Practical Care Ltd

Practical Care

Inspection report

Finchley House, 707 High Road,
London N12 0BT
Tel: 020 8492 3930
Website: www.practicalcarelondon.com

Date of inspection visit: 22 December 2014, 21 January 2015
Date of publication: 14/04/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 22 December 2014 and 21 January 2015. It was unannounced.

Practical Care is registered to provide personal care services to people living in their own homes. Services are provided to people with a range of needs including physical disabilities, and mental health needs. The majority of people using the service are older people. At the time of our inspection 18 people were receiving a personal care service, and the agency employed 18 staff members. At our last inspection in April 2014 the service was meeting the regulations inspected.

The service had 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 and associated Regulations about how the service is run.

We found that people were kept safe and free from harm. There were enough numbers of staff employed to meet people's needs and provide a flexible service. However staff had not received training in the Mental Capacity Act 2005, and there were no systems in place to ensure that this was followed.

Summary of findings

In other areas staff received regular training and were knowledgeable about their roles and responsibilities, and they received regular supervision and support.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported. People spoke highly of the support staff provided.

People were supported to eat and drink, and to attend health care appointments. Safe systems were in place for staff to support people their prescribed medicines.

People told us that the registered manager was accessible and approachable, and that they felt able to speak up about any areas for improvement. There were regular checks in place to review the quality of the service provided to people.

At this inspection there was one breach of regulations in relation to obtaining consent from people. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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. There were arrangements to protect people from the risk of abuse.

Assessments were undertaken of risks to people who used the service and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents and changes in people's needs.

There were appropriate recruitment procedures in place and enough staff to meet the needs of people who used the service.

Systems were in place to ensure that people were provided with their prescribed medicines safely.

Is the service effective?

Requires Improvement

The service was not always effective. Staff were not trained in the requirements of the Mental Capacity Act 2005 and consent was not always obtained from people for the care provided.

In other areas staff had the skills and knowledge to meet people's needs.

Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. People were supported to eat and drink according to their plan of care. Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Is the service caring?

Good

The service was caring. People who used the service spoke highly of the staff and the way that they supported them.

Staff were respectful of people's privacy and dignity, and involved people in making decisions about the care they received.

Is the service responsive?

Good

The service was responsive to people. Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's needs, their interests and preferences in order to provide a personalised service.

People who used the service and their relatives felt that the staff and registered manager were approachable and took action to address their changing needs, or any concerns they had.

Summary of findings

Is the service well-led?

Good

The service was well-led. Staff were supported by their manager. There was clear communication within the staff team and staff felt comfortable discussing any concerns with the registered manager.

The registered manager regularly checked the quality of the service provided and made sure people were happy with the service they received.

Practical Care

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.

Before the inspection visit we reviewed the information we held about the service, such as any notifications received, and information from the local authority.

The inspection of Practical Care took place on 22 December 2014 and was unannounced. The inspection was carried out by two inspectors. One inspector undertook the inspection of the office. The second inspector carried out visits to three people using the service on 21 January 2015 and spoke with people using the service and staff by telephone. Overall we spoke with five people using the service, one relative, and seven care staff. We also met with two directors and the registered manager during the office visit.

We reviewed the care records of ten people that used the service, seven staff records and records relating to the management of the service.

Good

Is the service safe?

Our findings

The people we spoke with all said that they felt safe with the care workers. They told us, "I'm happy with the service," and, "The care workers use the hoist to get me out of bed." A relative told us, "They know how to handle the PEG [a device that allows feeding directly into the stomach] and to give medication."

The staff we spoke with told us they had safeguarding training; although three of them said they were due for a refresher as the training had been over a year ago. A safeguarding policy was available and staff were required to read it as part of their induction. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Two of the staff we spoke with were not aware of the service's whistleblowing policy; however all of the staff we spoke with told us they would report any concerns to the registered manager.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. Care plans contained risk assessments for each person using the service, and staff we spoke with were aware of the contents of these. They contained information about action to be taken to minimise the chance of harm occurring. For example, some people had restricted mobility and information was provided to staff about how to support them when moving around their home including the use of mobility equipment such as hoists.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person had recently been increased as their mobility needs had changed. We confirmed this by examining the record of hours provided to this person.

No concerns were raised regarding staff missing agreed appointment times. If staff were unable to attend an appointment they informed the registered manager in advance and cover was arranged so that people received the support they required.

There were suitable recruitment procedures and required checks were undertaken before staff began to work for the agency. The registered manager told us applicants attended an interview to assess their suitability with herself and one of the directors. The staffing records we looked at showed that staff had previous experience of working in health and social care settings. All staff were required to complete an induction programme which was in line with the common induction standards published by Skills for Care.

