

At Home - Specialists In Care Ltd

At Home-Specialists in Care Ltd

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

At Home – Specialists in Care Ltd is a domiciliary care agency providing personal care to people living in their own homes. The service predominantly supported older people. Not everyone who used the service received the regulated activity 'personal care'. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 53 people who received personal care support.

People's experience of using this service and what we found

Medicines records were not completed fully or in line with best practice guidance. This presented a risk people would not receive their medicines correctly. Whilst some risk assessments had been completed, these did not provide sufficient detail to guide staff and mitigate potential risks. There was a lack of oversight of accidents and incidents for people who used the service.

Safe recruitment practices help to ensure only people of suitable character are employed. Whilst most elements of the recruitment process was safe, new candidates did not provide a full work history in accordance with legislation. Staff felt there was insufficient travel time between calls which impacted on the support they provided. We found staff were not always staying the full duration of peoples' care calls.

Services complete checks and audits to monitor safety and quality. Issues highlighted at this inspection were not picked up through the audits and led to breaches of regulatory requirements. Some similar issues were highlighted at this inspection and the previous one.

Staff were familiar with the people they cared for and spoke about people with respect and warmth. People who used the service and their relatives told us they felt safe with the carers and gave us generally positive feedback. A person who used the service told us, "I get on very well with all the carers. They are really good company for me. They treat me with respect, and I am happy with my relations with these carers. We have chats and I look forward to them coming to see me. I am very happy with the care I receive."

There were safeguarding policies in place to guide staff should a person be at risk of harm or abuse. Staff had access to PPE and undertook infection prevention and control training to ensure they had the required knowledge in this area. Staff practice was continually monitored and included observations and spot checks of their practice.

Questionnaires were used to seek people's feedback about the service and this was reviewed to see if there was any learning to be applied from this. Team meetings were held however actions were required to ensure this was a positive, cohesive experience for all staff. The service worked with partner agencies to holistically support people. People felt able to share any concerns they had with the office and felt these would be addressed.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (report published 12 June 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations and the service remains rated requires improvement.

Previous recommendations

At our last inspection we recommended the provider review their recruitment practices to ensure they were consistently following their policy and best practice. At this inspection we found they had not made the necessary improvements in this area.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at a previous inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for At Home – Specialists in Care Ltd on our website at www.cqc.org.uk.

Enforcement

At this inspection we have identified breaches in relation to safe use of medicines, management of risk and governance of the service. Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

At Home-Specialists in Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by 1 inspector. An Expert by Experience made telephone calls to people who used the service and people's relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 4th July 2023 and ended on 18th July 2023. We visited the location's office on 4th and 10th July 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 7 members of staff including care workers, a rota coordinator, registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a selection of medication administration records and the care records for five people. We spoke with 3 people who used the service and 4 relatives.

After the inspection

We received and reviewed further documentation including a variety of policies, information pertaining to training and governance.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. The rating for this key question has remained Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were not in place for all identified risks including risks associated with bed rails. Staff had also not undertaken training in this area.
- Risk assessments for specific medical conditions did not guide staff about how the condition affected the person and what actions to take to mitigate potential risks. Some of the staff we spoke with confirmed that records were not always up-to-date.
- Records of accidents and incidents were not consistently recorded in the same way and there was a lack of oversight of these by the registered persons.

Failure to assess monitor and manage risk was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff understood the immediate actions required to ensure a person was safe following an accident or incident. When concerns were raised, appropriate follow-up actions were taken.
- People felt safe with the carers. Comments included, "I do feel safer having these carers. They write down everything, they don't miss a thing and can spot if I am under the weather" and, "I am happy with the carers. I feel safe with them, and they treat me with respect." A relative told us, "I do feel that my relative is in safe hands."

Using medicines safely

- Medicines management was not in line with the provider's policy or best practice.
- Medicine administration records did not demonstrate people received their medicines as required. Protocols for 'as and when needed' medication were not in place, handwritten entries were not counter-signed and records of creams were not added to their medication administration record.
- Medication records were audited, and whilst these had raised and addressed elements of practice, they had not highlighted all of the issues raised during the inspection.

Failure to ensure the proper and safe use of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they received their medication and were confident in staff knowledge.
- Staff undertook training and had their competency to administer medication regularly observed.

Staffing and recruitment

- Applicants were not asked to provide their full work history, in line with legislative requirements. We discussed this with the nominated individual who agreed to address this. Other elements of the recruitment process were safe.
- Whilst most records viewed demonstrated carers stayed for the full duration of the call, there were occasions where the calls were shorter. We discussed this with the nominated individual and registered manager during the inspection who were aware of this and taking actions to address.
- Staff described not having sufficient travel time between calls.
- People didn't always know in advance which carers were coming to support them but were familiar with most who came.
- People told us care calls had not been missed and carers arrived within a short window of the agreed time.

Systems and processes to safeguard people from the risk of abuse

- There were systems and policies in place to safeguard people from the risk of abuse. The safeguarding concerns raised had been shared with the relevant agencies.
- Staff felt able to share their concerns with the office team and understood the principles of safeguarding.

Preventing and controlling infection

- The provider had an up-to-date infection prevention and control policy.
- Staff told us they had access to PPE when needed

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has remained Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, effective quality assurance systems were not in place. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Audits and checks were undertaken to monitor the safety and quality of the service. However, these had not been effective in highlighting and addressing issues in areas such as medicines, risk assessment and recruitment.
- Audits were not completed by the provider. They, therefore, did not have full oversight of the quality of the service provided. The nominated individual did however have regular contact with the service and were supportive.
- Some of the issues raised during this inspection were similar to those raised at the previous inspection. This did not demonstrate sufficient learning and improvement to practice.

Failure to establish and operate effective systems was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Some staff fed back that elements of support and communication could be improved. Staff did however note a positive training and induction period. It was highlighted the management tried to be flexible in accommodating staff working requests.
- Staff and people felt confident in contacting the office to discuss any concerns they had.
- A person-centred culture was promoted and staff wanted to provide a good service. Regular reviews were undertaken where people's views of the service were sought.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal

responsibility to be open and honest with people when something goes wrong

- Staff team meetings were held. Further work was required to ensure these meetings were collaborative and provided an opportunity to engage all staff.
- Feedback was sought, in the form of a questionnaire, from people who used the service and staff. This information was reviewed, and consideration given to any learning. This was then communicated to staff. Most of the feedback received was positive.

Working in partnership with others

- Staff worked alongside and sought input from other agencies in the support they provided to people.
- The registered persons welcomed the input of other organisations to try and undertake the necessary improvements. Information was shared transparently.
- The registered manager and nominated individual contributed to this inspection and were open and honest in their approach.

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 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed in a consistently safe way. Risks had not always been fully assessed. Regulation 12 (1) (2) (a) (g)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes to monitor the safety and quality of the service had not been effective in identifying areas for improvement. Regulation 17 (1) (2) (a) (b)