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# Pinner Home Care

## Inspection report

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## Ratings

| | |
|---|---|
| **Overall rating for this service** | **Requires improvement** |
| Is the service safe? | **Requires improvement** |
| Is the service effective? | **Requires improvement** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires improvement** |

## Overall summary

This inspection took place on 16 November 2015 and was announced. 48 hours' notice of the inspection was given because the service is small and the manager may be out of the office supporting staff or providing care. We needed to be sure that they would be available when the inspection took place. We returned to the service on 26 November 2015 as we required further information to complete our inspection.

Pinner Home Care is a domiciliary care agency that provides a range of care supports to adults living in their own homes. At the time of our inspection the service provided care and support to 30 people with a range of support needs including disability and age related conditions. We last inspected Pinner Home Care on 27 February 2013 when we found that the service met the regulations we assessed.

The service had a registered manager. 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.

# Summary of findings

The people that we spoke with were positive about the care workers and the quality of support that was provided by the service.

People were protected from the risk of abuse. The provider had taken reasonable steps to identify potential areas of concern and prevent abuse from happening. Staff members demonstrated that they understood how to safeguard the people whom they were supporting. Training and information about safeguarding was provided to staff.

However, the provider had failed to submit required regulatory notifications to CQC regarding safeguarding concerns that had been reported to us by the local authority safeguarding team during the past year.

The service had assessed any risks to people receiving care. Risk assessments were up to date and guidance for staff members in how to manage and minimise risk was contained within people's care plans.

Information about people's medicines was detailed and up-to-date. Guidance was included in people's care plans to ensure that they were protected from any risk associated with administration of their medicines. However, accurate records of administration of medicines had not been maintained. New medicines administration records were being introduced to improve record keeping.

We have made a recommendation about medicine administration records.

The provider had ensured that people received support from good quality staff members at the times that they required. Staff recruitment processes were in place to ensure that workers employed by the service were suitable. Staffing rotas met the current support needs of people, and access to management support was available outside of office hours.

Staff members received training which met national standards for staff working in social care organisations.

However, although staff members told us that they felt well supported by their manager, some had not received regular formal supervision by a manager, nor an annual appraisal.

The service had an up to date policy on the Mental Capacity Act 2005, and information about people's capacity to make decisions was included in their care plans. There was recorded evidence that consent to care had been sought and obtained.

Information regarding people's dietary needs was included in their care plans, and guidance for staff was provided in order to ensure that they met individual requirements.

Staff members spoke positively and respectfully about their approaches to care, and the people that they provided care to.

Care plans were up to date and contained information about people's care needs and how these would be supported. People were positive about the information that they received from the service.

People who used the service knew what to do if they had a concern or complaint.

The service was generally well managed. Staff and family members spoke positively about the registered manager. A range of processes were in place to monitor the quality of the service, and we saw that actions were in place to improve these. However, the provider was not able to evidence how these quality assurance processes were evaluated and used to improve the service.

We found two breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of The Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Aspects of the service were not safe. Information about people's medicines was detailed and staff members had received training in medicines administration prior to commencing work with people. However, accurate record of administration of medicines had not been maintained.

Risk assessments were up to date and guidance in relation to managing risk was provided for staff delivering care.

Staff we spoke with understood the principles of safeguarding, how to recognise the signs of abuse, and what to do if they had any concerns.

**Requires improvement**

**Is the service effective?**

Aspects of the service were not effective. Although staff members told us that they were well supported, the records showed that regular formal management supervision had not taken place.

Staff members received training that met national standards for staff working in social care.

The service had policies and procedures on The Mental Capacity Act and information about people's capacity was recorded in care files. People had provided their consent to the care that they received.

**Requires improvement**

**Is the service caring?**

The service was caring. People were happy with their carers and the support that they received.

Staff members that we spoke with talked positively about the people whom they supported and described positive approaches to care.

The provider had arrangements in place to ensure that people were matched to appropriate care staff, and to ensure that, wherever possible, people would not be supported by a carer that they were unfamiliar with should one of their regular carers be absent.

