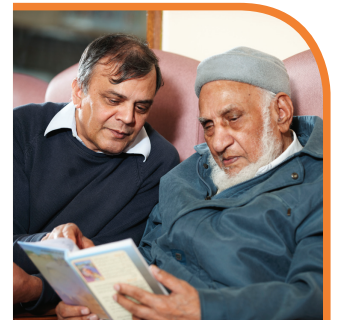


Not just a number

Home care inspection programme Summary



The number of people being cared for in their own homes is increasing and this trend is set to continue well into the future.

The provision of home care services has grown significantly over the past few years.

The number of home care services registered with the Care Quality Commission (CQC) increased by 16% in 2011/12, and a further 6% in the first six months of 2012/13.

Home care, like a number of other community-based services, presents a significant challenge in terms of gathering the views of people who use services. It is delivered in people's own homes behind closed doors to people who are often in vulnerable circumstances, but the care provided is harder to observe than in a hospital ward or care home.

CQC's themed inspection programme of home care services in England reports in detail on the quality of care delivered to people in their own homes by regulated providers.

The programme also gave us an important opportunity to test and develop different ways of capturing the views of people who use services, as well as those of their carers and relatives. The analysis and findings of the inspections, and the methods we used, will help to shape the way we carry out our future inspections of home care services, including those for people with mental health needs and learning disabilities.

“It's very awkward; the supervisor comes round every three months and asks me questions. It's difficult to answer because she does it with the carers there.”

We inspected 250 home care agencies, consisting of 208 privately owned agency services, 22 council owned and 20 owned by voluntary organisations. The number of people cared for in each of the services varied from the 'micro' providers providing services to fewer than five people to the large providers, caring for more than 200 people. The largest service was caring for 700 people.

Throughout the programme, we found many providers who were delivering a very good service. Overall, 74% (184 out of 250) of services met all the five standards we inspected

“I feel like I am just a number to them.”

We inspected
250
services providing care to
26,419
people

We gathered the views of more than
4,600
people

“They do things with me, not for me.”

We received responses from over
1,000
questionnaires and
130
webforms

“Although I am not well I still feel I am in control as they ask me what I would like them to do.”

We visited
738
people in their own homes

2,742
people discussed their views with us by telephone

What worked well

Our inspectors found a lot of good practice that could be reflected in all home care. Throughout the report we set out what CQC's inspectors saw that worked well, to help drive improvement. The following were many of the characteristics of good care:

- There is good written information about the services and choices available, and this is explained face-to-face.
- Relatives and carers are routinely involved in decisions about care.
- People are encouraged and supported to express their views. Detailed records document their preferences and choices, care plans in the home are kept up to date and care workers complete the daily logs accurately. There are regular reviews and risk assessments to adjust care plans and respond to changing needs and preferences.
- Care workers are properly introduced to people receiving services before the service starts. There is continuity of care workers, with any changes notified in advance.
- Care workers routinely knock and announce their arrival. Staff wear ID badges to confirm their identity and are aware of security requirements.
- Care workers show kindness, friendliness and gentleness, with respect for property and belongings.
- People's views are gathered in a variety of ways; survey results are acted on and they inform improvements, which are communicated back to people. Customer satisfaction surveys are supplemented by personal contact from the management team.
- Staff understand people's illnesses, so are better able to provide the right amount of support when needed. They have a good understanding of dementia.
- People using services are given written information about the types and signs of abuse and they are aware of who to contact at the agency if they have concerns.
- Inductions for care workers are monitored with supervision and include a period of 'shadowing' an experienced care worker. Training is included in induction and ongoing training is routinely updated, with attendance documented.
- Care workers have a clear understanding of what constitutes abuse, including failure to provide care in the right way.
- All staff undergo a Criminal Records Bureau (CRB) check before the provider offers a position and asks for references.
- Staff are not asked to undertake tasks unless they have the necessary knowledge and skills.
- There is good communication between workers, regular staff and team meetings, and regular information and updates for staff.
- Managers carry out systematic quality checking. They capture feedback from staff and use it to improve services. People are given information about how to complain, any learning from the complaint is fed back to the complainant, and action plans are developed to address any issues.

“I always know what's going on, because they say what they are doing.”

Two indicators of better performance stood out. We asked on every visit if people's preferred name was documented in the care provider's records. Where this was documented (in 90% of services), 98% of services met the standard on respecting and involving people. Where it was not, only 78% of services met the standard.

We also asked all services if information about the meaning of abuse and how to report concerns was provided to people receiving care. At services where this was provided (82%), 97% met the standard on safeguarding people from abuse. Where it was not, only 90% of services met the standard.

What needs to improve

Our concerns relating to **respecting and involving people who use services** included the lack of continuity of care workers, limited information to people about the choices available to them and failures to keep people informed about changes to their visits.

In respect of the **care and welfare of people who use services**, our main concerns related to:

- Missed or late calls and inconsistent weekend services.
- Lack of staff knowledge and skill, particularly with regard to dementia.
- Inadequate assessment of needs including reviews and updates.
- Lack of detailed care plans including choices and preferences and complex care needs.
- Lack of coordination of visits requiring two care workers.
- Lack of involvement of family or carers.

The main concerns relating to **safeguarding people who use services from abuse** related to failures to report safeguarding concerns in line with local policy, out-of-date procedures and staff not understanding safeguarding or whistleblowing procedures.

In respect of **how providers support their staff**, our main concerns related to:

- Staff feeling unsupported by their management teams and not always being able to deliver care in the right way because they are too rushed, with no travel time and unscheduled visits added to their day.
- A lack of planned supervision and performance monitoring for staff.
- Training needs not being identified, or if they are identified, they are not met.
- Staff not being confident in using equipment.
- Induction not always being completed, or not following recognised standards and not monitored.

“I would like to know who is coming, maybe not the same girl every time but several who come regularly. But I have all sorts coming. I don't seem to have much choice about that.”

Conclusions

The main concerns relating to **how providers assess and monitor the quality of the services they deliver** focused on the lack of formal, documented quality monitoring processes. People were not asked for their views about the service they received or if they were, no action was taken. Key areas of service provision were not monitored such as missed or late calls and there were no clear processes for managing incidents and complaints.

“There is a lack of continuity and we have had 25-30 different [care workers] since they started coming.”

Other findings

In the programme, we also found that services providing a reablement service showed higher performance against the safeguarding standard. For agencies that provide intensive care (10hrs+ per week) the performance level was much higher against the standard for monitoring quality than for those that do not. Also, the provision of dementia care services was associated with notably higher performance against standards for safeguarding and supporting staff than for agencies that do not provide dementia care.

We have seen care delivered with compassion that respects the dignity and rights of individuals. We have received a significant number of positive comments from older people who use the services and their carers and relatives about the regular care workers who support them to stay in their own homes. We have also observed and noted that the care has been supported by some good processes and governance. There is much that the sector can take from these findings to continue to make further improvements in the quality and safety of home care.

However, where we have identified failings, a minority of people are affected by issues that are very familiar to both providers and people using services. In the report we are highlighting and making recommendations on the following:

1. Late and missed visits.
2. Lack of consistency of care workers.
3. Lack of support for staff to carry out their work, and failure to address the ongoing issues around travel time.
4. Poor care planning and a lack of regular review.
5. Staff understanding of their safeguarding and whistleblowing responsibilities.

We also found gaps in some agencies' quality monitoring processes, including not actively seeking the views of people using services and their carers and relatives. This is particularly important in an environment where people may be reluctant to complain for a number of reasons; some people are worried about getting their regular care workers into trouble, or are worried about reprisals if they complain about the service they receive.

“They encourage me to be independent. That is important to me.”

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