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Community Home Care Provider

Inspection report

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Date of inspection visit:
22 May 2017

Date of publication:
11 August 2017

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

Community Home Care Providers is a domiciliary care agency that provides personal care and support to people in their own homes. At the time of our inspection they were providing a service to 37 people in the community mainly from the London Boroughs of Merton and Sutton.

We last carried out a comprehensive inspection of this service in April 2015 and gave them a rating of 'Good' across the five outcome areas. At this inspection we continued to rate them as 'Good' across four outcome areas and 'Requires Improvement' for the outcome area of 'Safe'.

This is because the provider had not kept up to date with current guidelines and practice regarding the recording of the administration of medicines. This meant there was a possibility care workers may not be able to account for all the medicines given to people as they did not keep an accurate record of the medicines they supported people with. Therefore there was a risk people may not receive all the medicines prescribed to them.

Notwithstanding the above, people continued to receive a safe service from Community Home Care Providers. Care workers were trained in safeguarding adults at risk and knew what action they should take if they had concerns about any individual. The provider also completed pre-employment checks to ensure as far as possible only suitable people were employed by the agency.

The service continued to have a registered manager in post. 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 2008 and associated Regulations about how the service is run.

The registered manager was aware of their responsibilities with regard to notifying other agencies of significant events which may affect the well-being of people. The service was open and transparent and people told us they felt able to raise any issues or concerns. There was a complaints policy in place which was readily available, if people had any issues to raise with the provider.

The provider had a number of audits and mechanisms in place to continually review the quality of the service. This included quarterly spot checks on care workers and annual questionnaires which helped to identify areas of improvement.

Care workers were supported to undertake their roles. This included an induction period and training which was refreshed regularly. Care workers were also supported with one to one supervision sessions and weekly team meetings to ensure they remained suitable and competent to undertake their work.

People received personalised care that met their needs. People needs were assessed and recorded so care workers were clear about how to support people effectively and safely. These care plans were reviewed

regularly and whenever there was a change in people's circumstances.

The provider planned care so people often had the same care worker. This continuity was welcomed by people who felt comfortable with care workers who understood their needs and routines. This also meant workers were alert to changes in people's health and could liaise with healthcare professionals accordingly.

People told us the care they received ensured their privacy and dignity. Consent was sought prior to care being provided and people were encouraged to maintain their independence whenever possible. People were given choices about how care was to be provided, this included what to eat and drink. If risks to people's health were identified, then action was taken to minimise and mitigate adverse effects on people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always good. The provider trained care workers to give medicines and regularly checked their competency to do. However, they did not adequately record the medicines administered so there was a possibility people may not have received the medicines as prescribed.

Notwithstanding the above, people told us they felt safe. The provider had measures in place to safeguard adults at risk, this included undertaking recruitment checks so only suitable people were employed.

There were risk assessments in place which identified potential risks to people and how these could be mitigated. There were contingency plans in place so if there was an emergency, people would still receive a service.

Is the service effective?

Good

The service remains good.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service remains good.

Is the service well-led?

Good

The service remains good.

Community Home Care Provider

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 checked 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.

This was a comprehensive inspection, which took place because we carry out inspections of services rated 'good' every two years. The inspection took place on 22 May 2017 and was announced. We gave the provider 48 hours' notice of the inspection as we needed to be sure managers would be available for us to speak with on the day of the inspection; Otherwise managers can sometimes be out supporting people in the community. The inspection was completed by one inspector.

Before the inspection we reviewed all the information we had received about the service. This included statutory notifications which the provider is required to send us about significant events and incidents that occur within the service.

During the inspection we met with the registered manager and other office staff. We reviewed the care plans of five people who used the service, five staff files and information about the running of the service.

After the inspection we spoke on the telephone to five people or their relatives about the service provided by Community Home Care Providers and two care workers. We also had contact with a local authority quality assurance team.

Requires Improvement

Is the service safe?

Our findings

We saw care workers received medicines awareness training. Their competency to administer medicines was annually appraised during spot checks completed by senior managers within the organisation who were registered nurses. The provider required people's medicines to be in blister packs for ease of administration. People told us when they required assistance or prompting to take their medicines, care workers supported them to do so.

However, the provider was not up to date with current practices regarding the administration of medicines in line with the National Institute for Health and Care Excellence (NICE) guidelines. The guidelines state 'In the case of medicines being the intervention it should be possible from the record made to identify what medicine was given, what date this occurred on, when it occurred and who carried out the intervention'. We found a number of entries in the daily records which stated for example, "blister plus 2 co-codomel." There were no details of what medicines were in the blister pack. This meant care workers who supported people with their medicines may not be able to account for all the prescribed medicines being given. Nor was their system of recording medicines administration in line with good practice.

