

At Home - Specialists In Care Ltd

# At Home Specialists In Care

## 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

### About the service

At Home Specialists in Care is a domiciliary care agency providing support for people in their own homes. The service was supporting around 50 people at the time of the inspection.

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

People spoke positively about their experience of receiving care from this provider. One person's relative said: "I could cry with how happy we are with the care [my relative] gets; the staff clearly love her, she's in the safest hands." Another described the care staff as "lovely, just lovely." Without exception everyone praised the company, both the management and care staff, and said they were very happy with their care.

The registered manager carried out regular audits of the service, and these identified where there were any shortfalls so that there was continuous improvement.

Staff we spoke with told us the management team were accessible and supportive; the registered manager told us they worked hard to ensure the culture within the service was positive.

Where incidents had occurred, the provider had made the legally required notifications to CQC.

Medicines were managed safely, with regular reviews of people's medication taking place, as well as management audits.

The provider took steps to involve people in their care, and we saw evidence of this within people's care records and reviews. Staff told us they routinely checked people's preferences when providing care to them. Care took place in accordance with people's consent, and where people lacked the capacity to consent to their care, appropriate alternative arrangements had been implemented. We identified some improvements that could be made in relation to recording best interest decisions, which the provider implemented straight away.

People told us they felt safe when receiving care, and said they would feel confident to raise concerns. Where concerns had been raised, the provider had conducted appropriate investigations and, where required, taken improvement action.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us in December 2019 and this is the first inspection.

### Why we inspected

This was a planned inspection in line with CQC's inspection programme.

We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in Leeds. To understand the experience of social care providers and people who use social care services, we asked a range of questions in relation to accessing urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# At Home Specialists In Care

## **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 Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service short notice of the inspection. This was because we needed to be sure the manager would be in the office to support the inspection.

Inspection activity started on 26 May 2022 and ended on 22 June 2022. We visited the office location on 27 May 2022 and made telephone calls to people using the service, their relatives and staff after this visit.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. We used the information the provider sent us in the provider information return (PIR). 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. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager, five members of staff, two people using the service, and five people's relatives or friends.

We reviewed a range of records. This included five people's care records. We looked at four staff files. We reviewed a variety of records relating to the management of the service, including audits, policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People's medicines were managed safely.
- Records of medication administered were accurately maintained.
- Medicines records were regularly audited, and appropriate action was taken if any shortfalls or errors were identified.

### Systems and processes to safeguard people from the risk of abuse

- People's relatives told us they felt their relatives were very safe when receiving care. One person's relative said the service gave them "peace of mind" and another said they had "no worries at all" about their relative's safety when receiving care.
- Staff told us they were confident in reporting any concerns they had. Records showed they had received training relating to safeguarding.
- Where suspected safeguarding incidents had occurred, the provider had made the appropriate notifications to CQC.

### Assessing risk, safety monitoring and management

- Risks people were vulnerable to, or presented, were identified during the initial assessment of a person's needs, and appropriate risk assessments were put in place. These were detailed and personalised. They were regularly reviewed and updated.
- The registered manager kept records of risk and safety incidents so they could maintain an oversight of where people were vulnerable to risk.

### Preventing and controlling infection

- The provider's records showed staff had received training regarding infection control, and staff we asked told us this training was useful to them.
- Personal protective equipment (PPE) was available for staff to use and staff confirmed it was plentiful.
- People using the service told us staff always used PPE when providing care.
- Staff told us they had access to regular testing for COVID-19 during the ongoing pandemic.

### Staffing and recruitment

- Staff were safely recruited.
- Appropriate background checks had been carried out before people started work.
- Staff told us they felt the recruitment process had been thorough, and they felt equipped to undertake their roles effectively when they started work.

### Learning lessons when things go wrong

- Staff told us they would be confident to report any incidents or accidents directly to the registered manager.
- Records showed changes were implemented following incidents or accidents, and the registered manager was committed to a culture of continuous improvement.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We found the provider had systems in place for obtaining people's consent, or acting in their best interests, although best interest records lacked detail. The provider improved these records following the inspection.
- The registered manager understood their responsibilities in relation to consent and capacity, and all legal requirements were adhered to.

Staff support: induction, training, skills and experience

- Staff told us they had received relevant training, and said it was effective and plentiful. One staff member said: "The induction and all the other training has been really good. Couldn't have wanted more."
- Staff we spoke with told us they found the management support they received to be good, and said they felt they could always ask for help and support whenever it was needed.
- The provider's training records showed a wide range of training was offered across relevant areas.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were undertaken before they began to receive care. These assessments were used to develop care plans.
- Records showed the management team monitored care to ensure it was in line with current guidance.

Supporting people to eat and drink enough to maintain a balanced diet

- There were details in each person's care file showing that their needs in relation to nutrition and hydration

had been assessed.

- People's care records showed where staff were required to provide them with food and drink, it reflected their personal preferences.
- People told us staff cooked food they liked. One relative said: "They do snacks and things like that, I do the main meals but the care staff know what food [my relative] likes."

Staff working with other agencies to provide consistent, effective, timely care

- Staff told us they knew when to contact outside assistance, with one describing how they'd received training relating to which organisations and agencies they needed to contact and when. People's care records showed evidence of this.
- Where external professionals were involved in people's care, their guidance and advice was incorporated into people's care plans.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People had been involved in planning their care, and their input was clear to see in their care records.
- People's views and preferences about care were recorded at their initial assessments, and their feedback was regularly sought.

Ensuring people are well treated and supported; equality and diversity

- People using the service, and their relatives, told us staff treated them well. Staff told us they took pride in this. One staff member said: "All the team get this right, we treat everyone respectfully."
- Care assessments we checked showed information about people's cultural needs.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with told us they understood the importance of treating people with dignity and respecting them. They told us this had been emphasised during their induction and training.
- Care records contained information about how people's privacy and dignity should be upheld.
- Managers told us about a recent incident and the need to be discreet in how they had recorded it, so that people were kept safe but the person's privacy was upheld.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this newly registered service. This key question has been rated requires good. This meant people's needs were met through good organisation and delivery.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider used pictorial and easy read formats in its communication with people where appropriate.
- The registered manager told us they had worked with an external professional to ensure they could communicate effectively with one person who used specific communication tools. They had appropriate arrangements in place should people require other communication formats in the future.

### Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each care plan we looked at held detailed information about people's interests and preferences.
- Staff told us they knew the people they provided care for well. They said they always had time to read people's care plans, and said they always checked that people were happy with the way they were delivering care.
- One person's relative said: "They are lovely, they really are." Another described themselves as "really pleased" with the care their relative received.

### Improving care quality in response to complaints or concerns

- The provider had appropriate arrangements in place for receiving and addressing complaints.
- Where complaints had been received, the provider took appropriate action and written responses were provided setting out what, if any, changes would be made.
- People using the service told us they would feel confident to complain if they needed to.

# 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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- Governance arrangements within the service were robust enough to ensure good quality care.
- People and their relatives told us they thought the service was well managed. They said if care visits were going to be late, an explanation was always provided; staff told us rotas were well-organised to ensure they could undertake their calls on time.
- Care notes showed care was delivered to a good standard and met regulatory requirements.
- We checked records of incidents, and found CQC had been notified, as required by law, of any notifiable incidents.
- Staff told us they understood their roles, and knew what was expected of them.

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

- People we spoke with told us their care met their needs and said they were enabled to achieve the outcomes they wanted. People's care review records supported this.
- Staff told us they found the culture supportive, with one saying: "From the minute I started I was made to feel welcome by all the team, you feel really appreciated for what you do."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff told us they felt supported by managers, with one describing how the provider had supported them through a difficult time in their personal life.
- The registered manager told us they regularly contacted people using the service to obtain their feedback and involve them in their care. Documentation we saw supported this.
- External professionals praised the way the service worked with them, with one contacting the provider to describe them as "solution-focussed" and another saying they had observed "massive improvements" in their client's life since the provider had started providing care to them.