We looked at recruitment files of the three most recently recruited staff members, and found that these contained evidence of appropriate recruitment procedures. Records included application forms, disclosure and baring checks, identity checks and two written references. However there were no records of interviews undertaken and although the registered manager described the process of how she verified references, there were no records for this. The directors and registered manager told us that they were taking steps to address these shortfalls in recording.

New staff spoken with confirmed that they had been through the recruitment checks, and had received induction training and had the opportunity to shadow other staff until they were confident in their role.

Most people who used the service and their relatives informed us that they managed their own

medicines. The agency had a policy and procedure for the administration of medicines. Staff providing support in this area had received training on the administration of medicines and evidence of this was found in the staff records. One care worker told us, "I'm very experienced and have been trained how to manage the PEG and give medication." Staff administering medicines were aware of their responsibilities to ensure that they completed the medicine administration charts and the communication log after they had administered the medicines.

Requires Improvement

Is the service effective?

Our findings

The people we spoke with all said they felt the staff were appropriately skilled and knowledgeable. One person using the service told us, "They have made sure we have care workers who are well trained." Relatives told us, "The care workers have been well trained," and "The care workers use a hoist to get [my relative] out of bed. They have been trained how to do this."

However staff had not received training in the Mental Capacity Act (MCA) 2005, and the agency's care records did not reflect the need to obtain consent from people, or make decisions in their best interests. Staff members' lack of knowledge about how people's rights were protected under the MCA, placed people at risk of having decisions made that were not in their best interests when they were unable to consent to decisions about their care.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, this corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A training agency was used to provide the majority of training requirements for the staff team. A record of the staff team's training showed that staff completed the provider's induction training, followed by foundation training. Mandatory training was then completed including first aid, food safety, moving and handling, health and safety, record keeping, and person centred care. Relevant staff were also provided with training in PEG feeding (feeding directly into the stomach), end of life care, catheter care, and dementia care.

In addition to the mandatory training 12 staff were completing training equivalent to the Qualification and Credit Framework (QCF) in health and social care, to further increase their skills and knowledge in how to support people with their care needs.

Staff were knowledgeable regarding their roles and responsibilities and the particular needs of people who used the service. They informed us that they had been provided with a period of induction and the registered manager or a senior care worker had worked alongside them and briefed them. People using the service confirmed that this was the case. However there were no records of the shifts new staff worked 'shadowing' senior staff as part of their induction training.

The staff we spoke with told us they had regular supervisions and appraisals. One care worker said, "We have an appraisal twice a year." These processes gave staff an opportunity to discuss their performance and identify any further training they required. The registered manager told us that staff were matched to the people they supported according to the needs of the person, to ensure that they had the skills and training needed (such as providing catheter care or supporting someone with dementia).

Records of supervision and appraisals showed that people were provided with regular individual sessions during which client/care worker issues, training, goals, and personal issues were considered. Regular spot checks were also carried out to observe staff working with people using the service and we saw records to confirm this.

People were supported to access food and drink of their choice. One person told us "The care workers prepare me fresh meals each day. One of the care workers doesn't like garlic but she'll prepare my meals with it because I like it." Staff were aware of safe food handling practices, and told us that before they left a visit they ensured people were comfortable and had access to enough food and drink.

We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access health care appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

People's care records included the contact details of their GP so staff could contact them if they had concerns about a person's health. We received positive feedback about the service from a health care professional who provided support to some of the people using the service.

Good

Is the service caring?

Our findings

People who used the service were happy with the staff supporting them. They told us "They are very caring people," "They're the nicest carers I've had. They are young and fun and cheer me up," and, "The care workers are very considerate." All the people we spoke with said they were able to communicate effectively with the care staff. One person told us "They are very sensitive to my needs. They fall in line with my wishes."

People told us that their privacy and dignity were respected by care staff. One person said, "They close the door when I'm using the bathroom so I get privacy." Relatives told us, "They always partially cover [my relative] whilst doing personal care," and, "They have been very good. I can't thank them enough." One relative said, "What I really like is that they always talk to [my relative] even though they can't respond. They say goodbye too before they leave, which is nice."

People received care from the same care workers, as far as possible. When the care package started people were introduced to more than one staff member, so when cover was required due to sickness or leave the person knew the replacement staff member coming to support them. One person told us, "It's usually the same carers, which is what I like."

People using the service told us they were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out. The staff we spoke with told us they tried to help people who used the service to remain as independent as possible.

