

Independent Homecare Team Limited

Independent Home Care Team

Inspection report

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Date of inspection visit:
22 March 2016

Date of publication:
27 April 2016

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

This announced inspection took place on 22 March 2016. We told the provider two days before our visit that we would be coming, as we wanted to make sure the office staff and manager would be available. This was the first inspection of this service which was registered with the Care Quality Commission in August 2015.

Independent Home Care Team is a domiciliary care agency situated in the London borough of Greenwich. The agency provides care and support for adults living in Greenwich, Bexley and Bromley boroughs. They provide care and support to adults and older people, people living with dementia, physical disability and or sensory impairment.

At the time of our inspection there were approximately 80 people using the service and there was 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.

There were systems in place that ensured people received their care on time and people were kept safe. There were policies and procedures in place for safeguarding adults from abuse. Appropriate recruitment checks took place before staff started work and staffing levels were appropriate to meet the needs of people using the service.

Risks to people were identified and assessed to reduce any risk of harm, and there were suitable arrangements in place to manage foreseeable emergencies. Where people required support with their medicines, we saw there were robust arrangements in place to ensure medicines were managed and administered safely.

Staff received supervision, appraisals and training appropriate to their needs and the needs of people who they supported to enable them to carry out their roles effectively. There were processes in place to ensure staff new to the service were inducted into the service appropriately.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People's nutritional needs and preferences were met and people had access to health and social care professionals when required.

People told us they were treated with dignity and respect and they were consulted about their care and support needs. People were provided with information about the service when they joined and we saw that people were provided with a copy of the provider's 'service user guide' which was kept in people's homes.

People told us the care and support they received respected their wishes and met their needs. People's

support, care needs and risks were identified, assessed and documented within their care plan. People's needs were reviewed and monitored on a regular basis. People were provided with information on how to make a complaint and who to refer to if they were unhappy with the outcome. The service worked with health and social care professionals and with local authorities who commissions the service to ensure people's needs were met.

People told us they thought the service was generally well run and staff told us they received good support that enabled them to do their jobs effectively. There were systems in place to ensure consistency and quality was maintained whilst supporting people in the community. There were effective processes in place to monitor the quality of the service. People were provided with opportunities to provide feedback about 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.

There were systems in place that ensured people received care when required and people were kept safe. The service had policies and procedures in place for safeguarding adults from abuse.

Appropriate recruitment checks took place before staff started work and staffing levels were appropriate to meet the needs of people using the service.

Risks to people were identified and assessed to reduce the risk of reoccurrence. There were suitable arrangements in place to manage foreseeable emergencies.

Where people required support with their medicines, we saw there were arrangements in place to ensure medicines were managed and administered safely.

Is the service effective?

Good ●

The service was effective.

Staff received supervision, appraisals and training appropriate to their needs and the needs of people who they supported to enable them to carry out their roles effectively.

There were processes in place to ensure staff new to the service were inducted into the service appropriately.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met. People had access to health and social care professionals when required.

Is the service caring?

Good ●

The service was caring.

People told us they were treated with dignity and respect and they were consulted about their care and support needs.

People were provided with information about the service when they joined and we saw people were provided with a copy of the provider's 'service user guide' which was kept in people's homes.

People told us the care and support they received respected their wishes and met their needs.

Is the service responsive?

Good ●

The service was responsive.

People's support, care needs and risks were identified, assessed and documented within their care plan.

People's needs were reviewed and monitored on a regular basis.

People were provided with information on how to make a complaint and who to refer to if they were unhappy with the outcome.

The service worked with health and social care professionals and with local authorities who commissioned the service to ensure people's needs were met.

Is the service well-led?

Good ●

The service was well led.

People told us they thought the service was generally well managed and staff told us they received good support that enabled them to do their jobs effectively.

There were systems in place to carry out staff spot checks to ensure consistency and quality was maintained whilst supporting people in the community.

There was a registered manager in post at the time of our inspection.

There were effective processes in place to monitor the quality of the service provided.

People were provided with opportunities to provide feedback about the service they received.

Independent Home Care Team

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 22 March 2016 and was announced. We told the provider two days before our visit that we would be coming. We did this because we needed to be sure that the manager and staff would be in when we inspected.

Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also spoke with the local authorities that commission the service to obtain their views.

The inspection team consisted of two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We also visited three people using the service in their own homes to obtain their views. The expert by experience spoke with 13 people who used the service or their relatives and or carers by telephone.

We visited the office for the service and spoke with the assistant manager, senior staff who are responsible for running the office and four care workers. We looked at 11 people's care plans and records, five staff files as well as records related to the management of the service such as the service's policies and procedures.

Is the service safe?

Our findings

People and their relatives told us they had confidence in the safety of the service and felt safe with their care workers. One person told us, "Of course I am safe with my carers. They look after me very well." Another person said, "My carer always makes sure I am okay before they leave." A relative told us, "I am confident my relative is safe with the carer." People also told us that their care workers ensured where possible that they remained safe whilst absent. One person commented, "They make sure I'm ok and I always wear my alarm pendant, the carers check before they leave."

There were systems in place that ensured people received their care on time and that care workers stayed the required amount of time to ensure people were safe and their needs were met. One person told us, "I know all my carers very well. They are always on time." Another person commented, "The care is good and the carers usually come on time." A member of staff told us that a weekly staff rota was sent to people using the service who request it to enable people to know which carer will be visiting them throughout the week. They also told us that if care workers were running late due to public transport issues staff called people to let them know of the delay. This was confirmed by several people we spoke with. The assistant manager told us that the service had recently purchased an electronic call monitoring system which allowed office staff to see when care workers were at people's homes and to check that staff stayed the full length of the required call time. They told us staff had received training on the use of the monitoring system and they hoped for it to be operational soon although we were unable to check on this during our inspection. There was an out of hours on call system in place to help maintain continuity at weekends and during the night. Staff told us there was always a prompt response from the on call person if they rang for any advice or support.

There were policies and procedures in place for safeguarding adults from abuse and a copy of the local authority's safeguarding policy and contact details for staff reference. Staff demonstrated a clear understanding of what constitutes abuse and the action they would take to ensure people were kept safe and well. One member of staff told us, "I feel confident I could report any concerns or issues to the office and they would respond appropriately." Staff were also aware of the provider's whistleblowing policy and told us they would use it if they needed to. We saw that staff had completed up to date training in safeguarding adults and understood their responsibilities.

Appropriate recruitment checks took place before staff started work. Staff files contained a completed application form with employment history, interview notes with the candidate's response retained, health declarations, evidence confirming references had been obtained and proof of identity and criminal records checked. Upon successful recruitment staff were provided with an identity name badge, uniforms and a staff handbook which included key policy and procedure information such as reporting arrangements and the provider's whistleblowing policy.

People told us they felt there were enough staff working to meet their needs. One person said, "There is a good group of carers that visit most of the time and if one is off others always come in their place." People confirmed that they had a regular group of care workers that visited them and in the event of any staff holidays or sickness this was covered by the provider without too much problem. Staff told us they thought

there were sufficient staff working to ensure that people's needs were met.

Risks to people were identified and assessed to reduce the risk of reoccurrence. Care plans provided guidance for staff on how to reduce identified risks, for example risks relating to poor mobility or if someone required support with transferring from room to room. We looked at care plans and risk assessments that were kept in people's homes to see if guidance for staff on how best to deliver care in their home was available to care workers. We saw that risk assessments were in place and were reflective of people's needs. For example staff had clear guidance on how to support people to mobilise and to promote independence where appropriate. One care plan recorded; "Supported and encouraged to take a few steps whilst transferring from the bed to the chair." Risks to people's mental health and their home environment were also identified and addressed. There had been a serious incident involving a fire at the home of a person using the service during 2015. We saw that following this incident fire risk assessments were improved and included details of potential fire hazards within the home and a fire safety plan which identified people's needs and escape exit routes in the event of a fire. We saw that risk assessments were reviewed on a regular basis in line with the provider's policy to ensure people's needs and risks were managed safely.

There were arrangements in place to manage foreseeable emergencies. Staff had received training in first aid, control of substances hazardous to health (COSHH), health and safety, fire safety and fire marshal training and knew how to respond in the event of an emergency. Accidents and incidents involving the safety of people using the service and staff were recorded, managed and acted on appropriately. Accident and incident records demonstrated staff had identified concerns, had taken appropriate action to address concerns and referred to health and social care professionals when required to minimise the reoccurrence of incidents.

Where people required support with their medicines, we saw there were safe appropriate arrangements in place to ensure medicines were managed and administered safely. People told us they received support from staff to take their medicines when needed. One person said, "The carers are very good and they remind me to take my tablets when I need them." Staff told us that some people did not require support with the management of their medicines whilst other people required support or prompting to ensure they took their medicines safely. We saw that where people needed assistance or prompting to take their medicines this was recorded in their care plans and reference to the administration of medicines was also recorded in their daily notes by care staff. Medicines administration records (MAR) detailed the medicines people were prescribed and when they had been taken. We saw that MAR records were returned to the office on a regular basis to be checked for any errors or omissions. The assistant manager informed us that they were implementing a new medicines audit form which would be completed on a regular basis and at random to ensure medicines errors and risks were minimised. Staff had received appropriate regular medicines training to ensure the safe support and administration of medicines.

Is the service effective?

Our findings

People told us that staff were skilled, trained and knew their job. One person said, "The carers are very good and understand my needs. They know what I like and don't like." Staff told us they received training appropriate to their needs and the needs of people who they supported to enable them to carry out their roles effectively. One member of staff told us, "The training is good and office staff always make sure we are kept up to date." Another staff member gave an example where additional information and training was sought and provided when a new client had specific needs not encountered previously. They told us they were provided with information and training materials so they could provide the appropriate care required. They said, "The person has made significant improvements since we have supported and cared for them."

Training for staff was provided on a regular basis and the assistant manager showed us evidence of a detailed on-going training programme which had been recently changed from a three yearly review cycle to a yearly update. This also detailed that all mandatory training was to be undertaken annually from 2016. Training provided included topics such as health care risk assessments, fire safety, medication awareness, moving and handling and mental capacity amongst others. Training provided was facilitated through one to one training; group training and self-directed learning using workbooks. Each training topic had an assessment of learning and the training programmes were moderated by an accredited provider. There was a training matrix in place which monitored when each staff member required updated training. The office base had a well-equipped training room which had equipment such as a hoist and a bed for staff to practice manual handling and transfer techniques.

Staff new to the service were provided with a detailed induction period. The provider's induction programme included one to one training, introductory discussions on the provider's policies and procedures and a period of shadowing experienced members of staff. We saw a completed induction checklist in each staff members file and completed mandatory training workbooks covering a range of topics for example on person centred care and the mental capacity act. We observed that new staff were also initially supervised in their work by allocated experienced care staff. A newly recruited care worker told us they were currently working with another carer where two carers were required to gain experience. Another new care worker told us "I am now on joint visits with another carer. I have had lots of training during my induction. It has been good." The assistant manager told us they implemented and used the 'Care Certificate' for all new staff on induction and this was confirmed from records we looked at. The Care Certificate is a new nationally recognised qualification for people working in the health and social care sector.

Staff confirmed they received regular supervision and had an annual appraisal of their performance. Records showed that supervision was conducted on a regular basis and provided staff with the opportunity to feedback on their performance and progress and to identify any training and development needs. In addition we saw that spot check visits were undertaken by senior staff within the community and these acted as part of a direct observational supervision session. Staff and people using the service confirmed that spot checks were undertaken on a frequent basis and were unannounced. Staff told us there was an out of hours on call system in operation that ensured management support and advice was always available when

they needed it.

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. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. The assistant manager told us that most of the people using the service had capacity to make decisions about their care and treatment. However if they had any concerns regarding someone's ability to make decisions they would work with the person, their relatives, if appropriate, and any health and social care professionals to ensure appropriate capacity assessments were undertaken. The assistant manager also showed us a new comprehensive mental capacity assessment that was due to be implemented by the provider soon. People told us staff sought consent before care was provided. One person said, "The carers are very good, they always ask 'can I' or 'are you ready' before offering me support." Staff told us they had received training on the MCA 2005 and understood the need to gain consent when supporting people. One staff member said "I always ask people what they want or how they would like something to be done. I never just do." Records confirmed that people's capacity was assessed and any actions required were taken, where appropriate, in compliance with the law.

People told us their nutritional needs were met and people who required support with shopping for food or with cooking meals, we saw that this was recorded in people's care plans to ensure the correct support was provided. Care plans included guidance for staff about people's nutritional requirements, any known allergies and any known risks such as choking. People told us that care workers prepared meals for them, and most people told us that they were happy with the way in which care workers cooked their meals. One person said, "They [staff] don't always know how to cook some of the food I like but they are helpful and try." Another person told us, "They are very hygienic and my kitchen is always left spotless." A third person commented, "They [staff] cook me a bacon sandwich if I fancy it for lunch. I enjoy that very much." During our visit to people's homes we noted that people had drinks prepared for them and left within reach and carers provided people with hot drinks at their request to promote good hydration.

People had access to health and social care professionals when required and we saw that staff worked well with professionals to ensure people's health needs were met. Assessments of people's physical and mental health needs were undertaken and were included in their care plan to inform staff about their needs. Care records contained details of how to contact relevant health and social care professionals and their involvement in people's care. Staff told us they would notify the office if they noticed people's health needs change or if they had any concerns. One staff member told us how they liaised with other professionals and had requested support from the occupational therapist and physiotherapist when there had been a change in a person's condition.

Is the service caring?

Our findings

People told us that care workers showed understanding in the way in which support was given to them and care workers were caring and helpful. Most people told us they had a regular group of care workers that provided care and support and knew them well. One person told us, "They [staff] are so kind, I have made friends." Another person said, "They [staff] are always good, they are very friendly and we put the world to rights." A third person told us how they were very ill and their care worker stayed with them during the night to ensure they were safe. They said, "They [staff] are so caring, they will do anything for me." A relative told us how they had recently changed providers and were happy with the service and new carers as their previous provider could not cope with their loved one's dogs in the home. The person described how they had become distressed with this as they did not want their dogs shut away whilst they received care. They said, "The new service is very good and my carers are helpful and like my dogs which makes me happy."

People told us they were treated with dignity and respect. One person said, "I can't fault my carers. They talk to me and are always respectful." Another person told us, "My carers are very caring, well trained and sympathetic." Staff we spoke with provided us with examples of how they promoted people's dignity during personal care and how they maintained people's independence as much as possible. Staff demonstrated detailed knowledge of people's needs and preferences and commitment in recognising what was important to them. One care worker told us, "I go home with great satisfaction as I know I am doing a good job and supporting people appropriately." Staff were also knowledgeable about people's needs in relation to disability, race, religion, sexual orientation and gender and supported people appropriately to meet identified needs or wishes.

People told us they had been consulted about their care and support and their individual needs were identified and respected. Care plans contained a personal account of people's history; preferences about their care and detailed guidance for staff on how best to meet people's individual needs. During our visit to people's homes we noted care workers spoke kindly to people telling them about the care they were providing whilst seeking consent. Care workers asked if people were comfortable and when requested completed tasks. Care workers took time to socialise and engage people in a conversation. Staff told us they knew where to locate important information about people and their needs within their own home's and had access to people's identified care needs and risk assessments. They told us care plan records were updated regularly and were reflective of people's needs. We saw that care plans were located in people's homes and included a copy of the provider's 'service user guide' to the service, how to make a complaint and how to contact the service in an emergency.

Is the service responsive?

Our findings

People told us the care and support they received respected their wishes, was responsive and met their needs. They told us their needs had been assessed and a plan of care was developed with them and or their relatives where appropriate. A relative told us, "We drew up the care plan together with the agency so we all know what's in the care plan." Another person said, "The service is very flexible to changes I request. They accommodated my need for an early visit to ensure I'm ready in time for my transport." A relative told us, "Everyone is very helpful. The carers will change the time of their visits to accommodate hospital appointments as this means we have to get up early." People confirmed their care plans reflected their needs and were used by staff on a daily basis so they were aware of the support they required and could record any changes in their needs. One person told us, "The carers write in my care plan every time they come."

