

KRG Care Limited

My Homecare North West London

Inspection report

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Date of inspection visit:
10 January 2019

Date of publication:
21 February 2019

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

The inspection of My Homecare North West London took place on the 10 January 2019 and was announced. The provider was given two days notice because the location provides a domiciliary care service. My Homecare North West London is registered to provide Personal Care services to people in their own homes. The services they provide include personal care, housework and prompting people to take their medicines. At the time of this inspection, the registered manager informed us that there were 57 people who used the service. The majority of them lived in Ealing and the rest lived in Harrow. The service is part of the National My Homecare Franchise and they received support from the franchisor.

Not everyone using My Homecare North West London receives a regulated activity. CQC only inspects the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

The last comprehensive inspection we carried out in December 2017 found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. The service failed to provide adequate risk assessments which included guidance to care workers for managing risks to people who used the service. During this inspection in January 2019, we found that the service had taken action to comply with the requirement. The service had the required risk assessments in place to provide guidance for care workers and ensure the safety of people. For example, the care records of a person who had diabetes contained a risk assessment with guidance on action to take if they became unwell or had hypoglycaemia or hyperglycaemia. In the case of epilepsy, there was guidance regarding ensuring people were kept safe when having a seizure.

At the last comprehensive inspection we found that the service did not have sufficiently effective quality assurance systems for fully assessing, monitoring and promptly improving the quality of care provided for people. We recommended that the service regularly audit progress and action taken to ensure that deficiencies are promptly identified and rectified. During this inspection we found that the service had taken appropriate action. The service had a system of regular checks to ensure people received the care they needed. Regular audits had been carried out since the last inspection. Where deficiencies were identified, the service had taken action to improve deficient areas. We further noted that the monitoring report of a local authority indicated that the service had made improvements and no significant concerns were identified.

We received positive feedback from people and relatives of people who used the service. They spoke highly of care workers and informed us that they were satisfied with the care and services provided. They informed

us that people had been treated with respect and they were safe when cared for by the service.

The service had a policy on ensuring equality and valuing diversity and was committed to anti-discrimination and upholding the human rights of individuals. Care workers recognised the importance of treating people with dignity and respect. There was a safeguarding adults' policy and care workers were aware of the procedure to follow if they suspected people were being abused.

The service had a policy and procedure for supporting people with medicines. The registered manager told us that care workers did not administer medicines but only prompted people to take their medicines. We noted that medicines support training had not been provided by either a pharmacist or healthcare professional. This is needed to ensure that care workers are provided with appropriate training by professionals with current knowledge of medicines. We have made a recommendation in respect of this.

The service had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks prior to being employed. We examined a sample of seven records of care workers. We noted that these records had the necessary documentation such as a Disclosure and Barring Service check (DBS), references, evidence of identity and permission to work in the United Kingdom.

The service had a training programme to ensure care workers were able to care effectively for people. Certificates were seen in the records of care workers. Care workers had the necessary support and supervision from management staff. Teamwork and communication within the service was good. New care workers had been provided with a comprehensive induction programme to equip them for their duties.

Care workers were caring in their approach and able to form positive relationships with people. There were arrangements for encouraging people and their representatives to express their views and make suggestions regarding the care provided. Individual assessments and care plans had been prepared for people. The care documentation included information regarding people's individual preferences, their cultural and religious background. Regular reviews of care had been carried out to ensure that people received appropriate care.

The service had a complaints procedure and people and their representatives knew who to contact if they had concerns. Complaints recorded had been promptly responded to. Feedback received in monitoring forms and in their 2018 satisfaction survey indicated that people and their representatives were satisfied with the management of the service.

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.

Care workers were aware of the safeguarding policy and knew how to recognise and report any concerns or allegation of abuse.

Risk assessments had been prepared for people to ensure their safety.

The service had arrangements in place for prompting people to take their medicines. However, training had not been provided by a healthcare professional or pharmacist. We have therefore made a recommendation in respect of this.

Care workers were carefully recruited. There were sufficient care workers to meet people's needs.

Is the service effective?

Good 

The service was effective.

Care workers had received support from management and been provided with induction, training and supervision.

People's care needs and choices were assessed and responded to.

There were arrangements for meeting The Mental Capacity Act 2005.

Is the service caring?

Good 

The service was caring.

Care workers were highly regarded and treated people with respect and dignity. They formed positive relationships with people.

The preferences of people had been responded to. People and their representatives were involved in decisions regarding the care.

Is the service responsive?

The service was responsive.

The service listened to people and their views and responded appropriately.

Care plans addressed people's individual needs and choices. Regular reviews of care took place with people and their representatives.

People, their relatives and representatives knew how to complain. Complaints recorded had been promptly responded to.

Good 

Is the service well-led?

The service was well led.

There were regular checks and comprehensive audits of the service.

