.

We spoke with three staff who told us how they would support a person to raise a concern if they had one. All the staff we spoke with were clear about the complaints procedure, who should be contacted and how this could be done.

We reviewed the complaints policy and procedure. The policy informed people that they could make a complaint to the management team or refer to the Department of Adult Care, Health and Well-being or the Care Quality Commission.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk