

Mrs Jennifer Elizabeth Piper-Griffiths

SW Homecare Agency

Inspection report

Pentax House
South Hill Avenue, South Harrow
Harrow
Middlesex
HA2 0DU

Tel: 02089384648
Website: www.swhomecare.co.uk

Date of inspection visit:
16 August 2016

Date of publication:
04 October 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

SW Homecare provides domiciliary care and support to four older people living in their own homes in Harrow and surrounding area.

The service had a registered manager in post. 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 in the Health and Social Care Act 200 and associated Regulations about how the service is run.'

People told us they felt safe with the support they received from care staff. There were arrangements in place to help safeguard people from the risk of abuse. The service had appropriate policies and procedures in place to inform people who used the service and staff how to report potential or suspected abuse. Care staff understood what constituted abuse and were aware of the steps to take to protect people.

People had risk assessments and risk management plans to reduce the likelihood of harm. The service ensured there were safe recruitment procedures in place to help protect people from the risks of being cared for by staff assessed to be unfit or unsuitable.

Care staff told us and we saw from their records that they had received training in relevant areas of their work. This training enabled staff to support people effectively.

Care staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA). People told us and we saw from their records they were involved in making decisions about their care and support and their consent was sought and documented.

People were supported with their meals. Their care plans included an assessment of their nutrition and hydration needs. People told us they chose what they ate and staff supported them with meals.

People told us they were treated with dignity and respect. Care staff understood the need to protect people's privacy and dignity. People told us staff knocked on their doors before they could enter their homes.

The service encouraged people to raise any concerns. At the time of this inspection, the service had not received any complaints.

Staff gave positive feedback about the management of the service. The registered manager was approachable and fully engaged with providing good quality care for people who used the service. They encouraged a positive and open culture by being supportive to staff and by making themselves approachable.

The provider had systems in place to continually monitor the quality of the service and people were asked for their opinions. Action plans were developed where required to address areas for improvements.

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 staff understood how to protect people from abuse and harm.

Risks to people's health and welfare were assessed and managed.

There was an adequate number of staff deployed to meet people's needs. People said there were enough care staff to meet their needs.

People were protected through the staffing arrangements, which were flexible to meet their needs.

Recruitment practice protected people from staff who might not be suitable to work them.

Is the service effective?

Good ●

The service was effective.

People received individualised support that met their needs. People told us they were involved in planning and choosing their care and were able to make decisions for themselves.

Care staff were supported to fulfil their roles and records of regular supervision and appraisals had been kept. Staff told us they were supported by the management.

People were able to make choices about what they ate and were supported to eat and drink in a safe manner.

Is the service caring?

Good ●

The service was caring.

Care staff told us how they ensured people's rights to privacy and dignity were maintained while supporting them.

People were involved and their views were respected and acted

on.

The service ensured they provided the same care staff whenever possible so people had continuity of care.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before the provision of care began to ensure the service was able to meet their needs.

The support plans and risk assessments detailed people's care and support needs. These were reviewed every three months or earlier if any changes to the person's support needs were identified.

The service had a complaints policy and procedure, so that people knew what to do if they had a complaint.

Is the service well-led?

Good ●

The service was well-led.

Staff felt supported by the registered manager who they described as approachable.

There were systems in place to ensure that the quality of the service people received was assessed and monitored.

SW Homecare Agency

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.

This inspection took place on 16 August 2016 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager of the company would be available to speak with us on the day of our inspection.

The inspection was carried out by one inspector. Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affect the health, safety and welfare of people. We also checked to see if any information concerning the care and welfare of people had been received.

The registered 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.

During the inspection we went to the provider's head office and spoke with the registered manager and one care staff. The registered manager identified the names of people who used the service or their families and a list of staff. We spoke with two people receiving care over the phone. We also spoke with one staff. We also contacted the local authority for their view of the service.

We reviewed the care records of people who used the service, and looked at the records of staff and other records relating to the management of the service.

Is the service safe?

Our findings

People told us they felt safe using the service and they were treated well. One person told us, "Staff are fantastic. I feel safe as I have never doubted staff that visit me". Another person said "I am pleased with the lady who attends to my care. I have no concerns about my safety."

People who used the service were protected from the risk of harm and abuse. Staff knew how to recognise the signs of abuse and they were knowledgeable about safeguarding of adults at risk. They were able to describe the different ways that people might experience abuse and the correct steps to take if they were concerned that abuse had taken place. A staff member told us they could report allegations of abuse to the local authority safeguarding team and the Care Quality Commission if the registered manager had taken no action in response to relevant information. Records confirmed that staff had received training in safeguarding. Safeguarding information was displayed in the office and staff knew details of the local authority safeguarding service. At the time of the inspection the service had not been involved in any safeguarding issue.

There were systems in place to identify and manage risks to people's health and wellbeing. Risks to people had been identified and assessed appropriately and there was information and guidance to staff on how to mitigate the risk. We looked at care plans, which incorporated a series of risk assessments. They included assessments around falls, moving and handling and mental health deterioration. The registered manager had responded to a recommendation by the local authority to ensure risk assessments were detailed. The risk assessments identified hazards, evaluated the risk and detailed sufficient controls in place to ensure the risk was properly controlled. For example, a risk assessment of one person with reduced mobility detailed their medical condition, moving and handling hazards, mobility equipment, and identified any problems relating to the physical environment. This encouraged greater consistency in the way risks were managed. At the time of the inspection, the assessments had not been reviewed as they had been recently completed. However, the registered manager was aware of the need to update if necessary.

We checked to see if all accidents and incidents were recorded and whether there were actions in place to minimise recurrences. We saw that there were no incidents recorded in the accidents/incidents book. The registered manager explained there had not been any incidents since the service became operational. However, the registered manager was aware of the requirement to record and analyse incidents to minimise recurrences. She explained recording and analysing incidents would help to remind staff of the need to keep people safe and the correct procedures to take to avoid a reoccurrence of the accident.

We also checked to see if there were sufficient numbers of staff to meet people's needs. The service is small and the registered manager provided the majority of care herself. The service was supporting four people and the registered manager knew them well and was familiar with their needs. The remainder of care calls were assigned to the other two care staff. The registered manager explained that most people lived in accessible areas that are served well by public transport. She also allocated sufficient time to travel and accounted for traffic and transport into call-scheduling. There was a bank system in place to support staff shortages, planned holidays or unexpected absences. One person told us "I have no staffing concerns as

staff that come for my calls have never been late and know their job well." There was evidence the registered manager was recruiting extra bank staff to provide additional cover and support.

We looked at care staff personnel files and noted necessary checks had been undertaken to ensure the service reduced the risk of employing persons who may be a risk to people receiving care. The registered manager told us that no one would be allowed to commence work until all the relevant pre-employment checks had been completed. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. At least two written references from previous employers had been obtained and checks were made with the Disclosure and Barring Service (DBS) before staff could commence work. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The registered manager and the other two carers had been trained in medicines administration and assessed as competent. We saw certificates to confirm this. An audit by the local authority prior to this inspection had identified the service was not recording medicines information. At this inspection we saw that the service had followed recommendations from the local authority and had begun to record information related to medicines administration. There was a record and an audit of all medicines administered. The MAR charts had been completed and audits had been undertaken to ensure medicines were being safely administered.

Is the service effective?

Our findings

People receiving care confirmed that staff had the right skills and knowledge needed for their role. One person told us, "Staff are very skilled at what they do." Another person said, "The lady that visits me is excellent."

Care staff attended training in subjects that were relevant to people's needs. They had completed training in moving and handling, food and safety, health and safety, safeguarding, fire safety, medicines administration and infection control. Competency assessments were undertaken to ensure care staff provided safe care to people in regards to moving and handling, and medicine administration. Staff confirmed there was good access to training opportunities and personal development was encouraged. A staff member told us, "Training is excellent. I have gained new skills"

Care staff completed an induction to ensure they were aware of their roles and duties, and that they were able to undertake them competently. The provider had put in place sufficient arrangements to ensure staff induction was based on the Care Certificate induction standards for future inductees. These are nationally recognised standards of care which care staff needed to meet before they can safely work unsupervised. The registered manager told us care staff were observed and assessed in practice to ensure they met essential standards of care, which was confirmed by staff. Staff told us they were impressed with the quality of the training made available to them to carry out their role effectively.

The service had not carried out regular formal supervision and appraisal. However, we saw that as a small service, the registered manager and staff had frequent daily discussions and kept themselves updated. The registered manager was aware of the need to have formal documented discussions following a recommendation by the local authority. At the time of this inspection they had just introduced a new system of supervising and appraising care staff. We saw that staff had been booked for formal supervision. It is important that staff receive regular formal supervision and appraisal to ensure people receiving care are supported by staff who are also supported to carry out their duties.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and consent. The registered manager and care staff were knowledgeable about the requirements of the MCA and issues relating to consent. Care staff knew if people were unable to make decisions for themselves that a 'best interests' decision would need to be made for them. Care records showed people's mental capacity had been assessed in regards to making specific decisions about their daily lifestyles.

