St Georges Home Care Ltd

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Inspection report

73b Hartland Road
London
NW1 8DE

Tel: 07877334143
Website: www.memorieshomecare.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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
St Georges Home Care Ltd is a domiciliary care service that provides care and support for people living with dementia, physical disabilities and mental health conditions. Until April 2019 the service was known as Memories Home Care. At the time of our visit the service was providing care to 12 people. 11 people who used the service received 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.

People's experience of using this service and what we found
Between February and April 2019, St Georges Home Care Ltd. had undergone the change in the ownership and management of the service. The change was managed thoughtfully and with consideration of possible disruption this could cause to the staff and people who used the service.

Aspects of the service delivery needed further improvement. These related to risk assessment and management, management of medicines and person centred care planning. This was to ensure people were always protected from harm and that staff had sufficient information about people. The provider was in the process of addressing this. Overall people and their relatives told us they were satisfied with the service they received. We made two recommendations about effective risk assessment and management and person centred are planning.

Staff were recruited safely and the service helped to protect people from abuse from others. People said they felt safe with staff who supported them. Staff knew what action to take if they thought somebody was at risk of harm. Other safety measures were followed to ensure the risk to people's health and wellbeing was minimised. This included suitable numbers of staff being deployed to support people, infection control measures and effective management of accidents and incidents.

People's health and care needs had been assessed before the service started. Staff received appropriate training and ongoing support and supervision to help them to provide safe and effective care to people. People were supported to have a nutritious diet that met their needs and personal preferences. Staff ensured people had access to healthcare professionals when their care and health needs changed. People's rights under the Mental Capacity Act 2005 (MCA) were protected. People were supported to make decisions about their care and their consent was sought by staff before providing care.

People and relatives thought staff were caring and kind. One relative told us, "My [relative's] carers show a great deal of caring and kindness towards him." People thought staff respected their dignity when providing personal care. Staff spoke about people with respect and they said providing safe and considerate care to people was important to them. The staff team was racially and culturally diverse and the service provided care to people from various backgrounds and walks of life.

Care plans were personalised and included information about people health care and communication needs. However, more information was needed about people's life stories and what was important to them. The provider was in the process of implementing a new online care management and monitoring system. The system would enable to further improve personalised care planning. The registered manager assured us more information about people's backgrounds would be included in the new care plans. People could raise complaints about the service provided and most people we spoke with said they were happy with how complaints were dealt with.

People and relatives spoke positively about the service. Most of them described it as providing good care. The management team carried out weekly monitoring of staff and care packages to ensure care was provided as people wanted it. The registered manager knew their responsibility related to the management of the regulated activity. They ensured the requirements were followed.

People using the service, their relatives, staff employed by the service and external professionals were encouraged to give feedback about the service provided. The registered manager was in the process of gathering all information to analyse the feedback and to formulate a plan on improvement actions needed.

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

Rating at last inspection: The last rating for this service was good (published 21 January 2017).

Why we inspected: 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 not always safe. Details are in our safe findings below.	**Requires Improvement**
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**

St Georges Home 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 Care Act 2014.

Inspection team:
The inspection team included one inspector and one 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 and specialist housing.

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 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.

What we did before the inspection:
Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information about important events which the provider is required to send us by law. The previous registered manager had completed a Provider Information Return [PIR]. The PIR 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 used this information and the previous inspection report to plan our inspection.

During the inspection

We spoke with two members of staff including the provider who was also a Nominated Individual for the service and the registered manager. 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 four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Requires Improvement

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 good. At this inspection this key question has deteriorated to 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
• Risk to people's health and wellbeing had been assessed. Information about management strategies in people's care files was not always consistent. Some risk assessments had more detailed guidance for staff than others. One person needed support with transfers and staff were provided with detailed guidelines on how to transfer the person safely. However, another person had a short time memory loss that could cause anxiety and behaviour that could be a challenge to how safe care was provided. The guidance on how to manage this behaviour was limited. We discussed the inconsistencies with the registered manager who was responsive to our feedback and said this would be addressed.

We recommend the provider seeks further guidelines on effective risk assessment and risk management planning.

• Staff had training to support people safely. This included health and safety and moving and handling. The registered manager said that specific training would be made available if a person had special health or care needs.
• Staff we spoke with knew risks to health and wellbeing of people they supported. They knew what action to take to reduce the risk of harm. One staff member told us, "I am making sure service users are safe while I am handling them. I need to protect them from avoidable falls. I make sure they are safe from hot liquids spilling over them."

