

KRG Care Limited

My Homecare North West London

Inspection report

79 College Road
Harrow
Middlesex
HA1 1BD

Tel: 02037868875

Date of inspection visit:
11 December 2017

Date of publication:
23 January 2018

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

The inspection of My Homecare North West London took place on the 11 December 2017 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 35 people who used the service. The majority of them lived in Ealing and the rest lived in Harrow. This is the first inspection as the service was newly registered in March 2017.

Not everyone using My Homecare North West London receives 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.

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. 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 the administration of medicines. The nominated individual told us that care workers did not administer medicines but only prompted people to take their medicines.

Risk assessments were seen in the care records of people. However, they were not sufficiently comprehensive as they did not inform care workers of what specific risks or problems may be experienced by people concerned and how to keep people safe. For example, there was no mention of risks of hypoglycaemia or hyperglycaemia for someone with diabetes. In the case of epilepsy, there was no guidance regarding ensuring people were kept safe when having a seizure. One person who displayed behaviour which may challenge the service did not have a risk assessment. The required risk assessment for this particular person was provided soon after the inspection. We have made a requirement in respect of this. The nominated individual stated that they would ensure that the required risk assessments were provided.

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 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 a training programme to ensure care workers were competent and able to care effectively for people. Certificates were seen in the records of care workers. They had the necessary support and supervision from management staff. Teamwork and communication within the service was good. New care workers had been started on a comprehensive induction called The Care Certificate.

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 and the management of the service. Individual assessments and care plans had been prepared for people. However, the care documentation lacked information regarding people's cultural and religious background. After the inspection, the registered manager provided us with their new format for recording this information. 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. People and their representatives expressed confidence in the management of the service.

The registered manager stated that an audit of the service had been carried by the franchisor several months previously. We however, noted that there was no documented evidence of this or any other regular audits. We saw no written evidence of regular audits in areas such as complaints made, policies and procedures, care documentation and training. Comprehensive audits are needed so that the service can identify and promptly rectify deficiencies. We have made a recommendation in respect of this.

The registered manager informed us that the service was newly set up and they were in the process of arranging their audits.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

Risk assessments for some people who needed them were not in place during the inspection.

The service had arrangements in place for prompting people to take their medicines.

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

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

Infection control measures were in place and care workers observed hygienic practices.

Requires Improvement ●

Is the service effective?

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.

Good ●

Is the service caring?

The service was caring. The feedback received from people and their relatives indicated that care workers were highly regarded. Care workers treated people with respect and dignity.

The preferences of people had been responded to. Care workers were able to form positive relationships with people. People and their representatives were involved in decisions regarding the care.

Good ●

Is the service responsive?

Good ●

The service was responsive. The registered manager, nominated individual and care workers 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.

Is the service well-led?

Checks of the service had been carried out. These included spot checks on care workers and reviews of the services provided. Telephone monitoring had been carried out to obtain feedback from people who used the service. However, there was no documented evidence of regular and comprehensive audits of the service. This is needed to identify and promptly rectify deficiencies.

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.

Requires Improvement ●

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 11 December 2017 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 35 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 plan to make. In addition, we reviewed information we held about the service. This included any notifications and reports provided by the service.

We spoke with five people who used the service and two relatives of people who used the service. We also spoke with the nominated individual and the registered manager. We also obtained feedback from two social care professionals.

We reviewed a range of records about people's care and how the service was managed. These included the care records for five people using the service, six 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 care records of people contained a section for risk assessments. Identified risks included risks associated with falling, people's living environment and medical conditions. However, we noted that not all potential risk had been identified and guidance provided for care workers. For example, there was no risk assessment with information on risks such as hypoglycaemia or hyperglycaemia for someone with diabetes. In the case of a person with epilepsy, there was no risk assessment with guidance regarding ensuring people were kept safe when having a seizure. One person who had exhibited aggressive behaviour which may challenge the service did not have a risk assessment to ensure that care workers were provided with guidance on how to care for them.

Failure to provide adequate risk assessments which included guidance to care workers for managing risks to people is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

The risk assessment for the person with behaviour which may challenge the service was provided soon after the inspection.

People who used the service and their relatives told us that people were treated with respect and dignity by care workers. People informed us that care workers were aware of their care preferences and special needs. A person who used the service said, "I am very happy with my carers. They are punctual and do a good job." Another person said, "I feel safe with my carer. When my carer uses the hoist she checks the hoist every time. My carer is also hygienic and clean." One relative said, "My relative is safe with the carers. They are hygienic and clean and wear gloves. They wear a badge too."

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 Care Quality Commission (CQC) if needed. The contact details of the local safeguarding team were available in the office.

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 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 and 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. With one exception, all people and their relatives we spoke with were satisfied with the attendance of their care workers. Care workers had been provided with support and essential training. Training provided included health and safety, moving and handling, equality and diversity and safeguarding people.

The service had a medicines policy. However, the nominated individual stated 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.

The service had an infection control policy. Care workers we spoke with were aware of good hygiene practices such as washing hands and the importance of good hygiene. 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. People informed us that care workers followed hygienic practices when attending to them.

No accidents had been recorded. The nominated individual stated that there had been no accidents. He was aware that if accidents were reported, lessons learnt and guidance for preventing further accidents would need to be provided for care workers to ensure the protection of people.

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, "I have a regular carer. My carer does the work properly. I am quite satisfied. I have no complaints." Another person said, "I am very happy. My carer is a very nice lady and she takes good care of me. She is always on time. When she helps me with care, she is gentle and explains things to me first."