People told us they were involved in planning and choosing their care and were able to make decisions for themselves. The names of three people were provided by the registered manager to contact as part of this inspection and we were able to speak with two. Both conveyed positive responses regarding the ability of the service to meet their individual needs. They told us they were involved in planning and choosing their care and were able to make decisions for themselves. One person told us, "Staff follow a plan that I have been asked about. They also always ask me before they do anything" and another said, "Staff who attends to me ask me what I require all the time and they do listen to me."

People were appropriately supported by care staff with their healthcare needs. Care staff worked with other healthcare professionals to monitor people's conditions. One person told us they visited their GP independently, another told us the staff supported them to make their appointments and accompanied them. Care plans included details of how people needed to be supported to keep well.

People were supported to eat appropriate food and drink that met their needs. People told us they were able to have food and drink they wanted and at times care staff supported them to prepare their meals. Dietary requirements for people were detailed in their care plans. Care plans included information surrounding ethnicity, religion and cultural considerations, including for food preparation. Records showed that staff were trained in food nutrition and food safety.

Is the service caring?

Our findings

People told us they were very happy with the care and support they received. One person told us, "Staff assist with my personal care. They always explain to me what they are doing and always ensure that I am covered." The local authority also conducted a survey, where they asked people a range of questions including, 'do staff respect service users' privacy, dignity and respect', 'do you feel the carers listen to you', 'do you have regular carers', and 'do staff engage effectively and in a kind manner'. All the questions invited complimentary responses from people. One respondent stated staff were 'very polite' and always treated them with respect, and always had time to talk.

Staff respected people's privacy and dignity. People told us care staff always explained what they were going to do before they delivered care. They confirmed staff knocked and waited for a response before they entered their homes. Care staff ensured the doors were closed and curtains drawn together when providing people with personal care. One person told us, "Curtains are always drawn and door closed when I am receiving personal care." People found staff to be approachable and easy to engage with. One person told us, "I meet with the manager and other staff and they are always friendly." This was consistent with the results of a survey that was conducted by the local authority. People were asked if care staff were approachable and the only respondent was very positive about staff and the care they received. The person had reported that 'everything is beautiful' with the care provided. Care staff were trained in how to promote dignity. People's care plans gave guidance on how people should be treated to ensure their dignity was upheld. Staff were reminded to offer privacy when attending to people's personal care.

Care plans included information surrounding ethnicity, religion and cultural considerations. Care staff were aware of people's backgrounds, and were respectful of people's religious and cultural needs. Staff told us how people's wishes were respected and accommodated. This included how they preferred their food cooked. There was a folder with a 'Death and Dying' policy and procedure in place. This included information about the different faiths and religions including relevant aspects of care including end of life and after death care requirements. The registered manager told us the care staff would refer to the guidance as and when people of different faiths moved into the service. The service did not support or care for any current people who required end of life care.

We explored how the service supported gender preferences for personal care. The service employed two female staff and one female bank care worker, who supported three males and one female using the service. The registered manager told us men accepted opposite gender care but she acknowledged that the gender 'carer/service user' ratio was not balanced. She informed us she was in the process of employing a male member of staff to mitigate the disparity. This is important because people might ask to be seen by a care worker of the same gender for cultural, religious or personal reasons. The service should ensure as far as possible the requests should be integrated into people's care plans.

People's care plans were written from the person's perspective, so care staff understood their needs and abilities from the individual's point of view. They included a brief history for each person and details about their preferences, likes, dislikes and people who were important to them. Care staff told us the care plans

were invaluable in getting to know and understand the person. A care staff member told us, "Care plans are detailed. I always read a care plan before I visit anyone to make sure I carry out duties as instructed." People told us care staff supported them to maintain their preferred routines and make choices about how they were supported.

At the time of the inspection none of the people we spoke with required an advocate. The service had information relating to advocacy available. The registered manager understood the importance of advocacy services and why people may wish to access them. They told us staff would provide information or contact the appropriate services on behalf of people if necessary for those who wished to access advocacy services.

Is the service responsive?