People and their relatives expressed confidence in the management of the service.

Care workers worked well as a team and they informed us that they were well managed.

Good 

My Homecare North West London

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.

The inspection took place on 10 January 2019 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. One inspector carried out this inspection. At the time of this inspection the service had 53 people who used their service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. In addition, we reviewed information we held about the service. This included any notifications and reports about the service.

We spoke with seven people who used the service and three relatives of people who used the service. We also spoke with the nominated individual, the registered manager and seven care workers. We obtained feedback from two social care professionals. The nominated individual is either a director, manager or secretary of the organisation with responsibility for supervising the management of the regulated activity.

We reviewed a range of records about people's care and how the service was managed. These included the care records for eight people using the service, seven staff recruitment records, staff training and induction records. We checked the policies and procedures and the insurance certificate of the service.

Is the service safe?

Our findings

The last comprehensive inspection we carried out in December 2017 found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment. The service failed to provide adequate risk assessments which included guidance to care workers for managing risks to people who used the service. During this inspection in January 2019, we found that the service had taken action to comply with the requirement. The service had the required risk assessments in place to provide guidance for care workers and ensure the safety of people. For example, the care records of a person who had diabetes contained a risk assessment with guidance on action to take if they became unwell. In the case of a person with epilepsy, there was guidance regarding ensuring this person's safe when they have a seizure.

People and their relatives informed us that people were safe when cared for by their care workers. A person who used the service said, "I feel safe with my carers. I am happy with them. They do a good job." Another person said, "My carer is reliable and punctual. I feel safe with her." A third person said, "It's all run smoothly. The carers are punctual, respectful and polite."

The service had a safeguarding adults' policy. Care workers had received training in safeguarding people. They could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they could also report it directly to the local authority safeguarding department and the CQC if needed. The contact details of the local safeguarding team were available in the office. The service had a policy on ensuring equality and valuing diversity. The service is committed to anti-discrimination and upholding the human rights of individuals. Care workers were aware of the importance of treating people with dignity and respect.

The service had a recruitment procedure to ensure that care workers recruited were suitable and had the appropriate checks prior to being employed. The registered manager and nominated individual stated that when recruiting care workers they wanted to ensure that care workers were suitable. They would ask themselves whether the care workers to be recruited could be trusted to care for their own relatives. We examined a sample of six records of care workers. We noted that these records had the necessary documentation such as a Disclosure and Barring Service check (DBS), references, evidence of identity and permission to work in the United Kingdom.

The service had sufficient care workers to meet the needs of people. This was confirmed by people and their relatives who stated that care workers were reliable, mostly punctual and able to meet the needs of people.

The service had a policy and procedure for supporting people with their medicines. The registered manager told us that care workers did not administer medicines but only prompted people to take their medicines. This was confirmed by people and relatives we spoke with. We noted that medicines training had been provided by a trainer who was not a pharmacist or healthcare professional. This is needed to ensure that care workers are provided with appropriate training by professionals with current knowledge of medicines. We therefore recommend that the service review their medicines training to ensure that care workers are

well informed.

The service had an infection control policy. Care workers we spoke with were aware of good hygiene practices such as washing hands and wearing gloves. The service kept a stock of protective clothing and equipment in the office. Care workers said they had access to protective clothing including disposable gloves and aprons.

There was a record of accidents and incidents. Where appropriate, lessons learnt and guidance for preventing further accidents were documented to ensure the protection of people.

The service had a current certificate of insurance and employer's liability.

Is the service effective?

Our findings

People who used the service and their relatives informed us that care workers were competent and they were satisfied with the care provided. One person stated, "Happy with the carers. They are well trained. They arrive on time and do a proper job. They stay for the time allocated." Another person said, "My carer is reliable and does what she is supposed to do. She does the cooking properly."

The registered manager and nominated individual understood the importance of promoting healthy eating and a balanced diet for people. Care workers had been provided with training on the importance of nutrition and hydration. Where support with meals was required, they had recorded individual food preferences as well as people's cultural, religious or health needs within their care plans. Guidance was given to care workers on their responsibilities in preparing meals for people. Food and drink monitoring charts had been used when needed. However, most people we spoke with stated that care workers rarely prepared food for them. Some said they only heated their food for them. Two people stated that their care workers were competent at preparing their meals.

The registered manager stated that they worked closely with healthcare professionals to ensure that the healthcare needs of people were attended to. In some cases, they liaised with and were present when nurses, physiotherapists or occupational therapists visited people. Care workers were aware that some people had healthcare needs which needed monitoring. They were aware that if there was a significant change in people's health or in their weight they would inform their manager, relatives or medical staff involved. They were also aware that they could contact the emergency services if needed such as when people suddenly become unwell.