**Good**

**Is the service responsive?**

The service was responsive. Care plans were up to date and contained detailed information about how and when care should be provided. Care plans and assessments contained information about people's needs, interests and preferences.

People who used the service knew what to do if they had a complaint.

**Good**

# Summary of findings

**Is the service well-led?**

Aspects of the service were not well led. Although a range of quality assurance processes were in place, we did not see evidence of how these were evaluated and used to improve the service.

The provider had not submitted statutory notifications to CQC.

People who used the service and staff spoke positively about the management of the service.

**Requires improvement**

# Pinner Home Care

**Detailed findings**

## Background to this inspection

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.

We visited Pinner Home Care on 16 November 2015 and returned on 26 November 2015 to complete our inspection. The inspection team consisted of a single inspector. We reviewed records held by the service that included the care records for eight people using the service and six staff records, along with records relating to management of the service. We also spoke with the registered manager, a care supervisor and the office administrator who were on site during our visit. In addition to this we made telephone contact with two staff members and three people who used the service.

Before our inspection we reviewed the information that we held about the service. This included notifications and other information that that we had received from the service and from other sources. We also reviewed the Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well, and the improvements that they plan to make. We also spoke with professionals from the commissioning local authority.

Requires improvement

# Is the service safe?

## Our findings

People who used the service told us that they felt that the service was safe and that they were confident with the quality of care staff. We were told, "I can't fault my carers," and, "they look after me very well."

There was a policy and procedure for administration of medicines that reflected current best practice guidance. Staff members had received training in safe administration of medicines. Care files included detailed information about the medicines that people used. Staff member's roles in supporting people with their medicines, for example whether they directly administered these or prompted people to take them at the due time, was clearly recorded. Medicines care plans were in place for people whose medicines were administered by staff. These included step-by-step guidance for staff on how they should support people in this area. We asked how medicines were recorded when administered or when people were prompted to take their medicines. We saw that this was included in people's daily notes. However, this information was limited and included notes such as "medication given" and "took medication," so it was not always clear as to what medicines had been taken and whether they were administered on time.

We spoke with the registered manager and the supervisor of care about this. They told us that they had identified concerns with the current system of recording administration of medicines. We were shown a copy of a medicines administration record that was about to be introduced by the service. The supervisor showed us training slides for a taught medicines course that was to be delivered to all staff from week commencing 30 November, and we saw that this included information about the importance of recording and the correct use of the medicines administration record.

The provider had made efforts to ensure that people were protected from risk associated with care. We saw that the risk assessments for people who used the service were up to date and reflected risks identified elsewhere in people's care documents. These included information about a range of risks relevant to the person's needs, for example, moving and handling, mobility, falls, personal care, eating and drinking and medicines. The assessments included risk management plans that provided guidance for staff in minimising risk to people.

Risk assessments also included information in respect of environmental risk, and safety of equipment. Staff members had received moving and handling training prior to working with people who required this support.

Staff members were familiar with the principles of safeguarding people who used the service. They were able to describe types of abuse, the signs and indicators that might suggest abuse, and what they should do if they had a safeguarding concern. Training records showed that staff had received training in safeguarding prior to commencing work with people who used the service. The service had up- to-date safeguarding policies and procedures covering care of both adults and children. These reflected current best practice guidance and referred to the local authority safeguarding procedures. People who used the service were provided with information about how to contact the local authority safeguarding team should they have a concern.

The provider ensured that staff members were suitable for the work that they were required to undertake. We looked at six staff files. Staff recruitment records included copies of identification documents, evidence of eligibility to work in the UK, two references, application forms and satisfactory criminal record checks.