Using medicines safely
• Overall medicines were managed well. Four people using the service received support with medicines administration.
• Some improvements were needed to ensure that information about medicines on medicines administration records (MARs) was always complete. This included ensuring that the dose of each medicine was recorded, the PRN (as required) medicine status was reflected and that all creams administered to people were included on MARs.
• The registered manager explained the service was already in the process of addressing this. The provider was implementing a new online care management system. The system was designed to update and monitor information about medicines easily and with no delay. This would help to ensure people were administered medicines that were currently prescribed to them.
• People's care plans had information about what level of support with medicines was required and who was managing it. Additional information included who was responsible for ordering and collecting of medicines form the local pharmacy and where in people's flats medicines were stored.

• Medicines administration records (MARs) overall were maintained correctly. Staff recorded that they administered medicines to people. MARs were monitored by the registered manager. Any gaps in medicines administration were highlighted and action was taken to address it with respective care staff.

Systems and processes to safeguard people from the risk of abuse
• People felt safe with staff who supported them. One person told us, "I do yes, feel safe as I generally have the same carer." A relative said, "My [relative] does feel safe because he gets regular carers twice a day."
• The service had safeguarding policy and procedure to help protect people from abuse.
• Staff received training in safeguarding. They knew what action to take if they thought somebody was at risk of abuse. One staff member told us, "If I was concerned somebody was at risk of harm I would inform the office immediately."

Staffing and recruitment
• People thought there was enough staff deployed to support them. People and relatives said staff were at times late, however they never missed a visit. Some of their comments included, "Often carers can be a few minutes late, but no I have never had a missed call" and "Yes carers are always on time and no [my relative} has never had a missed call."
• Staff rotas were compiled weekly. Staff said they received their visit schedule in a timely manner. Staff said they had enough time to travel between visits.
• People received support and care from regular staff who understood their needs. This helped development of positive and friendly relationships.
• Staff were recruited safely. The service carried out suitable recruitment checks to ensure people were protected from unsuitable staff. We looked at a sample of four staff files and found that recruitment checks undertaken included two references from the previous employer or an education institution, proof of identity and Disclosure and Barring checks (DBS). The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.

Preventing and controlling infection
• The service had an infection control policy and procedure to provide staff with guidance on how to avoid infection.
• The service provided care staff with personal protection equipment (PPE) such as gloves and aprons. People using the service confirmed staff were using PPE when supporting people. This ensured the risk of infection was minimised. However, people also stated they did not always see staff washing their hands before supporting them. We fed this back to the registered manager. They assured us staff had received in-depth guidelines about effective hand washing practice in their infection control training. The registered manager said they would discuss this matter with staff again to ensure they follow these guidelines.
• Staff were aware of infection control measures. Staff had received a range of training to educate them about how to minimise the risk of infection. This included infection control, hand and food hygiene training. One member of staff told us, "I always clean up and make sure the place is clean to prevent germs. I use an apron and gloves when providing care and when preparing food."

Learning lessons when things go wrong
• Accidents and incidents were recorded and monitored for patterns or trends. Records showed action had been taken to respond to occurring accidents and incidents and to reduce the risk of them happening again.
• Staff knew what action to take if they witnessed an accident or incident. They were aware of the service's accident and incident reporting procedure.

Good

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 has 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's health and care needs as well as the safety of their home environment had been assessed before the service began providing each person's care. The information gathered was used to compile their care plan which described what people needed and how care should be provided. People and families were involved in care planning and reviewing care needs and progress.
• A member of the management team visited people weekly to make sure people's needs were met and if people were satisfied with the performance of the care staff supporting them.
• At the time of our inspection the provider was in the process of implementing a new electronic care planning system. The system would allow information about people's changing needs to be updated immediately and without delay. This meant that care staff could have access to up to date information about people's care needs and how to best support them.

Staff support: induction, training, skills and experience
• People and relatives thought staff were sufficiently trained and they knew how to meet people's needs. A relative said, "I think the staff are trained well in all they do."
• Staff received mandatory training to help them to carry out their duties safely and effectively. The training covered a range of subjects including safeguarding, moving and handling, life support, food hygiene, infection control and equality and diversity. Staff also completed the Care Certificates. The Care Certificate includes a set of standards that staff should abide by in their daily working life when providing care and support to people.
• New staff received an induction which included an introduction to the service and mandatory training. They were also required to shadow their more experience colleagues before they started working with people unsupervised.
• Staff were regularly supported by their managers to ensure they provided care as required. This included regular one to one supervision and spot checks of staff direct work with people in their homes. Staff also told us a member of a management team visited people weekly to ensure care was provided as agreed.