Care workers were knowledgeable regarding their roles and the needs of people. We saw copies of their training certificates which set out areas of training. Topics included moving and handling, health and safety, equality and diversity and food hygiene. Care workers confirmed that they had received the appropriate training for their role. Newly recruited care workers had undergone a period of induction to prepare them for their responsibilities. The induction programme was extensive and covered topics similar to that in the Care Certificate. These topics included duty of care, mental health, equality and diversity, working in a person-centred way, the importance of effective communication and confidentiality, safeguarding and maintaining privacy and dignity. Care workers we spoke with stated that they found the induction helpful and it prepared them for their roles. Three care workers had completed the Care Certificate and a further four care workers were working towards the Care Certificate at different levels. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. A care worker stated that they had not received training in Dementia Care. The registered manager stated that they would ensure that all care workers were provided with this training.

Care workers said they worked well as a team and received the support they needed. The registered manager carried out supervision and checks of care workers when they were on duty. This enabled them to review their progress and development. Care workers we spoke with confirmed that these took place and we saw documented evidence of this. Appraisals had not yet been carried as care workers were newly

recruited.

We checked whether the service was working within the principles of The Mental Capacity Act 2005 (MCA). The 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 decision made on their behalf must be in their best interests and as least restrictive as possible. The registered manager informed us that most people using the service had close relatives such as people's spouses, their next of kin or advocates who could be consulted if people lacked capacity. She was aware that where needed, best interest decisions would need to be recorded. Information regarding people's mental state was documented in the care records. Details of people's next of kin were also recorded.

The registered manager stated that most of the care workers had received MCA training. With one exception, care workers had an understanding of the MCA. They were aware of the relevance and importance of obtaining consent from people or their representatives regarding their care. They stated that they explained what needed to be done prior to providing personal care or assisting people. They knew that if people did not have the capacity to make decisions then they should refer matters to their manager so that professionals involved and people's next of kin could be consulted. One care worker told us that they had not received training in the MCA. The registered manager stated that she would ensure that training was arranged for all care workers.

Is the service caring?

Our findings

People and their relatives were positive about the care provided by care workers. With one exception they told us that care workers listened to them and were pleasant and caring towards people. One person said, "My carers are very nice to me. They understand my culture. They take their shoes off when they enter my home. One of them talks my language and cooks the food I like to eat." Another person said, "Happy with my carers. They treat me with respect and they are careful and gentle when providing care. They communicate well with me." One relative said, "My relative has a good relationship with the carers. They are respectful. We are happy with them." A second relative stated that there was an occasion when a care worker did not behave appropriately. This relative stated that the service took appropriate action when it was brought to their attention.

Care workers we spoke with had a good understanding of the importance of treating people as individuals and respecting their dignity. They were able to describe to us how they protected the privacy and dignity of people by ensuring that where necessary doors were closed and curtains drawn when attending to people's personal care. They said they would also first explain to people what needed to be done and get their consent. Spot checks had been carried out by the registered manager to ensure that care workers upheld the principles of dignity and respect and supported people's independence.

The service involved people and their representatives in preparing and organising care for people. This was confirmed by people and their representatives and noted in feedback forms we examined. There was evidence of meetings and discussions with people and their representatives either face to face or via the telephone.

Care plans included information that showed people or their relatives had been consulted about their individual needs and the type of tasks people needed help with. We saw information in people's care plans about their choices and preferences. Care records also included information regarding their background, choice of care worker, language spoken and religion.

The service had a policy on ensuring equality and valuing diversity. Care workers we spoke with had a good understanding of equality and diversity (E & D) and respecting people's individual beliefs, culture and background. They had a good understanding of people's culture and what was expected when entering the homes of people from other cultures. One person informed us that their care worker understood their culture and spoke the same language. Another person stated that their care worker removed their shoes before entering their home in accordance with their wishes.

The registered manager stated that the service aimed to match care workers with people they could get along with. Some care workers were matched with people from the same cultural background or who could speak the same language.

We discussed the steps taken by the service to comply with the Accessible information Standard. All organisations that provide NHS or adult social care must follow this standard by law. This standard tells

organisations how they should make sure that people who used the service who have a disability, impairment or sensory loss can understand the information they are given. The service had an Accessible information policy. The registered manager stated that the service matched care workers with people who spoke the same language so that communication with people could be improved. For example, this included matching people who spoke Gujarati or Punjabi with care workers from the same cultural background. She also stated that where needed they would translate documents into the language people understood. The service had supported people with speech conditions and used aids such as pictures and large printed question and answer booklets to enable them to communicate with people. People and their relatives informed us that care workers communicated well with them.

Is the service responsive?

Our findings

The service responded to the needs of people and care workers provided care as stated in their care plans. This was confirmed by people and their relatives. They told us that they were satisfied with the care provided. One person said, "I am very happy with the carers. They are reliable and do what they are supposed to do. I have no complaints. I can ring the office if I need to." A second person said, "They stay the length of time and are careful when helping me. I have no complaints."