There were sufficient numbers of staff to ensure that people's needs were supported. The service had recently introduced a computerised call system. Staff members 'logged in' to the system at the beginning and end of a care call. A live monitoring screen was displayed on the office wall and we saw that this was updated every time a staff member logged in or out of a person's home. We saw that the screen included details of all care calls that were due on the day, and the administrator showed us that it was easy to see immediately if a carer was late or had not logged in. We were told that this screen was also available on a tablet used by the manager or senior staff member who was 'on call' during evenings and weekends. The registered manager and administrator told us that, if a care call showed as up to 20 minutes late and they had not heard from the carer or person using the service, which would be immediately followed up. During our inspection we heard the administrator speaking on the telephone with a staff member who had not logged in. they followed this up with a call to the person who used the service to inform

Requires improvement

# Is the service safe?

them that their carer was delayed. Care calls were monitored by the provider on a weekly basis. The provider ensured that that staff had sufficient travelling time between care calls to minimise any possibility of lateness.

The call system was also used to generate rotas for staff and people who used the service. People who used the service were sent a copy of their care rota for the coming week each Thursday so that they could see which carers would be supporting them. They were also able to log into the system to view these. The registered manager told us that people were informed that these might be subject to change, and that they always notified people immediately by telephone if there was any change to their planned carer. One person said, "they are good at letting me know if there are any changes."

All staff had received training on infection control procedures and were provided with disposable gloves, aprons, anti-bacterial gel and red dissolvable laundry bags for soiled clothing, along with information regarding safe disposal of these and other relevant waste. We saw that stocks of these were held at the office and were told that these were regularly delivered to people's homes to ensure that there were adequate supplies.

Staff members received a copy of a staff handbook at induction. This included information about safe practice and emergency procedures and contacts.

The service maintained a 24 hour on-call service that was available for staff and people who used the service to discuss and report queries and concerns.

**We recommend that the service takes immediate action to introduce the use of medicines administration records for people who use the service.**

Requires improvement

# Is the service effective?

## Our findings

People spoke positively about that they received from staff and felt that staff had appropriate skills and knowledge. We were told, "they seem very well trained," and I get to meet new carers before they start helping me."

The service had a policy on staff supervision and appraisal which referred to regular staff supervisions and annual appraisals. However we saw limited evidence of this in the staff files that we viewed. For example, one person had not received recorded supervision since September 2014, and the records for two others showed that their last supervision meetings had taken place in February and March 2015. There were no records of annual appraisals having taken place. Staff members that we spoke with told us, "I can speak with my manager at any time," and "I do meet with her regularly." We also observed that three staff members came to the office during our inspection to talk with the manager, or to arrange a meeting. However, this was not reflected in the records that were maintained in the staff files. This meant that we could not be sure that all staff members received the support that they required to enable them to carry out their duties and ensure that their competency was maintained.

This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

Staff members received induction training prior to commencing work with any person who used the service. The registered manager showed us how the service was delivering the new Care Certificate for induction training of staff in social care. We saw that one new worker was currently following an induction programme that was linked to the Care Certificate. We also saw that all existing staff members had been asked to complete the Skills for Care Care Certificate workbook, as part of the service's programme of refresher training. One staff member brought her workbook into the service during our inspection and discussed her progress with the registered manager. Staff members that we spoke with were able to list the training that they had received, such as moving and handling, medicines, safeguarding, infection control, and one stated that, "they keep us up to date with our training."

The registered manager provided us with a training matrix which showed that all staff had received mandatory training along with additional training in, for example, dementia awareness, pressure area care and reablement. This information was supported by training certificates which were kept in staff member's files. The care supervisor showed us a timetable and training materials for classroom based refresher training in medicines, moving and handling, infection control, safeguarding and dementia awareness which was to be delivered to all staff during December 2015.

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 care plans for people who used the service clearly showed that they whether or not they had capacity to make decisions about aspects of their care, and provided guidance for staff about how they should support decision making. For example, one person's care documentation was clear about how staff should communicate work with them and help them to make choices when they were confused. People or their family members had signed care documentation to show that they consented to the care and support that was being provided by the service.

Care staff were involved in meal preparation for some people, and we saw that care plans and risk assessments eating and drinking were clear about the reasons why support was required. They also provided guidance for care staff about how to prepare and deliver food as people required. This included information about preferred food and drink, offering choice, and when and how people should be supported. Records of the food and drink that care staff provided to people who used the service reflected guidance contained within their care plans.

Information about people's health and medical needs and histories were contained within their care documents. This had been updated as people's health needs had changed. This included information about other professionals involved in their health care. Care records for people

Requires improvement

# Is the service effective?

showed that staff had liaised with professionals such as GPs and district nurses. A number of people had been referred for support following hospital discharge, and their records showed that the service had liaised with hospital care teams to ensure that detailed care assessments had been made.

Good

# Is the service caring?

## Our findings

People that we spoke with told us that that the service was caring. One said that, “my carers are lovely.” Another said, “they always have a chat with me and check that I am OK.”

The staff members we spoke with talked about the people whom they supported in a positive, caring and respectful way. One staff member said, “I really enjoy working with my clients. I try to help them to be as independent as possible.” We were also told, “it’s important that I listen to them and check to make sure that I helping them in the way that they want.”

The registered manager told us that, except where there was an emergency, it was important that people were supported by staff members that they were familiar with. We saw that care was provided by the same regular staff members. We were told that where a staff member was absent, that the service would try to provide cover using a care worker whom the person already knew.

Efforts were made to ensure that care staff were matched to people on the basis of individual preference and needs. For example, people were matched with staff members of the same gender and from a similar cultural background where possible. We saw that people’s care plans and assessments included information about personal histories, interests and preferences.

The registered manager told us that new staff members, or those new to the person who used the service, would shadow established staff members in order to understand the person’s needs and establish a relationship with them. We saw recorded evidence that shadowing had taken place as part of staff induction and that this had been assessed.

We asked about approaches to dignity and privacy. The service had a policy on Philosophy of Care which covered, for example, privacy, personal choice and confidentiality. Care plans that we viewed provided guidance for staff around supporting choice and meeting people’s needs in a way that promoted their privacy and dignity. One person told us, “they are very respectful. They ask me what I want.”

The provider ensured that confidentiality was maintained. Care documents and other information about people were stored in a secure cabinet within the service’s office. Copies of assessments, care plans and risk assessments were also maintained within the person’s home.

We viewed information that was provided to people who used the service and saw that this provided clear explanations of the service that was being provided. This included information about the standards of care and conduct that they should expect from staff.

Good

# Is the service responsive?

## Our findings

People told us that they were pleased with their support. One person said, “they were really helpful when I wanted to change my care time.” Another person told us, “staff are good if I am not feeling well when they come.”

People’s care plans reflected their needs and ensured that care staff had appropriate information and guidance to meet these. Care documentation included assessments of people’s care needs that were linked the local authority care plan. Assessments and care plans contained information about people’s living arrangements, family and other relationships, personal history, interests, preferences, cultural and communication needs. The assessments also included information about other key professionals providing services or support to the person.

People’s care plans were clearly linked to the assessments, and to risk assessments for specific activities. We saw that care plans provided information about each task, and in most cases there was detailed guidance for care staff about how they should support the person with these. For example, one care plan that we saw provided information about how to greet a person and the topics that the person liked to talk about. The provider was currently introducing a new care plan format, and we saw that two of these new plans contained a list of care tasks but did not contain guidance for staff about how they should support these with the person. We discussed this with the registered manager who showed us that she was currently auditing the care plans maintained by the service. She told us that she would ensure that these plans were reviewed to and updated to include staff guidance on care delivery.

Daily care notes were recorded and kept at the person’s home. Copies of these were brought into the service on a regular basis so that they could be reviewed. The notes of care that we saw showed that people had received support that was consistent with their plans. The records were detailed and easy to understand. They included detailed information, for example about the foods that people ate, what they were doing during the care call, such as “knitting” and “watching Eastenders,” and the tasks that the care worker had carried out. The care supervisor told us that she had been working with staff members to improve the quality of their care notes. We were able to see that these records were now more detailed and specific than they had been in in the past.