We discussed this with the registered manager during the inspection, who told us they were 'prompting' people to take their medicines and not 'administering'. We subsequently clarified with the registered manager that where people were being supported with their medicines, through prompting or administration, appropriate records needed to be maintained about all medicines the person needed support with.

The provider continued to keep people safe. People told us they felt safe with the care provided by Community Home Care Providers. A relative told us, "I trust them totally which means I can go out, or they will take [husband's name] out for a little while."

Care workers were trained in safeguarding adults at risk. This training was refreshed annually and we saw at the weekly team meetings there were opportunities to discuss if care workers were concerned about any individual. Care workers we spoke with were able to tell us about the types and signs of abuse. The registered manager told us they had their training recently refreshed with the London Borough of Merton; they went on to tell us about their responsibilities to report any concerns.

The provider continued to complete a range of recruitment checks to help ensure only suitable staff were recruited. We saw checks included completed applications forms, proof of identity and address and two references. The provider also completed criminal records checks at the point of employment and these checks were renewed every three to four years subsequently.

There were measures in place to identify and mitigate risks to people. During the initial assessment of people's needs managers completed a health and safety check which included considering the environment. Other assessments were completed dependent upon people's needs, for example if a person required help with moving around then a moving and handling assessment was completed which identified

how to best support people and what equipment may be required. The risk assessments were completed annually but more frequently if people's needs had changed.

The provider kept a record of all accidents and incidents. In this way they could monitor and identify any patterns or trends. The registered manager was able to give us an example of someone who had a fall at home and been admitted to hospital. The care plan for this person had been re-written to accommodate the changes in the person's needs.

There were a number of emergency and contingency plans in place to minimise disruption to people in the event of foreseeable emergencies. For example, computer records were backed up and the provider was able to use another office if their existing building became inaccessible for some reason. The provider also maintained an out of hour's emergency service for care workers and people who used the service. A care worker told us how the out of hour's service "was hectic on Sundays, but they always get back to you." This meant care workers and people felt advice was available when they needed it.

Good

Is the service effective?

Our findings

Care workers continued to be trained to undertake their roles and responsibilities. The registered manager told us about the induction process for new care workers. It included a two week period of theory and practical classroom based learning before they offered direct care to people. A care worker who had recently completed the training told us how beneficial it had been.

Training was refreshed regularly by the provider so it continued to be in line with best practice. Training was offered by the registered manager and other office staff who had undertaken 'train the trainer' courses and were therefore qualified to complete the training. We saw there were 21 topics which were covered over a week period. If care workers were unable to attend, then the courses were continually repeated until all care workers had completed the training. The courses included pressure area care, communication and healthy eating and hydration. The care staff we spoke with confirmed the level of training.

Care workers were also well supported to undertake their roles. We saw they had regular one to one sessions with their managers and annual appraisals. This gave care workers the opportunity to discuss their professional development and any issues which caused them concern. There was also a weekly team meeting during which care workers refreshed their knowledge by watching a DVD or talking about a particular issue. Care workers were then provided with a hand-out to take away with them which helped to reinforce their learning.

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. Any application to do so for people living in their own homes must be made to the Court of Protection.

We checked if the provider was working within the remit of the MCA. We saw care workers received training on the principles of the MCA and the impact it may have on people's lives. The registered manager told us about recent training they received from the London Borough of Merton about how to work within the remit of the MCA.

People were supported to stay healthy. A relative gave us an example when they told us, "They [care workers] are very good at spotting if something is wrong like when mum had a UTI [a urinary tract infection]." This meant the provider took prompt action where staff identified concerns to ensure people stayed as well as possible. The registered manager was also able to give us examples of contact they had with GP's and pharmacists when there was a possibility of people running out of their prescribed medicines to prevent this from happening.

In circumstances where the provider was responsible for people's dietary needs, we saw appropriate action was taken. We saw within people's care plans information was gathered regarding their needs and preferences. For example, with a person who was diabetic there was information about suitable food that was low in sugar, but also the persons' preferred flavours.

Good

Is the service caring?

Our findings

People told us they thought Community Home Care Providers was a caring service. Comments we received included, "I think they are excellent", "We've used them for years and mum is very fond of them of them" and "Give really good care".

People were particularly positive about the continuity of care workers. One person told us, "I know [care worker's name] will be there and I'm not left wondering who's coming" and a relative said, "So reliable, don't ever leave us without a worker". This was confirmed by records we looked at, which showed people had the same one or two care workers throughout the week. This level of continuity meant care workers became knowledgeable about people's needs, routines and preferences and meeting their needs.

Care workers treated people with privacy and dignity. People and relatives told us they were treated in a respectful manner. Care workers we spoke with were able to give us examples of how they completed personal care whilst maintaining people's privacy and dignity. This included for example, covering people with a towel whilst getting them ready for a shower and making sure curtains and doors were closed.