The service involved people and their representatives when assessing people's care requirements, The assessments included important information about people's health, potential risks, allergies, mobility, medical, religious and cultural needs. People's choice of visit times and the type of care worker they wanted were also documented. Care plans were then prepared and agreed with people or their representatives. This ensured that people received care that was appropriate.

Care workers told us that they had had received information regarding the care plans from the registered manager in advance of care being provided to any new person. They told us that communication with the registered manager and office based staff was good. We discussed the individual needs of people with care workers and what was expected of them when they visited people. We discussed the care of people who had specific needs such as those with diabetes, epilepsy and dementia and any problems which may be experienced. They could describe the needs of people and their duties. Care workers could tell us about the dietary needs of those with diabetes, that they should have a sugar free diet. They knew about the complications such as hypoglycaemia and hyperglycaemia and the need to contact the emergency services if people with diabetes became very ill.

One care worker was also aware that if someone had epilepsy and experienced a seizure, they should ensure that this person was in a safe position and carefully monitored. They were also aware of the need to contact the emergency services if the seizure lasted longer than a few minutes. We also discussed the care of people with dementia. Care workers were aware of the need to be patient towards people if people do not understand or remember what was said. They said they would give people time and also repeat themselves as people may not remember what was said. People and their relatives stated that care workers were competent and knew how to meet the care needs of people. Some relatives stated that they had the same care workers for many months.

Reviews of care had been arranged with people and their relatives to discuss people's progress. This was noted in the care records of people. People and their relatives confirmed that this took place and they had been involved.

The service had a complaints procedure and this was included in the service user guide. People and relatives informed us that they knew how to complain. Complaints made had been promptly responded to. One relative complained that some carers did not stay their allocated time. This was passed on to the registered manager who agreed to investigate the matter. Another relative informed us that they had made a complaint and this had been responded to appropriately by the service.

Is the service well-led?

Our findings

At the last comprehensive inspection we found that the service did not have sufficiently effective quality assurance systems for fully assessing, monitoring and promptly improving the quality of care provided for people. We recommended that the service regularly audit progress and action taken to ensure that deficiencies are promptly identified and rectified. During this inspection we found that the service had taken appropriate action. The service had a system of regular checks to ensure people received the care they needed. Regular audits had been carried out since the last inspection. Where deficiencies were identified, the service had taken action to improve deficient areas. We further noted that the monitoring report of a local authority indicated that the service had made improvements and no significant concerns were identified.

The registered manager stated that the service also had quality monitoring systems in place to ensure that the care provided by care workers met people's needs. She stated that checks on care workers and services provided had been carried out by her or senior staff of the service. These included visits made when care workers were working and these checks were documented. This was confirmed by care workers, people and relatives we spoke with. The registered manager had also carried out reviews of care with people and their relatives to receive feedback from them. In between these reviews, telephone monitoring had also been carried out and forms completed.

The service is part of the National My Homecare Franchise and they receive support and guidance on the management of the service from the franchisor. The franchisor's national quality manager provided regular up-dates and carry out quality assurance visits to the service to assess progress and share best practice learned from other franchisees.

We received positive feedback regarding the service from people and relatives we spoke with. The feedback indicated that people were pleased with the services provided. People and relatives we spoke with expressed confidence in the management of the service. One person said, "They are doing a good job. The manager came last month to check on things. They have also spoken to us on the phone." Another person said, "I am satisfied with the service. They treat me well and they communicate well. The manager have done checks and visited me. I have their telephone number to contact if there are any problems."

Positive feedback was also received from two care professionals. They informed us that the service provided care that met the needs of people and they had no concerns regarding the management of the service.

The service had a range of policies and procedures to provide staff with guidance. These included the safeguarding procedure, infection control policy and complaints procedure.

Care workers were aware of the aims and objectives of the service and stated that they aimed to provide a high quality service which met the needs of people and treat people with respect and dignity. They told us that they were well treated by management. Care workers stated that their manager and nominated individual were supportive and approachable. They indicated to us that they had received guidance

regarding their roles and responsibilities. They had been provided with essential information about people they visited. There were meetings where care workers were kept updated regarding the care of people and the management of the service. These minutes were available for inspection.

The service had a management structure with a registered manager supported by the nominated individual. The service also employed an administration staff. The registered manager and nominated individual stated that they would be employing a care co-ordinator soon.

The service had carried out their annual satisfaction survey. Feedback received in monitoring forms and their 2018 satisfaction survey carried indicated that people and their representatives were satisfied with the management of the service. We also saw completed evaluation forms from people and their representatives. We saw that the feedback received was positive and indicated that people were satisfied with the services provided.