There were arrangements to ensure that the nutritional needs of people were met. Where needed, people's nutritional needs had been assessed and there was guidance for care workers on the dietary needs of people. However, the registered manager and care workers we spoke with said they rarely prepared food for people. They stated that they sometimes warmed up food for people.

Care workers were aware that some people had healthcare needs. One care worker stated that if a person had lost a significant amount of weight, was unwell or had deteriorated, they would inform their manager, relatives or medical staff involved. They were also aware that they could contact the emergency services if needed.

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 important topics such as Person Centred Care, Effective Communication, Handling & Administering Medication, Safeguarding, First Aid, Sensory Impairment, Moving and Handling, Managing Challenging Behaviour, Loss and Bereavement and Mental Capacity. Most care workers had started on the "Care Certificate". The 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. Care workers we spoke with stated that they found the induction helpful and it prepared them for their roles.

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. 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.

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 or their next of kin. She stated that people's advocates or representatives would 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. Care workers had a basic 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 can be consulted.

The registered manager informed us that they aimed to deliver care in line with up to date guidance and legislation. The nominated individual stated that they had attended CQC forums for providers. The registered manager stated that as they were a franchise, they regularly received updates and guidance for domiciliary care agencies regarding legislation and new requirements from their franchisor. This ensured that they were updated on care issues relevant to the service which could help improve the care provided for people.

Is the service caring?

Our findings

People and their relatives were positive about the care provided and spoke highly of their care workers. They told us that care workers listened to them and were pleasant and caring towards people. One person said, "My carer talks nicely to me and can communicate well." Another person said, "I am happy with the care. The carers show respect and understand our culture. They use shoe protectors when they come into the house." One relative said, "I am happy with the carer. She shows respect and does a good job. My relative understands the carer. The carer speaks the same language."

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.

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. We however, noted that some people's care records did not routinely include information regarding their background, language spoken and religion. This was discussed with the registered manager who stated that this information would be recorded in the future. Soon after the inspection, the registered manager sent us their new format for recording this information.

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 relative informed us that their carer got on very well with their relative as the care worker understood their culture and spoke the same language. Another relative stated that although the care worker was not from the same culture, no communication problems were experienced.

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 tell 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 was newly registered and they intended to meet this standard. She stated that care workers were matched with people who spoke the same language so that communication with people can be improved. For example, this included matching people who spoke Gujarati or Somali with care workers from the same cultural background. She also stated that where needed they would translate documents into the language people understood.

==

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 sets out how organisations 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 was newly registered and they intended to meet this standard. She stated that care workers were matched with people who spoke the same language so that communication with people can be improved. For example, this included matching people who spoke Gujarati or Somali with care workers from the same cultural background. She also stated that where needed they would translate documents into the language people understood.

Is the service responsive?

Our findings

People and their relatives informed us that care workers provided the care needed and as stated in the care plans. They were satisfied with the care provided and they stated that care workers were responsive and helpful. One person said, "I am happy with my carers. They smile. They do what they are supposed to do and understand what I need." A relative said, "We are happy with the carer – nice carer. She stays long enough do the job. She does the job right."

People's care requirements had been assessed before services were provided and this had involved discussing the care plan with people or their relatives and representatives. The assessments included important information about people's health, mobility, medical, religious and cultural needs. People's choice of visit times and the type of care 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 had been informed by the registered manager in advance of care being provided to any new person. Care workers told us that this happened in practice and communication with their manager was good. They demonstrated a good understanding of the needs of people allocated to their care and when asked they could describe the needs of people and their duties. 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.

We discussed the care of people who had specific needs such as those with dementia and any problems which may be experienced. A care worker told us that people with dementia can be confused and forgetful and not remember what personal care tasks needed to be done. Another care worker said they would be patient with people and give them time when providing personal care. If it was difficult to provide care, they would give people time then try and explain things to them and be as encouraging as possible. They told us that they usually were successful in getting people with dementia to accept personal care. One care worker stated that people with diabetes needed a diet which did not contain sugar. She also stated that if she noted that the person concerned was deteriorating and needed urgent attention, she would inform the manager or seek emergency medical assistance.

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 had been attending late. This was discussed with the registered manager who promptly agreed to investigate the complaint.

Is the service well-led?

Our findings

One aspect of the service was not well led. The registered manager stated that an audit of the service had been carried by the franchisor several months previously. We however, did not see any documented evidence of this or any other evidence of regular audits. We saw no written evidence of regular audits in areas such as complaints made, policies and procedures, care documentation and training. Comprehensive audits are needed so that the service can identify and promptly rectify deficiencies such as lack of certain risk assessments and lack of information on cultural and religious background of people.

We recommend that the service review their quality assurance arrangements and this should include documented evidence of regular audits in areas such as complaints made, policies and procedures.

The registered manager informed us that the service was newly set up and they were in the process of arranging their audits.

The registered manager stated that the service had other quality monitoring systems in place. She stated that checks on care workers and service provided had been carried out by her. These included visits made when they were working. She had also carried out reviews of care with people and their relatives to ensure that care workers carried out their allocated tasks. Telephone monitoring had been carried out to obtain feedback from people who used the service.

We received positive feedback regarding the service from people 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, "My carer assists me with everything I need done. The manager has also visited many times to discuss the care. I feel the agency is well managed." Another person said, "The agency is well managed. The manager has visited me to review the care." A relative said, "The manager has visited and done a check. She discussed the care recently. They try to do their best."

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. 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 registered manager and nominated individual stated that until recently the service only had a few

people to attend to. However, the registered manager stated that the service had grown rapidly.

The service had not started their annual satisfaction survey. The registered manager stated that they were newly registered. She stated that a satisfaction survey would be started soon. She however, provided us with 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.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA 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.