We saw care plans addressed people's level of independence and choice where possible. For example, there were prompts for care workers which were written in the first person and with people's co-operation. For example it stated in one care plan, "I am able to wash myself and put my own clothes on, but I need some help with fastenings." In this way the provider helped to ensure people maintained their level of independence.

There were also a number of examples where it stated the choices people could make for themselves and the care plans reminded care workers of this. This included people being able to decide what they wanted to eat, wear and in some circumstances where they wanted to go. Regular meetings meant people were given opportunities to continually review their packages of care more formally. In this way, people were receiving care and support which was in line with their needs and wishes.

The provider had developed a service user's information folder which was given to every new person as they started receiving a service. The folder contained important information such as the complaints policy and how people could contact the service in an emergency. We saw care workers were supplied with uniforms and badges which identified them as working for Community Home Care Providers. People could therefore assure themselves of the identity of the care worker coming into their home.

Staff were trained in end of life care. The registered manager said they had provided end of life care to people in conjunction and with support from healthcare professionals. They were also aware of the impact of end of life care could have on care workers and therefore ensured they received additional support than the norm to undertake their role.

Good

Is the service responsive?

Our findings

The provider continued to meet people's assessed needs. We saw people's care plans contained important information from a number of sources. This included background health information from hospitals and social care assessments from the local authority. In gathering this information the provider was establishing if they were an appropriate agency to offer care and support.

Once information had been gathered, the provider completed their own assessment and a care plan was developed which was specific to the individual. The care plan outlined what tasks needed to be completed during each call made by the agency. There was advice to the care workers about what was important to the person and their preferred routines. In one care plan we saw, it highlighted the person liked to have 'scrambled eggs done in the microwave for two minutes' and the person liked to 'dress in clothes of their own choice.'

The provider worked with other agencies to ensure the transitions between services were as effective as possible. The provider had regular contact with the local authority and hospitals to gather information or to relay it. This helped to make sure professionals had key information when providing care to people who used the service.

We saw care plans were reviewed regularly and signed by people, if they were able to. The registered manager told us each care plan was reviewed at least annually and more often if people's circumstances or needs changed. In this way, the provider was helping to ensure care was provided in line with people's current needs.

The provider continued to deal with complaints appropriately. People were made aware of the complaints policy and there were a number of opportunities for them to regularly comment on the quality of the service they received. We saw two complaints had been made in the last year and both had been resolved by the provider. We noted the complaint policy contained incorrect information. It referred to the CQC being a complaints agency and an incorrect address was given. We discussed this with the registered manager, who agreed to change the policy so it made it clear that people could complain to their funding body or if they remained unhappy, to the Local Government Ombudsman.

The provider recognised the importance of helping to reduce social isolation. In some care plans we saw part of the care workers' role was to book people a taxi, accompany them to the shops or 'help to take them anywhere they wished to go'. As many people were physically unable to go out, care plans stressed the importance of 'sitting and chatting' to people. This helped to ensure people were receiving social and meaningful interaction during visits.

Good

Is the service well-led?

Our findings

The provider continued to have a range of effective systems in place to monitor and assess the quality of the service. In particular we saw they completed spot checks on care workers every three months. Information from these checks was then recorded and used as the basis of the care workers' one to one meetings. The registered manager told us, this meant they could observe care workers practice, advise on their observations and in some situations offer more training if they were concerned. We were given an example, where a care worker for whom English was not their first language, had written something in a care plan which could be interpreted as rude. This had been raised with the member of staff, who had also been given additional training in written communication.

In addition to the spot checks on care workers within people's homes, there was a range of other mechanisms used by the provider to gather the views of people who used the service. The provider contacted people every two months to ensure the quality of the service was good and recorded the outcome of their response. There was also an annual survey, the registered manager told us as previous postal surveys did not get a high response rate, they now visited each person to complete the questionnaire with them directly.

The registered manager was open and inclusive. Care workers said they felt they could approach the registered manager with issues and concerns regarding their work or personal lives, and their views would be listened to. People using the service also told us they would have no hesitation in contacting the registered manager or office staff if they had issues or concerns. The registered manager had an understanding of their role and responsibilities particularly with regard to legal obligations to meet CQC registration requirements and for submitting statutory notifications of incidents and events involving people using the service.

Care workers said they felt they were part of a team working to provide good quality care to people. The team ethos was developed through the annual refresher training which care workers undertook together. There was also a weekly team meeting which gave the opportunity to refresh learning and for care workers to discuss any issues or concerns that had arisen in the previous week.

The registered manager told us they wanted to maintain the quality of the service rather than to grow it. This meant they sometimes turned work away if they did not feel they could adequately meet the needs of people. This was confirmed by the local authority who told us the agency did not take on all the work that was referred to them, as the agency considered they would not have adequate resources. The local authority welcomed this response.