The service had a complaints procedure that was provided to people when they commenced using the service. People’s right to complain was included in the service user guide, along with information about the local authority complaints service. People that we spoke with told us that they knew how to complain. One person told us, “I have no complaints, but I would phone the manager if I did.”

The record of complaints, concerns and compliments maintained by the service showed that complaints were logged by the service with evidence that the service had responded to these. The outcomes of complaints had not always been recorded. However, we saw that a new complaints record form had been introduced by the service that included a section for a record of outcomes. This had been appropriately completed for the most recent complaint, and we saw that the complainant had been satisfied with how it had been addressed.

Requires improvement

# Is the service well-led?

## Our findings

A person who used the service told us, "the agency seems well managed. The manager keeps in touch with me and the carers they send are very good." Another person said, "I like the manager. She is helpful."

The service had not provided statutory notifications to The Care Quality Commission in relation to a number of safeguarding concerns that were reported to us during the past year by the local authority safeguarding team. These concerns had been investigated and closed by the local authority, and the information that we received from them showed that there were minimal risks to people who used the service.

This was a breach of Regulation 18 of The Care Quality Commission (Registration) Regulations 2009.

We discussed this with the registered manager, who told us that they did not provide the notifications as they had been told that social services would inform CQC of these concerns. They assured us that appropriate notifications would be provided to us in the future.

We saw evidence that some quality assurance processes such as on-site monitoring of care in people's homes, and telephone checks with people who used the service to assess their satisfaction with their care had taken place, and we saw that the frequency of these had recently been increased. However, two files that we viewed showed that monitoring of care had not taken place during the past year.

Although some quality monitoring processes were in place, we were not shown evidence of others. The registered manager told us that an annual health and safety audit had taken place during the past year, but could not provide us with a copy of this as they were unable to find it. There was limited evidence that audits of care practice and records had taken place. For example there had previously been no formal audit of care plans, risk assessments and care notes. However, during our inspection the registered manager showed us that she was currently auditing people's care plans to ensure that they were up to date and reflected people's needs. The care supervisor spoke to us about the monitoring of care notes that had recently commenced and was able to demonstrate improvements had been made to these. However, there was no formal audit system, so we could not be sure of the frequency and consistency of the monitoring that did take place. Neither was there recorded evidence that the service had always used the outcomes of quality monitoring to make improvements to the service.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) 2014.

We discussed our concerns with the registered manager and care supervisor who told us that they were aware that there were failures in their quality monitoring systems, and described actions that they were taking to address these. For example, we were shown examples of new forms that were being introduced for spot checks and field monitoring of care.

The service had undertaken a 'Family and User Satisfaction Survey' in June 2015. This showed high levels of satisfaction with the service. For example there was a 95% satisfaction rate regarding punctuality of care workers. We saw that the responses to the survey had been evaluated and that actions based on people's comments had been put in place, for example, improvements to the call monitoring system.

People who used the service were aware of who the registered manager was and spoke positively about them. Staff members were also positive about the registered manager, and felt that they were well supported. One staff member told us, "the manager always has time to listen to any concerns.

A wide range of policies and procedures relating to practice and management of the service were in place. We saw that these were all up to date and were consistent with regulatory requirements.

The records maintained at the service showed evidence of partnership working with other key professionals involved with people's care, for example social workers, general practitioners and community and specialist nursing services.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>**Records showing how the provider evaluated and improved their practice in respect of quality assurance processes were not maintained.**<br><br>Regulation 17(1)(2)(f) |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 18 HSCA (RA) Regulations 2014 Staffing<br><br>**Staff did not always receiving appropriate ongoing or periodic supervision in their role to make sure that their competency was maintained.**<br><br>Regulation18(2)(a) |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents<br><br>**The registered person failed to notify the Commission of incidents which occurred in the carrying on of a regulated activity.**<br><br>Regulation 18(2)(e) |