Our findings

People's feedback about the responsiveness of the service described it as consistently good. They told us the care delivered was focused on their individual needs and preferences. People were involved in all aspects of their care and that care staff worked with them to determine the support they needed. One person told us, "I am always involved. The lady comes each morning and evening and she always ask what I like to eat or do" and another person told us, "They have changed the times of visits to meet my needs. I do not always require morning calls and staff adjusted their visits according to what I like."

People, and those that matter to them, were actively involved in developing their care and support plans. People were involved in identifying their needs, choices and preferences and how these were met. We reviewed care plans and found evidence the service made every effort to make sure people were empowered and included in the process. Where people were not able to participate because of their complex needs, their relatives were involved to make sure that the views of the person receiving the care were known, respected and acted on. This ensured people received personalised care. One person told us, "Staff help me with my cooking. The lady who visits me understands that sometimes I like my own foods and she has learnt to cook that."

Care plans were seen as fundamental to providing good person centred care. They were thorough and reflected people's needs, choices and preferences. People's needs had been assessed and information from these assessments had been used to plan the support they received. There was a pre-assessment document in place. This was used to determine if the service could meet the needs of prospective 'service users'. The information gathered was then used for care planning. The support needs of people were clearly identified in line with the local authority needs assessments. Care plans included information about people's health conditions, medical, physical and communication needs. Each considered the person as an individual, with their own unique qualities, abilities, interests, preferences and challenges, including people's likes and dislikes.

People's changing care needs were identified promptly, and were regularly reviewed with the involvement of the person. There were robust systems to make sure that changes to care plans were communicated to those that need to know.

People had a choice about who provided their personal care. They were empowered to make choices and had as much control and independence as possible. Where people had activities outside of their homes such as for shopping, attending healthcare appointments or going to a day centre and they needed support to continue with these activities, appropriate support was provided according to their preferences.

There were many ways for people to feed back their experience of the care they received and raise any issues or concerns they may have. A formal complaints procedure was available to all parties. This was contained within the 'Service User Guide and Statement of Purpose' which was given to each person. As the service is small, people were in constant contact with the registered manager and they told us they would inform her if they had concerns. One person told us, "I have no concerns or complaints about the service. I

am happy overall." At the time of this inspection, the service had not received any complaints. However, the registered manager was clear that concerns and complaints would always be taken seriously, explored thoroughly and responded to in good time.

Is the service well-led?

Our findings

People and their family were regularly involved with the service in a meaningful way. Their feedback was used to drive improvement. People's feedback about the way the service was led described it as consistently good. One person told us, "The manager is available if we have any questions." Another person said, "Since I started using the service I have had numerous follow ups by the manager to check if I am happy."

The service has a clear vision and set of values that include honesty, involvement, compassion, dignity, independence, respect, equality and safety. These were understood by staff and consistently put into practice. Staff told us and we saw from staff meeting records that values were consistently discussed. This was reflected in the feedback received from people. They told us that staff always respected them and promoted their dignity.

Staff meetings were held regularly, which gave staff the opportunity to discuss workloads as well as gaining important information about the service. Also, as stated the service is small and the registered manager had discussions with the care workers on a daily basis. One staff member told us, "Staff meetings are important because it is an opportunity to share ideas, concerns and to receive updates. We have a bank staff who is not always around, it's an opportunity for her to be updated". There was a system in place to update staff not present at meetings. Staff told us they received texts, phone calls and memos in between staff meetings if management had information to share that they felt couldn't wait until the next staff meeting. Staff told us they felt involved in the future planning and development of the service.

The service defined quality from the perspective of the people using it and involves them in a consistent way. The registered manager sought people's feedback informally through chatting with people and more formally through surveys, reviews and regular meetings. People and their families were regularly asked for their views. This had led to positive feedback which had been useful to the service in its plans for improvement. People's views were recorded and action plans were drawn up to address any identified points for improvement. For example, the registered manager arranged extra travel time for care staff in response to people's feedback about occasional lateness.

Other audits were also completed by the registered manager. These included monitoring the home's environmental maintenance, records such as care plans and finances, infection control, and medication procedures. Any issues found on audits were quickly acted upon and lessons learnt helped improve the service. For example, the service improved the quality of people's care plans to ensure they were more detailed in response to audit recommendations.

The registered manager worked alongside staff, supporting and guiding them. Care staff understood their role, and what the registered manager's expectations of them were. A staff member told us, "The manager is brilliant. She is approachable and listens to us." We found care staff to be enthusiastic, motivated and had confidence in the registered manager. They told us they found the registered manager supportive and approachable.

The registered manager was aware of the requirement to notify but has not needed to do so. She understood and met the legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations.