

Practical Care Ltd

Practical 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

Practical Care is a domiciliary care agency providing support with personal care to people in their own homes. Seventy-one people were using the service at the time of the inspection.

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

Systems were in place to safeguard people from the risk of abuse. There were enough staff to support people and checks had been carried out on prospective staff to ensure they were suitable to work in a care setting. Risk assessments had been carried out so that people were supported safely. Medicines were well managed, and procedures were established to reduce the risk of the spread of infection.

Assessments were carried out of people's needs to check the service was able to meet those needs. Staff received support through training and supervision to help them in their role. Where people were supported with meal preparation they were able to choose what they ate and drank. The service worked with other agencies to promote people's health, safety and wellbeing. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were able to consent to the care provided.

Staff understood how to support people in a way that promoted their dignity, independence and choice. People told us staff were caring in the way they interacted with them. People's confidentiality and privacy was respected.

Care plans were in place which were personalised around the needs of individuals. Care plans included information about how to support people with their communication needs. Systems were established for dealing with complaints and people told us complaints raised by them had been dealt with appropriately. The service worked with other agencies to support people with end of life care.

People and staff spoke positively about the senior staff and told us they were accessible and helpful. Systems were in place for monitoring and improving the quality of support provided. Some of these included seeking the views of people who used the service.

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 (published 12 July 2018) and there was one breach of regulations. 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 improvements had been made and the provider was no longer in breach of regulations.

This was a planned inspection based on the previous rating.

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 ●

Practical 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

The inspection was carried out by an inspector and an Expert by Experience. 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 houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they 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 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 September 2019 and ended on 2 October 2019. We visited the office location on 2 October 2019.

What we did before the inspection

Before the inspection we looked at the information we already held about this service. This included details of its registration, previous inspection reports, and notifications of any serious incidents the provider had sent us. We contacted the local authority with responsibility for commissioning care from the service to seek their views. We used the information the provider sent us in the provider information return. This is information providers are required to send us 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 by telephone with five people who used the service and seven relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, a field supervisor, quality assurance manager, the finance and IT manager, three care assistants and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at seven staff files in relation to recruitment.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included looking at staff recruitment records the provider sent us.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risk assessments were in place about the risks people faced. These included guidance to staff about how to mitigate those risks. Assessments covered risks associated with medicines, moving and handling, falling and the physical environment. They were person centred, based on the risk's individuals faced.
- Staff had a good understanding of the risks faced by people they worked with. The registered manager told us the service did not use any form of physical restraint when working with people, and staff confirmed this.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to help protect people from the risk of abuse. Policies were in place about safeguarding adults, whistleblowing and financial protection of people. These made clear the service had a responsibility to report any allegations of abuse to the local authority and the Care Quality Commission.
- Staff had undertaken training in safeguarding and understood their responsibility to report any allegations of abuse to their manager. One staff member said, "I would report it immediately." The nominated individual told us there had not been any allegations of abuse since the previous inspection and we found no evidence to contradict this.

Staffing and recruitment

- There were enough staff to meet people's needs. The nominated individual told us they currently monitored staff punctuality through spot checks, people's feedback and daily records. They said they planned to introduce a system of electronic monitoring that was to come in to effect by the end of 2019.
- Most people told us staff were punctual, one person said, "They are generally on time."
- Checks were carried out on prospective staff to help ensure they were suitable to work in a care setting. These included employment references, criminal records checks and proof of identification.

Using medicines safely

- Arrangements were in place to help ensure that medicines were managed safely. Staff undertook training before they were able to administer medicines. This included an assessment of their competence to do so.
- Medicine administration records were kept, and staff were expected to sign these each time they supported a person to take medicine. Once completed, these records were audited and checked by a senior member of staff. Records confirmed that if the auditing revealed any errors on the charts, these were then followed up with the relevant staff member.

Preventing and controlling infection

- Systems were in place to help reduce the risk of the spread of infection. An infection control policy was in place which included guidance about good hand washing technique and the use of protective clothing.
- There was a good supply of protective clothing in the office including shoe covers, gloves and aprons. Staff confirmed that they were expected to wear protective clothing every time they provided support with personal care.

Learning lessons when things go wrong

- Records were maintained of accidents and incidents. These were subject to review by senior staff to monitor if there were any areas for improvements if things went wrong.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and relatives generally expressed satisfaction with the service. One relative said, "We're absolutely satisfied. We have no complaints."
- After receiving an initial referral, the service carried out an assessment of the person's needs. This was to determine what their needs were and if they could be met. The assessment included discussions with people and their relatives where appropriate, professionals involved in their care and a review of existing documentation about the person's support needs. Records showed assessments covered needs in relation to personal care, physical health, medicines, mobility, and religion and ethnicity.
- The nominated individual told us that people were asked during the assessment process if they had a preference about the gender of their care staff. However, this detail was not recorded on assessments or care plans. We also found assessments did not cover needs in relation to sexual orientation. We discussed this with the nominated individual and registered manager who told us they would ensure in future these issues were covered and recorded.

We recommend that issues relating to sexual orientation and preferences about the gender of care staff are covered and recorded as part of the assessment process.

Staff support: induction, training, skills and experience

- Staff were supported to develop knowledge and skills to help them in their role. On commencing work at the service, staff undertook an induction training programme. This included shadowing experienced staff to learn how to support individuals. Staff who were new to the care sector also completed the Care Certificate, which is a training programme designed specifically for staff who are new to the care sector.
- Staff received on-going training and one to one supervision. Staff told us they were happy with the training provided. Records showed training included first aid, dementia care, the Mental Capacity Act 2005, the principles of care and record keeping.

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

- Where people were supported with eating and drinking, this was covered in their care plans. Care plans included information about people's dietary needs related to culture and medical conditions, as well as people's food preferences. Staff told us they supported people to make choices about what they ate and drank and people confirmed this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Records showed the service worked with other agencies to support people and promote their health and wellbeing. For example, referrals had been made to various agencies including the GP, occupational therapist and district nursing service.
- Office based staff met each weekday morning to assess if any referrals needed to be made and who would take responsibility for that. The meeting also reviewed any recent assessments that had been made by the service to see if there was any further action required.

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 and found that they were. Staff had undertaken training in the MCA and understood the importance of supporting people to make choices over their care. One staff member said, "Whatever we are doing we ask their opinion. We always give them options, so they have a choice."
- People had signed consent forms to agree to care being provided in line with their care plans. People told us they were supported to make choices.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Care plans included outcomes for people which detailed how they would be well treated and supported. People told us they were well treated by staff, one person said, "The care that I got was absolutely fantastic." A relative told us, "They're very good. They sing with my relative."
- People's needs were met in relation to equality and diversity. Equality and diversity matters were covered in care plans, except for sexual orientation (see the effective section for more details). The service also sought to meet staff's equality and diversity needs. A member of staff told us how supportive the service had been with them related to an equalities issue.

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

- People were involved in the care planning process, through the initial assessment, the development of the care plan and subsequent care plan reviews. A senior staff member told us they went through the care plan with each person to check they were happy with it.
- Staff told us they supported people to make choices about their daily care, for example in relation to what they ate or wore. Care plans made clear people were to be offered choices. For example, the care plan for one person stated sometimes they liked a bath and sometimes just a wash, and that staff were to check with them each day what they wanted.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to support people in a way that promoted their privacy, dignity and independence. One staff member told us, "We make sure they have privacy, we ask the family to leave the room. We use towels to cover them up and make sure curtains are closed." Another staff member said on promoting people's independence, "First thing is to check the care plan to see how much they can do themselves. If they are able to comb their hair, let them do that." People confirmed their independence was respected, one said, "They allow you to wash your own face and what have you."
- Confidential records were stored in locked cabinets and on password protected electronic devices which helped to promote people's privacy. A confidentiality policy was in place which made clear staff did not have the right to disclose information about people unless authorised to do so. Staff understood the need to respect people's confidentiality.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care in line with their assessed needs. Care plans were in place which set out how to meet people's individual needs. Plans were clear and detailed and covered needs including personal care, eating and drinking, medicines and social relationships.
- People were involved in developing care plans. A relative told us, "[Senior staff member] took all the history and worked out the care plan [with us]. They brought the carer with them to be introduced."
- Care plans included information about people's past life history and their interests. This information helped staff to get to know the person, which in turn helped them develop good relations with them. The nominated individual told us they sought to keep the same regular staff working with the same people. This meant people and staff were able to develop relationships which helped the service deliver care that was person centred and responsive to the person's needs.

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.

- Care plans included information about meeting people's communication needs. Staff told us that they got to know how people communicated, and used a mixture of speech, facial expressions, body language and objects of reference to help people communicate.
- The nominated individual told us that most people who used the service spoke English. They added that staff were employed who spoke a variety of languages that helped them communicate with people who did not speak English.

Improving care quality in response to complaints or concerns

- Systems were in place for dealing with complaints. The service had a complaints procedure in place. This included timescales for responding to complaints. The policy made clear that if people were not happy with the response from the provider, they had the right to complain to external organisations. However, the policy did not include details of the body that had the legal responsibility for investigating complaints in care agencies. We discussed this with the nominated individual who told us they would amend the policy accordingly.
- Complaints had been recorded and we saw they had been dealt with in line with the policy. People knew

how to make a complaint and felt they were acted upon. One person said, "If I call to complain they listen and apologise."

- The service had received compliments from people, relatives and other professionals. For example, a relative had written, "The staff work so hard to meet [person's] needs. The staff are patient and kind towards [person]."

End of life care and support

- Where people were supported with end of life care, the service worked closely with people's relatives and other health and social care providers to help ensure people's needs were met.
- End of life care needs were recorded in care plans. These reflected people's wishes on this issue.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection of this service we found quality assurance and monitoring systems were not always effective. Enough improvement had been made at this inspection and we found systems were effective.

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

- Care was person centred and people were involved in planning their care which helped to achieve good outcomes for people. People were happy with how the service was organised. One relative said, "This company is far and away the best out of all the ones we have used. It does seem to be very well organised."
- The provider fostered an open and inclusive working environment. Staff spoke positively about the senior staff at the service. One staff member said of the registered manager, "They are phenomenal. If you make a mistake, they will explain things in a way that makes you understand. I've learnt a lot through them." Another staff member told us, "I would say it is good teamwork. Any concerns I can discuss it with them."

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; Continuous learning and improving care

- People told us they found office staff to be approachable and that they listened to and acted upon concerns. We found that complaints were dealt with appropriately. Where there were issues of significant concern relating to the care provided these had been shared by the provider with the local authority and the Care Quality Commission.
- Systems were in place to review incidents when things went wrong which helped to promote continuous learning and improvement in care. People were routinely consulted about their care and asked how they thought it could be improved.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a registered manager in place and there was a clear management structure in place. Staff were aware of the lines of accountability within the service and who they reported to.
- Quality assurance and monitoring systems were in place, which included seeking the views of people. Senior staff met with each person every second month and on the alternate month they phoned them. The purpose was to monitor the care and ask people how they rated the support they received.
- The nominated individual and registered manager understood their regulatory requirements. For

example, they were knowledgeable about what issues they had a duty to notify the Care Quality Commission about and had sent notifications of significant events as appropriate.

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

- The service had a range of policies related to equality and diversity to provide guidance to staff. Staff recruitment was carried out in line with equalities and diversity good practice. People's equality characteristics were taken into account with the assessment and provision of care.
- The service worked with other agencies to develop networks and share good practice. For example, the registered manager attended a provider's forum run by the local authority. The local authority carried out monitoring visits to the service. These were mostly positive, and where issues had been identified, the service had taken steps to address them.