One staff member told us, "I encourage people to do as much for themselves as possible. I say, "Go on you can do it, I'll help you." Other staff said, "I always give choices. I'll ask what they want to eat or wear today," and "I will ask if they want to watch TV or listen to the radio. It's always their decision."

The agency had a policy on ensuring equality and valuing diversity. Staff we spoke with said that this was covered during their induction training. The routines, preferences and choices of people were recorded in their care records, for example where a person preferred staff to wear overshoes protection when entering their home. People who used the service said that care staff understood their needs and their preferences.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, this enabled them to provide a personalised service. Staff supported people to access the community and minimise the risk of them becoming socially isolated.

One person told us, “The care workers have been coming so long we’ve got a routine, which I like. If I want something I ask and they’ll do it.” Another person said, “The care workers work very hard,” and a relative told us, “Care staff turn up on time. They are very good with time keeping.”

Care staff we spoke with informed us that they had enough travel time and could get to people on time. They said that they were given essential information about people who used the service so that they could provide appropriate care for them.

Assessments were undertaken to identify people’s support needs and care plans were developed outlining how these needs were to be met. We noted that one person’s care plan had been updated to reflect a recent change in their needs and the number of staff supporting them. Staff told us that the registered manager kept them fully informed about the changes and the support required.

Assessments included information regarding past and present medical history, the cultural and religious background of people, risk assessments including those associated with medical conditions and people's disabilities. Care plans had been signed by some people using the service to confirm that they had been consulted about the contents. People told us that the registered manager reviewed their care in consultation with them to ensure that their changing needs were noted. Care reviews took place at least every year, but more often when changes had occurred, for example one person requiring a ceiling hoist.

People had a copy of their care plan in their homes and daily care records were being completed by staff including medicines given, food choices and the person’s mood. Care records also included a copy of the service user guide, complaints procedure and accident and incident forms.

However we noted that body charts were not being completed to record and monitor any marks such as cuts or bruises, found on people using the service.

The people we spoke with all told us that a senior care worker visited them regularly to check they were happy. One person said “If I’m not happy I’d tell her but I’ve not had to complain.”

People who used the service were given contact details for the office and who to call out of hours so they always had access to senior managers if they had any concerns One person had tried to use it. They told us, “I rang the number at 2am and there was a recorded message. I did leave a message and they rang me back the next day.” They were satisfied with this response.

The people we spoke with all told us they would contact the registered manager or a senior care worker if they had a complaint. As one relative said. “I don’t remember being given the complaints procedure but I’d contact the manager if I wasn’t happy.” The complaints procedure was included in people’s care files in their homes, however three people we spoke with were not aware of this.

A person who used the service who was visually impaired told us, “They’ve given me a copy of the complaints procedure in the care plan but I can’t read it as I’m blind.” They went on to say they could read Moon, an alternative to braille; however they were not provided with information in this format. This information was passed on to the registered manager to be addressed.

Good

Is the service well-led?

Our findings

People were positive about the way the service was run. One person said, "They are very good. I have more or less the same care workers each day, and there is a rota in place." Another person said, "It's like working as a team with Practical Care Agency. We've got a routine and they know what to do. They still ask me if I'd like anything else."

The staff we spoke with all said they were able to contact the registered manager if they had any concerns. Four of the care workers told us that they did not attend staff meetings, however they confirmed that they received regular supervision. Staff told us that they received regular support and advice from the registered manager via phone calls, and in face to face meetings, and felt she was available if they had any concerns.

We saw some records of staff meetings held in May, June, August and October 2014. The number of staff attending varied from four to nine staff. Issues discussed included expansion of the service, training, new staff issues, respect and dignity, and drinks provision for people using the service.

The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. She also carried out spot checks to review the quality of the service provided in people's homes. This included arriving at times when the staff were there to observe the standard of care provided. The spot checks also included reviewing the care records kept at the person's home to ensure they were completed appropriately.

Records were available of frequent spot checks, home visits, telephone surveys and an annual satisfaction questionnaire. Any concerns identified from these sources were discussed with individual staff members during one to one meetings with the registered manager. Staff confirmed that the registered manager advised them of any changes they needed to make such as changes in the times of their visits.

One person commented in the most recent satisfaction survey, "The agency are the best – I tried five others." A compliment was also received from the local Clinical Commissioning Group. The registered manager did not have a current business plan recorded for the service, however she advised that current priorities were working to build on the agency's reputation and expand, further safeguarding training for staff and keeping abreast of the most recent legislation.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of people in relation to the care provided to them. Regulation 11(1)(3)