

Practical Care Ltd

Practical Care

Inspection report

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Ratings

Overall rating for this service

Good



Is the service effective?

Good



Overall summary

We carried out an unannounced comprehensive inspection of this service on 22 December 2014 at which one breach of legal requirement was found. The registered provider had not ensured that staff were trained in the Mental Capacity Act 2005 (MCA) and there were no systems in place to record people's consent with all care provided.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

We undertook a short notice announced focused inspection on 29 September 2015 to check that they had followed their plan and met legal requirements. We found that the provider had followed their plan and legal requirements had been met.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Practical Care on our website at www.cqc.org.uk.

Practical Care is registered to provide personal care services to people living in their own homes. The services they provide include personal care, housework, shopping and assistance with medicines.

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 staff had received training in the MCA, and understood their responsibilities under this act. Improvements had been made to the service's care records to include people's consent to any changes in their care provisions, or make decisions in their best interests if required.

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 effective?

The service was effective. Staff were trained in the requirements of the Mental Capacity Act 2005 and consent was obtained from people for the care provided.

Good



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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 was 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.

We undertook a focussed inspection of Practical Care on 29 September 2015. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of Practical Care on 22 December 2014 had been made.

We inspected the service against one of the five questions we ask about services: is the service effective? This is because the service was not meeting legal requirements in relation to the question effective.

The inspection was undertaken by one inspector. Before our inspection we reviewed the information we held about the service, this included the provider's action plan, which set out the action they would take to meet legal requirements. At the time of the inspection the service was providing care workers to 44 people, and employed 18 care workers.

At the visit to the service we spoke with the registered manager and directors, office manager, and assistant manager and trainer. We looked at six staff training files, and ten service user agreements. Following the visit we spoke with five people using the service, three care workers, and one health and social care professional.

Is the service effective?

Our findings

The people we spoke with all said they felt the staff were appropriately skilled and knowledgeable. They told us, “I’m a hundred per cent happy,” “I’m completely happy, they are very reasonable,”

“They do everything that I want them to do,” “They are alright,” and “If I say anything is not OK, they are very good at dealing with it.”

At the previous inspection in December 2014 we found that 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. We were concerned that 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.

Following the inspection the provider sent us an action plan indicating how they would address the issues raised. Training had been provided to the staff team promptly after the inspection visit.

During the current inspection we found that all of the service’s care workers who had completed their induction period, had received training in this area. A new assistant manager and trainer had been appointed for the service, and training was provided to staff both on line and in face to face sessions.

People using the service told us that they were consulted about their preferences when they started using the

service, and could make changes to their care package whenever they needed to. They said that they generally received care from a small number of care workers who knew their needs and preferences well.

On starting to use the service people or their representatives signed an agreement that they wished to receive a service, which included their right to change service provider at any time. This also included their agreement to receive support with any prescribed medicines and confirmation that their care plan and risk assessments had been agreed with them. The registered manager was also introducing a new format to confirm that people understood and consented when any changes were made to their care plans and risk assessments. Where relevant this included a section for people to complete on behalf of the person they represented, confirming that they felt the changes were in their best interest.

Care workers we spoke with confirmed that they had received training in the MCA and understood how this impacted on their role. They gave examples of how they supported people to make decisions about clothing, meals, and how they spent their time, and were clear about the importance of respecting people’s decisions, even if they thought they knew what the person would prefer. They told us that people currently using the service were able to make decisions for themselves. However they were clear that if this changed, and someone was unable to do so, they would need to consult with an advocate in order to make a significant decision in their best interests.

A health and social care professional that we spoke with, had no concerns about the service’s ability to work within the framework of the MCA. They told us, “We can’t praise them highly enough.”