Supporting people to eat and drink enough to maintain a balanced diet
• Staff supported people to have nutritious diet that met their needs.
• People were able to choose what food they ate. One person told us, "Carers ask me what I would like in my sandwiches or salad."
• People's care plans included information about what support around food and nutrition was needed and what people's dietary likes and dislikes were.
• At the time of our inspection, none of the people using the service had special dietary requirements or

increased risk around receiving support with food and drink. The registered manager told us if such requirements were present staff would be provided with appropriate training and support to ensure people received their food and drink safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People and relatives said stuff supported them to live healthier lives and have access to healthcare services and support. A relative stated, "[My relative] has had to have a GP on several occasions and often it's the carers who have organised these visits."
• Staff understood what action to take if people's needs had changed or their health suddenly deteriorated. A staff member told us, "If a person got suddenly unwell I would call the office or call an ambulance".
• Records showed that staff took proactive action to ensure people received support that met their current needs. For example, health care professionals or emergency service had been contacted by staff or the managers to ensure people received the healthcare support they needed.

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.

• The service ensured that the requirements of the Mental Capacity Act 2005 (MCA) were met. Therefore, people's rights were protected. One person told us, "Carers always ask me what I want to do and when." A family member said, "I believe the carers always asks [my relative] what he wants doing."
• Most people using the service had capacity to make decisions. Few people lived with minor dementia which caused an increased anxiety and minor memory loss. These people's care plans guided staff about how to support people so they were protected and their independence was encouraged. For example, one person's care plan reminded staff, "If I am not sure please give me options, support and advice but do not overload with information."
• People's care plans were signed by people or when appropriate their representatives confirming that they gave their consent to care and support.
• Staff understood the principles of the MCA and ensured that people participated in making decisions about their own care. One staff member said, "People are able to make decisions on what they do and don't want to eat and dress. People need to give permission before we provide any care to them."

Good

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
• People and relatives told us staff were caring and respectful. One family member said, "My [relative's] carers show a great deal of caring and kindness towards him."
• Staff spoke kindly about people they supported. A staff member told us, "I don't force things on people. I listen to them and do what they want."
• Staff received training in equality and diversity to help them understand and support people from various cultures, religions and their chosen ways of living.
• Staff and people were matched appropriately to ensure they were well-suited and understood each other. The staff team at the service was diverse and came from diverse cultural and religious backgrounds. The registered manager told us the service gathered information about people before the service commenced to ensure the most suitable staff were allocated to them. The matching criteria included geographical distance, similarity in age, religion, language spoken or interests.

Supporting people to express their views and be involved in making decisions about their care
• Staff supported people to make choices about their care and life. People were supported in making decisions about what they wanted to eat, drink, wear or what to do. These choices were respected by staff. A person using the service said, "Yes [I have been involved in making decisions and planning my care]. I had a care plan review recently." A family member told us, "Yes [my relative] has indicated [to the service] how he can be cared for."
• People were encouraged to be independent as much as they could. A staff member explained to us, "I encourage people to do things on their own. If they can do something all I do is assist them. One client was not able to do things on their own and now they can do some things."

Respecting and promoting people's privacy, dignity and independence
• People and relatives told us staff respected people's privacy and dignity when supporting them. All people we spoke with confirmed staff had always asked for their consent before providing personal care. Relatives told us, "I believe carers ask my relative for consent. But I am not in the bathroom or bedroom with my relative when they provide personal care" and "I presume that the carers do ask my relative's consent."
• Staff understood how to protect people's privacy and dignity when providing care. They told us, "I close the doors and the windows. Unless the person requests it to be open, but I will ensure their privacy is protected" and "When washing or bathing the person I close the door and cover body so it is not exposed."
• People could choose if female or male care staff supported them.

Good

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 and relatives confirmed they were involved in planning and reviewing of people's care. One person told us, "Yes I saw it some 2 weeks ago when it was discussed in detail." A relative said, "Yes my [relative] often reads his care plan."

• People's care plans had personalised information about people's health and care needs and how they would like the care to be provided.

• Information about people's likes, dislikes and life history was limited. People confirmed care was usually provided by the same staff, therefore staff had a suitable level of information and knowledge about people. People gave mixed feedback with some stating they preferred less information about them in their care plans to protect their privacy. Other people said they would like the service to explore information about them more. The registered manager assured us this aspect of care plans would be further developed to better reflect who people were and what was important to them.

We recommend the provider seeks further guidelines and training on personalised care planning.

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.

• People's communication needs and requirements had been recorded in their care plans. Staff were provided with information about how to communicate effectively. For example, in one person's care plan staff were asked to, "to speak slowly and articulate when needed" and "be patient and understand English was not the person's first language." This was to ensure the person could understand staff.

• In one example a person who had a sensory impairment used equipment to help to communicate. Staff were not given sufficient guidelines of how to effectively communicate with this person or how to maintain the equipment. The same care staff usually supported the person and the registered manager told us they were informed about communication difficulties for this person. Therefore, we were assured staff knew how to communicate with the person effectively. However, we discussed this with the registered manager who said the information would be updated.

• People's communication requirements had been assessed during the initial assessment of their needs. The registered manager told us the that if needed the service would provide care plans in a bigger colour font. The service would also arrange an interpreter if needed.

Improving care quality in response to complaints or concerns

• The service had a complaints procedure which people were provided with when they started to use the service. People we spoke with knew how to make a complaint if they were not satisfied with aspects of the service. One relative said, "Yes definitely [I know how to make a complaint] I have the managers telephone number."

• Most people and relatives we spoke with said they never had to complain. All but one relative who did make a complaint said the service dealt with the issue promptly and to their satisfaction. One relative told us they were not fully satisfied with how the service deal with their issue. We discussed this with the registered manager who assured as they would review this case again to ensure it has been addressed fully and to the person satisfaction.

• Care staff said they would report to the management team any complaints and concerns about the service that were brought to their attention by various stakeholders. A staff member said, "They [people using the service or others] are free to make complaint to the office. I would advise them to talk to the office."

• The members of the management team told us they were happy to deal with any complaints and would aspire to deal with them to help to address issues raised by people or their relatives.

End of life care and support

• At the time of our inspection the agency had not provided end of life care.

• People's care plans did not include information about people's end of life care. The registered manager told us that with introduction of the new care planning systems, people's end of life plans would also be further developed. This was to ensure people's end of life preferences, choices and requirements relating to their cultural and religious background would be known in case of their sudden death.

Good

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• Between February and April 2019, the service had undergone the change in the ownership and management of the service. From the management change strategy meeting minutes from this period we noted that the change was managed thoughtfully with consideration on how this would impact staff and people using the service. We have not received any information of concern from people and relatives about this change. Therefore, we were assured the change was managed well.
• Overall, people and relatives spoke positively about the service. They said staff provided good care.
• All but two people and relatives we spoke with said they thought the service was well managed and they had no issues since their support package commenced. One person using the service and one relative were less satisfied as they said their queries were not always dealt with promptly. Because of positive feedback from the majority of the stakeholders, overall, we judged that the service was well managed.

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
• The registered manager understood their responsibility under the duty of candour. They said, "It is about being honest and open with the client if there was a problem. It's about being inclusive and sharing information when needed."
• We saw that when necessary the provided worked with the local authority and other stakeholders to investigate concerns raised with the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Staff were provided with information about their roles and care responsibilities. Staff received a statement of terms and conditions explaining rules and procedures relating to working for the service. A range of polices was also available for staff to view and follow.
• The regulatory requirements had been met. There was the registered manager in post. The service's rating was displayed on the provider's website and was easy to view for prospective customers. Statutory notifications about important events had been submitted to the CQC as required by the law.
• There were quality monitoring systems and procedures in place to ensure care was provided as agreed and as required by the regulations. This included care documentation checks as well as frequent spot checks on care staff direct work with people. A staff member told us, "Managers check on you and the service users. They check every week and they call us to ask how we are doing."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The service encouraged feedback about the care and support they provided.
• The feedback from reviewed service users' satisfaction questionnaires showed that people described the service as good or very good. This indicated they were satisfied with the service provided.
• Care staff were encouraged to provide their feedback and participate in the service's development in monthly care staff team meetings. Topics discussed in these meetings included training, new service developments, care visits' scheduling and others.
• Staff told us managers were supportive and responsive to their queries and suggestions. One staff member said, "I like them [managers], they obey the rules. They always listen when you call."

Continuous learning and improving care; Working in partnership with others
• The provided had a business development plan in place. The document set out main points around the provider's goals and objectives for development of the service.
• The provider used the service users', staff and external professionals' satisfaction questionnaires to gather information about what they thought about the service. The registered manager was in the process of collecting all questionnaires. They told us these would be used to formulate further development goals and agree actions on improvements needed.
• Learning from accident and incident, safeguarding concerns and complaints had been discussed with the care staff team and used to drive needed improvements to the service.