Assessments of people's needs and risks were conducted when people joined the service. The assistant manager told us that prior to any person being accepted by the service an assessment of their needs was undertaken. We saw that where appropriate local authority assessments were also conducted and contained within people's records for reference. The assistant manager explained that if someone was assessed as needing specialist equipment this was sourced through health and social care services.

People's support, care needs and risks were identified and documented within their care plan. Care plans were organised and easy to follow. The assistant manager told us they had recently implemented a new care plan which was more comprehensive and had detailed assessments covering areas such as physical and mental health needs, medicines management and support, personal history and preferences, consent, financial transactions, dementia policy and procedures, health and safety risk assessments and daily activity sheets. Care plans detailed information and guidance for staff on how best to support people. We saw care plans were reviewed on a regular basis and kept up to date to ensure changes in people's needs were met. The provider had several systems in place for reviewing people's needs which included formal review visits to people in their homes, spot checks which were unannounced, care worker frequent feedback sessions to office staff which contributed to the updating of care plans and telephone reviews. During our visit to people's homes we saw that care plans were available and present in their homes and people were aware of their plan of care and where they were kept. We also saw daily activity sheets which were kept by staff and detailed the care and support delivered to people on a daily basis. Care plans demonstrated that people using the service and their relatives, where appropriate, had been consulted about their needs and plan of care.

People told us they knew about the provider's complaints procedure and felt able to tell staff if they were not happy or if they had any concerns or issues. One person said, "They [staff] do everything I ask them. I have had no cause to complain." A relative told us, "We have information about the complaints process and would let the office know if we had any complaints." The assistant manager showed us a complaints file which included a copy of the provider's complaints policy and procedure and forms for recording and responding to complaints. Complaints records showed that when concerns had been raised these were investigated and responded to appropriately.

Is the service well-led?

Our findings

People we spoke with were complimentary about the care and support they received and the way in which the service was managed. One person said, "They are wonderful, I can't complain at all." Another person told us, "I changed from another service because it wasn't good but I do think this is a well-managed service." A third person commented, "It is a good service and they are a wonderful caring team."

Staff told us they felt well supported and thought the service was well led. Care staff said that office staff were supportive and available for any advice and guidance they required at any time. One member of staff said, "If I have any concerns or issues I contact the office and they offer me support. The out of hour's service is also very good." Staff also told us they were happy in their work and had a clear understanding of the provider's values. We saw staff were provided with a staff hand book when they joined the service to act as a guide and to remind them about the provider's policies and procedures. Staff told us communication was vital to the safe and effective delivery of the service and that they felt lines of communication were good. We saw office staff meetings were conducted on a quarterly basis and meetings for all care staff were held at six monthly intervals or sooner if required. The provider produced a six monthly staff newsletter which provided staff with information about the running of the service and any changes that may affect the way in which they worked. The assistant manager told us that they also sent regular group care worker e mails and texts to ensure staff were updated with any news or practice issues and that they had just implemented a 'new carer' feedback form which allowed people using the service to provide them with feedback about their new care workers.

There was a registered manager in post although they were unavailable at the time of our inspection. We spoke with the assistant manager who was aware of their responsibilities in relation to notifying CQC about reportable incidents and events. There were effective processes in place to monitor the quality of the service. The assistant manager showed us systems in place which included verbal feedback sessions with staff to check on people's progress, staff spot checks, accident and incident reports, service reviews held with people using the service including telephone reviews, new carer feedback forms, care plan and care record audits, medicines audits, health and safety, accidents and incidents audits and human resources audits amongst many others. These audits confirmed that checks were conducted on a regular basis to ensure the standard of service delivery was good and had identified some areas that required improvements. We noted that records of actions taken to address any highlighted areas requiring improvement were completed, for example we saw issues had been discussed with staff during supervision as appropriate, or that further training had been provided.

The service took account of the views of people using the service through annual service user surveys. We looked at the results and an analysis completed for the survey conducted in January 2016. Results were largely positive for example, 94% of people agreed that their care worker respects their opinions and views in relation to their care delivery, 99% of people said their care worker behaved professionally and 91% of people felt their care worker was appropriately trained and skilled. Added comments from people using the service included, "I have received care and assistance from the staff and have never been let down", and "Excellent quality of care".

