AQT London Limited

AQT Home Care Services

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 4 and 6 April 2017 and was announced. The provider was given 48 hours' notice as they provide a service to people in their own homes and we needed to be sure managers would be available to speak with us. The service was last inspected in June 2016 when it was found to be in breach of four regulations and was rated requires improvement. At this inspection the service had made the required improvements and is now rated good.

AQT Home Care Services is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection they were providing care to approximately 20 people.

The service is required to have a registered manager. 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 manager of the service was successful in their application to register the day after the inspection was completed.

People and their relatives were confident they were safe with their care workers. The provider had robust systems in place to respond to incidents and staff were knowledgeable about safeguarding adults from harm. Care files contained a range of risk assessments to mitigate risks faced by people during care.

People were supported to take medicines by care workers, and were confident in staff ability to do this safely. There were detailed plans in place to ensure staff had the information they needed to administer medicines and records were clear. Staff had received appropriate training and support in administering medicines and in other areas required to enable them to perform their roles.

Staff were recruited in a safe way that ensured they were suitable to work in a care setting. People told us they had regular care workers who did not have to rush their visits. People and relatives told us this had enabled them to develop positive, caring relationships with their care workers. The provider ensured they had enough staff to meet people's needs.

Care plans were highly personalised and very detailed. People were involved in the assessment, review and care planning processes. Care plans contained details of how people wished to receive their care, their nutritional and hydration needs and preferences and support required with maintaining their health. Records showed people were supported in line with their care plans. The service included information about people's cultural background, personal histories and significant relationships into people's care plans. Dignity in care was embedded in care plans with specific instructions for care workers on how to promote people's dignity during care.

Many of the people receiving a service were at the end of their lives. The service ensured they had good links with relevant healthcare services to ensure people were supported to be as comfortable and pain free as

possible at the end of their lives.

People told us they could ask for changes in their care easily by contacting the office. Care workers told us they could raise any concerns they had about people's needs and the office would respond promptly to ensure people's needs were met.

People and their relatives told us they had not needed to make any complaints, but knew how to should the need arise. The service had a robust complaints policy in place. The service sought and acted upon feedback from people and their staff through annual surveys and spot checks on staff.

The service completed various audits and quality checks to monitor the quality and safety of the service. Any issues identified by these checks were addressed by the provider. The provider had a clear plan to continue to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People and their relatives felt safe with their care workers.

Risks to people were managed so people were safe and protected from harm.

Staff were knowledgeable about abuse and how to respond to concerns people were being abused.

Medicines were managed in a safe way.

Staff were recruited in a way that ensured they were suitable to work in a care setting.

Is the service effective?

Good

The service was effective. People told us they thought staff were good at their jobs.

People and relatives were confident they were supported to access healthcare services and receive ongoing healthcare support.

People were supported to eat and drink in line with their needs and preferences.

The provider took action to ensure records of consent were clear.

Is the service caring?

Good

The service was caring. People told us they had positive caring relationships with staff.

People told us they were treated with dignity and respect.

The service asked people about their religious faith, cultural background and sexual identity to ensure people were supported in line with their preferences.

Is the service responsive?

Good

The service was responsive. People and their relatives were involved in assessments, reviews and care planning.

Care plans were highly personalised to individual needs.

The service sought and responded to feedback from people.

People and their relatives knew how to make complaints.

Is the service well-led?

Good

The service was well led. People, relatives and staff all spoke highly of the managers of the service and felt it was organised and well run.

The managers completed regular checks and audits to monitor the quality of the service.

The service had a plan to continue to improve the quality of the service.

AQT Home Care Services

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 4 and 6 April 2017 and was announced. The provider was given 48 hours' notice as they provide a home care service and we needed to be sure that someone would be in the office to speak with us. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority commissioning team and local healthwatch. We reviewed the information we already held about the service, including statutory notifications we had received, previous inspection reports and the action plan the provider had submitted following their last inspection.

During the inspection we spoke with three people who used the service and three relatives. We spoke with seven members of staff including the nominated individual, the manager, the coordinator, and four care workers. We reviewed four care files including support plans, risk assessments and records of care. We reviewed six staff files including recruitment, supervision and training records. We also reviewed various records, documents, meeting records and policies relevant to the management of the service.

Good

Is the service safe?

Our findings

At the last inspection in June 2016 we identified breaches of two regulations about safeguarding and providing safe care and treatment. We also made two recommendations about staffing levels and recruitment practice and the management of medicines. At this inspection the provider had taken action to address our previous concerns.

People and their relatives told us they felt safe with their care workers. One person said, "I feel very safe." A relative told us, "I don't have to worry when my relative is with the care workers." Another relative said, "When they [care workers] are here I'll leave them to it. I'm confident he is safe. It's such a relief." Staff were knowledgeable about how to respond to concerns that people were being abused and the types of abuse people might be vulnerable to. One care worker said, "If there is anything that makes me worried about a risk or possibility of abuse I'll report it." Records showed staff had received training in safeguarding adults from harm.

The provider's policy contained details of the types of abuse people might be vulnerable to and clear instructions for staff on how to escalate concerns. The details of the local safeguarding authorities were included so that staff would contact the correct authority. Records showed staff raised concerns with the office, either by telephone or in person and these were appropriately escalated and investigated by the management of the service. Records showed there had been incidents that had been appropriately investigated but none that required a referral to safeguarding since our last inspection in June 2016.

Care files contained risk assessments which explained how to mitigate risks faced by people while receiving care. For example, care files contained detailed risk assessments for moving and handling including step by step instructions for the use of equipment such as sheets to move people up and down beds and hoists. Where people were identified as being at risk of developing pressure wounds there were clear instructions for staff to follow to protect their skin, including detailed bathing and skin care routines. Care files also contained information on how to recognise the early signs of pressure damage to skin and information on how to escalate these concerns. One person was identified as being at risk of choking due to swallowing difficulties. There were clear measures in place to minimise these risks as well as clear instructions on how to prepare their food and how to support them to eat in a way that minimised risk for them.

The service provided care to people at the end of their lives. As such, people's needs and risks changed quickly. Records showed that risk assessments were updated and amended in response to people's rapidly changing needs. For example, one person had initially been able to transfer using a walking frame. However, as their condition had changed this was no longer safe to do and information in the risk assessment reflected that this person now needed to be cared for in bed. During the initial needs assessment and at subsequent reviews management completed an environmental risk assessment to ensure people's homes were a safe working environment for staff. This meant the service supported people in a way that minimised the risks faced by them while receiving care.

The service supported people to take medicines. One relative told us, "I'm confident they get it [medicines

administration] right." Staff described how to administer medicines in a safe way and were confident in what action they would take if a medicine was spoiled or if someone vomited immediately after taking their medicines. One member of staff said, "Once I'd made sure they were OK I'd call the office, they'd get onto the doctor for me and tell me what to do." Records showed all care workers had received training in the safe administration of medicines. Care plans contained details of people's medicines and how to support people to take them, including details such as whether they preferred to take them with water or fruit juice. One person had difficulties swallowing and there were instructions and a copy of the authorisation from the GP on how to crush their medicines so they could take them in food. One person's care file contained detailed information on all their medicines, their purpose, side effects and things staff should be aware of when supporting people who took these medicines. This was highlighted to the manager as being important information for all people who received support with medicines. The manager produced this information for all people who received support with medicines during the inspection.

People and their relatives told us they had regular care workers who visited them. One relative said, "We have a set team of care workers who come to visit us." Another relative told us, "We have the same people. They're very punctual, very good." One person told us that if their care worker changed the service always informed them in advance. They said, "They [office based staff] always text me before it's a new person. Someone will always confirm the time. I like the texts." Another person said, "It's usually the same girl and she's never late. If she's on holiday she's replaced by another one who is very good. They let me know in advance and check it out with me first." The provider had a 'continuity of care' policy which included a target for the maximum number of care workers to be involved in supporting people based on the number of visits people had per week. Feedback and records confirmed people were receiving consistent care from a stable team of care workers.

Care workers told us they were occasionally asked to cover additional shift but this had reduced in frequency from when we last inspected in June 2016. Care workers told us their availability to cover additional work was considered and if they were not available they were not put under pressure to take on additional work. The nominated individual told us they had a list of care workers who they knew were available to take on additional work if needed due to planned or unplanned absences. Records showed the provider did not take on new packages of care unless they were sure they had staff available to meet the package in a consistent way. This meant the provider ensured they had sufficient staff to meet people's needs.

Recruitment records were reviewed. These showed the service checked that people were suitable to work in a care setting through the collection of employment and character references. The service also carried out checks to see if staff had criminal records that would make them unsuitable to work in a care setting. Records showed interviews were used to explore any gaps in employment history. This meant the service ensured staff were suitable to work in care. The service had changed management twice since the last inspection, and records showed the different managers had used different paperwork to record the interview and assessment process for new staff. One set of management had recorded applicants' answers but had not scored or evaluated their answers. Another manager had scored and evaluated answers but not recorded what people had actually said. In response to feedback about the inconsistency of these records the current manager produced an updated interview template that included both space to record the actual answers and an evaluation of these answers.

Good

Is the service effective?

Our findings

At the last inspection in June 2016 the service had been in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as staff had not received the support they needed to perform their roles. The service had taken action to address this issue.

People were confident that staff were trained to do their jobs and were doing a good job. One person said, "They do a good job." Staff told us they received training and supervision they needed to perform their roles. One care worker told us, "We have supervision regularly, it's useful to me. I can raise any issues about the people I support. They [line manager] take my concerns on board and things improve." Records showed care workers received supervision in line with the provider's policy of once per quarter and supervisors carried out spot checks on their performance in people's homes. Records showed that issues or concerns about performance were addressed through these checks and supervisions.

Training records showed staff were supported to complete the Care Certificate if they were new to working in care. The Care Certificate is a recognised qualification that provides staff with the foundation knowledge required to work in care. New staff completed induction training and shadowing of more experienced colleagues before working unsupervised. The provider had a training company and offered staff development opportunities to complete additional qualifications in health and social care if they wished. Records showed staff received specialist training in end of life care as well as dementia and training was scheduled to refresh training in infection control, epilepsy, health and safety, moving and handling and mental capacity. Records showed staff were asked about pressure care and safeguarding in supervisions and answers led to formal training where this was appropriate. This meant staff received the training and support required to perform their roles.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decision 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 interest and as least restrictive as possible. We checked whether the service was working to the principles of the MCA.

Care plans contained sections for people to sign to indicate their consent to their care, as well as the names of relatives and friends they wished to be involved in making decisions about their care. However, it was not consistently clear whether the people signing care plans were doing so with appropriate legal authority. For example, two people's care plans had been signed by relatives with no record they had legal authority to consent on the person's behalf. The service sought clarity and established that people had consented to their care but were not physically able to sign their care plans. Another person's file did not contain records to support that their relative had legal authority to make decisions on their behalf. In response to this feedback the provider updated their paperwork to clarify consent recording.

People told us they were offered choices by their care workers. One person said, "They give me choices, I choose what I want. They let me know what the options are, they check I'm happy with the choice." Where

people used assistive technology to facilitate their communication and to express choices care plans contained details of how this was used and how to understand people's communication. For example, one person's care plan contained clear descriptions of how they expressed their moods and choices through non-verbal communication.

Staff supported people with meal preparation and to eat meals where they needed this support. Care plans contained details of the level of support people required with meal preparation as well as details of how to support people to eat in a dignified manner. For example, one care plan gave detailed instructions of how to support the person to eat in a safe manner, with details of how long eating was likely to take as well as which utensils to use.

Care plans contained details of people's dietary preferences and staff confirmed they offered people choices before each meal based on what was available in their homes. One member of staff said, "I ask [person] every day what they want to eat and give them choices based on what they have in stock. I'll show them the boxes and their response tells me their choice. When I'm supporting them to eat they'll open their mouth if they're ready to eat, or shut their mouth if they want some water." Care workers records showed they recorded what and how much people ate. Where people were living with health conditions that meant their food and fluid intake required close monitoring records showed care workers completed these records. This meant people were supported to eat and drink enough and maintain a balanced diet.

Many of the people receiving a service were at the end of their lives, and as such were living with complex health conditions which required the input of various different health professionals. Relatives told us they were confident that staff knew how to respond to changes in people's health and knew how to escalate concerns. One relative told us, "I'm 100% confident they [care workers] would deal with any health concerns." Care plans contained details of people's health conditions and the names and contact details of relevant health professionals. Records showed care staff escalated concerns about people's health to the office who liaised with people, their families and health professionals to ensure people had access to appropriate healthcare services. Care workers told us they were confident office based staff would respond to any concerns they raised. One care worker described how the office had arranged cover for their next visits so they could stay with someone who was unwell. This meant people were supported to maintain their health and have access to healthcare services as required.

Good

Is the service caring?

Our findings

People and their relatives told us care workers had a caring attitude. One person said, "[Care worker] knows what caring is. She is excellent." Relatives told us they had built strong relationships with care workers. One relative told us, "[Care worker] is good, she's got time for us, time to talk to us and find out what's going on in our lives. She's part of the household." Another relative told us, "My relative looks forward to seeing him."

Care plans contained details of people's religious beliefs and cultural background and the support people needed to maintain their identities. Care workers told us they were provided with shoe covers where people's cultural backgrounds meant it was not appropriate to wear uncovered shoes in their homes. Care plans also contained details of people's pasts, including significant relationships, work histories and pastimes to provide staff with the basis of conversations that would build up relationships. For example, one person's care plan contained information about what they had done for work and the specific sports they were interested in. Their care worker told us they would talk about these sports while providing their care. The service asked people about their sexuality and whether this affected any of their care preferences. No one had disclosed to the service that they identified as lesbian, gay, bisexual or transgender.

Care workers told us they checked with people at each visit to ensure they were happy to receive care. This was confirmed by people and relatives who told us they were involved in making decisions about their care on a daily basis. One person said, "They check with me every day that I'm OK with what's happening." People's preferences and views on their care were clearly captured in care plan documents and records showed people's choices were respected as the provision of care varied from day to day. This meant the service was ensuring that people were able to express their views and were involved in making decisions about their care.

People and their relatives told us they felt care workers treated them with dignity and respect. A relative told us, "The carers have a lot of empathy. They make him feel comfortable and cheer him up. They treat him properly and with respect." Care plans contained specific details on how to provide care in a way that protected people's dignity, including details of how to keep people covered during person care. This included where the physical layout of people's homes meant care sometimes had to be provided in shared areas of the home.

The provider had a contract which was specifically to provide end of life care to people in their own homes. Care plans contained clear information for staff to follow regarding changes in people's health needs and pain levels. This included the details of the health professionals who were required to support people to receive appropriate pain relief to ensure they had as dignified and pain free death as possible. The nominated individual and manager of the service recognised that when providing end of life care it was vital that support plans and care staff were in place quickly and consistency in care was vital as there was no second chance to get the care package right. During the inspection the provider refused referrals as they would not have had staff capacity to provide a consistent team of care workers to people. Records showed staff had received training in providing end of life care and in conversation staff demonstrated they understood the importance of compassionate care for the dying. One care worker said, "We have the time to

chat to people, I'm interested in the people I work with. The care in caring is what's important when people are at the end of their lives." Staff told us they felt supported by the provider when people died. One care worker said, "They [management] were there for me when they died."

Good

Is the service responsive?

Our findings

At the last inspection in June 2016 the service was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because care plans had lacked the detail required to provide person centred care. The service had taken action to address this issue and was no longer in breach of the regulation.

People and their relatives told us they were involved in the assessment, review and care planning process. One person said, "The managers come about once a year and check it's still all OK." A relative told us, "They did a meeting before we started. They wrote it all up in the book." Records showed the provider completed a face to face assessment with people and their relatives as appropriate before they started delivering care. This formed the basis of the care plans which were shared with care workers. Care workers told us the care plans contained the information they needed to perform their roles. One care worker said, "The care plans give us the information we need. The care plans are all written according to the time of the visit so we can check what we need to do."

Care plans were highly personalised with lots of detail about how people liked to receive their care. For example, care plans contained details of the location of the equipment required and people's preferences for which coloured flannels and towels they liked to use during care. There were detailed instructions for care workers regarding how to support people to get dressed. In the information for care workers about how to support one person to get dressed there was a high level of detail regarding the order in which to support them based on their mobility needs and restricted movement of certain limbs.

Care workers told us they would report any changes in people's needs to the office and were confident the office staff would take action to make any changes required. A care worker said, "I can escalate any concerns I have. I know the office will respond." People and relatives also told us they found it easy to request changes to their care package, and told us they were kept informed if any changes were made by the provider. One person said, "I recently needed to make a change to the time. I called them and they addressed it straight away. They call me if anything is going to be different." Records showed that care workers reported any concerns they had that people's needs were changing and the office based staff liaised with people, their families and funding authorities to increase care packages as required.

The provider had a robust complaints policy which included details of how to make a complaint and how to escalate concerns if people were not happy with the response they received. People told us they knew how to make complaints if they needed to. A relative said, "We've got no complaints but we have the numbers if we needed to." Records showed the service had not received any formal complaints since our last inspection in June 2016.

The provider conducted an annual survey of people and their relatives to receive feedback about the service. The feedback collected in December 2016 showed that people were pleased with the service they were receiving. There were some comments that people would like to be informed if there would be a change of time or care worker. The feedback received during the inspection was very clear that people were

now kept informed by telephone or text if there were any changes to times or care workers. This meant the service had listened and responded to feedback from people and relatives.

Good

Is the service well-led?

Our findings

At the last inspection in June 2016 the service had been in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the quality assurance and audit processes had not operated effectively as they had not identified the previous issues with the quality of risk assessments and care plans. The provider had taken action to address these issues and was no longer in breach of the regulation.

People and their relatives told us they thought the service was well managed and the office staff were approachable and easy to get hold of. A relative said, "Working with this company is like a breath of fresh air. They are really professional. I can't fault them, it would trip off my tongue to recommend them."

Care workers spoke highly about the management team at the service. A care worker said, "The management team are supportive. [Nominated individual] is very supportive, she will find ways to solve issues. You can confide in her." Another care worker said, "The service has massively improved. [Nominated individual] is downstairs now and there are new systems in place. The staff are happy again, we are being listened to. I feel valued by them." A third care worker said, "[Manager] is amazing, he has helped me so much. [Nominated individual] is very much involved in the company now. She rings us, she knows us all really well. There's never a week where I don't hear from her." Care workers told us they received their rotas in advance and this meant they felt the service was organised and well run.

Records showed the service held staff meetings where staff were able to raise any concerns they had and received training and information on specific topics. The provider had introduced new systems to check on the welfare of staff, particularly those who were lone working late at night. Care workers working late now received a text to check they were home safely. The nominated individual spoke very highly about the care workers, recognising their dedication to their roles. The nominated individual said, "These staff work hard. There wouldn't be a company without them." The provider had completed a staff survey which showed that most staff were happy in their work and satisfied with the support they received.

After the last inspection in June 2016 the provider had employed two interim managers to improve the service. They had left the service in February 2017 when a new manager had been employed. The new manager completed the registration process during the inspection and the service now has a registered manager in post.

Records showed the service had introduced a system of quality assurance audits where both care files and staff files were regularly checked for both quality and completeness. Records showed that issues identified had been addressed. The manager audited incident reports and ensured that follow up was completed in a timely way. The provider had a quality improvement plan in place which included plans to continue the improvement of the service and grow the business in a sustainable way. The manager had introduced a weekly bulletin that was sent to staff with their rotas. This was used to signpost staff to training opportunities and remind them of key learning points from team meetings.