Graham Home Care Limited

Carewatch (Westminster, Kensington & Chelsea, Hammersmith & Fulham, Wandsworth, Lambeth)

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?	Requires Improvement
Is the service responsive?	Inadequate
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 23 January 2015 and was unannounced. Carewatch (Westminster, Kensington and Chelsea, Hammersmith and Fulham, Wandsworth, Lambeth) is a domiciliary care

agency providing care to adults living in their own homes within the London boroughs of Westminster, Kensington and Chelsea, Hammersmith and Fulham, Wandsworth and Lambeth. 298 people were using the service at the time of our visit.

The service had 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.

People's views about the service were mostly positive though we heard complaints about staff arriving late or not at all to scheduled visits. Relatives and representatives of people using the service told us they thought the service was at times poorly managed but that staff were doing their best.

The service received referrals via email or telephone from social workers based in and around the local community. An initial assessment process was carried out by senior staff to ensure people's care needs could be met before a package of care was organised and care staff allocated.

Care plans were developed in consultation with people and their family members. Where people were unable to contribute to the care planning process, staff worked with people's relatives and representatives and sought the advice of health and social care professionals to assess the care needed.

People's risk assessments were completed and these covered a range of issues including personal care, falls prevention and guidance around moving and positioning. Staff had guidance about how to support people with known healthcare needs, such as when a person needed support with mobility equipment such as hoists and wheelchairs.

Most staff were familiar with the provider's safeguarding policies and procedures and able to describe the actions they would take to keep people safe. There were protocols in place to respond to any medical emergencies or significant changes in a person's well-being. These included contacting people's GPs, social workers and family members for additional advice and information.

Staff were required to support people to complete shopping tasks and prepare simple meals. Staff were aware of people's specific dietary needs and preferences and offered people choices at mealtimes. Where people were not able to communicate their likes and/or dislikes, staff sought advice and guidance from family members.

People's independence was promoted and staff were able to explain how they respected people's privacy and dignity. Staff understood the importance of gaining consent from people before they undertook personal care tasks.

There were arrangements in place to assess and monitor the quality and effectiveness of the service but staff were not always following the provider's policies and procedures in regards to the logging and reporting of complaints and safeguarding matters.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 in relation to notifications, care and welfare, complaints and quality monitoring. You can see what action we told the provider to take at the back of the full version of this 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?

Requires Improvement

Aspects of the service were not safe. Not all staff had completed training in safeguarding adults. Safeguarding concerns were not always reported and investigated as required.

Staff were unfamiliar with the provider's policies and procedures on whistleblowing.

Risk assessments that detailed any identified risks to people's safety or that of others had been completed and these were up to date.

Staff had completed training in medicines administration and first aid awareness. Where staff were responsible for prompting people's medicines, medicines administration records (MAR) were signed accordingly.

The service followed safe recruitment practices. Staff files contained pre-employment checks, satisfactory references from previous employers, photographic proof of identity and proof of eligibility to work in the UK.

Is the service effective?

Requires Improvement

Aspects of the service were not effective. Care plans we looked at did not always contain archived copies of daily logs making it difficult for the provider to review the quality of information recorded by staff during their visits.

People and their relatives were involved in the care planning process and had been visited in their homes prior to receiving care.

People were supported with food shopping and meal preparation where this had been agreed as part of their care plan.

Staff were required to successfully complete a three month probation period during which they received regular supervision and ongoing training that ensured they were able to meet people's needs effectively.

Is the service caring?

Requires Improvement

Aspects of the service were not caring. People told us they were happy with the care they received although some people using the service and their relatives complained about poor communication and poor organisation within the service.

People were able to make decisions about their care and how they were supported.

Staff were able to explain and give examples of how they would maintain people's dignity, privacy and independence.

Summary of findings

Some staff had attended dementia awareness training sessions and were able to tell us how they used this learning in their everyday duties when supporting people in their homes.

Is the service responsive?

Inadequate

The service was not responsive. The service was not operating an effective complaints procedure.

The service did not have an effective system in place to monitor staff visits and people were not being regularly contacted or visited in their homes to find out whether they were satisfied with the service.

Care plans were produced in consultation with people and their family members. Where people were unable to make decisions for themselves in regards to their care and support needs, the service sought advice from people's relatives and/or representatives.

Staff knew how to respond to medical emergencies or when a person's needs changed.

Is the service well-led?

Requires Improvement

Aspects of the service were not well-led. The leadership and management arrangements in place were not always effective. We found examples of underreporting in regards to complaints and safeguarding matters.

Staff confirmed they received regular supervision sessions. Senior staff carried out spot checks and provided staff with feedback on their performance.

Staff were aware of the reporting process for any accidents or incidents that occurred.

Carewatch (Westminster, Kensington & Chelsea, Hammersmith & Fulham, Wandsworth, Lambeth)

Detailed findings

Background to this inspection

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

This inspection took place on 23 January 2015 and was unannounced. The inspection was carried out by a single inspector.

Before the inspection we looked at the information the Care Quality Commission (CQC) holds about the service. This included notifications of significant incidents and complaints reported to CQC since the last inspection in November 2013.

During the inspection we spoke with the registered manager, an operations manager, six care workers and a care co-ordinator. Following the inspection we spoke with 17 people who use the service and four relatives/ representatives. The records we looked at included 15 care plans, 15 staff records and records relating to the management of the service. We contacted three safeguarding managers and two social care professionals with knowledge about this service.

Requires Improvement

Is the service safe?

Our findings

People were not always protected from the risk of abuse as the provider did not always notify the relevant authorities such as the Care Quality Commission (CQC) as required. Not all staff had completed training in adult safeguarding prior to working with people who used the service and one member of staff told us they were not yet sure how to complete relevant safeguarding notification paperwork. We did not always receive notification of safeguarding incidents in a timely manner and on more than one occasion have had to request that safeguarding notifications be sent to us. This meant that we could not be confident that important events affecting people's welfare, health and safety were being reported to the CQC so that where needed, action can be taken. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The service had an up to date safeguarding adults from abuse policy. Most of the staff we spoke with were familiar with the provider's safeguarding procedures. We asked staff what they would do if they felt someone they were supporting was being abused. Staff demonstrated that they understood how to recognise the signs of abuse and told us they would contact their manager and social workers if they had any concerns about a person's safety and/or welfare.

The registered manager told us that before working with people who used the service, staff were provided with a staff handbook which contained information on how to raise concerns about the service. However, not all staff we spoke with were aware that a whistle-blowing policy existed and only one member of staff we spoke with was able to explain their understanding of whistleblowing procedures.

Care plans we looked at contained up to date risk assessments that detailed any identified risks to people's safety or that of others. Risk assessments covered areas such as falls prevention, moving and positioning and activities in the community. For example, one person using the service needed support when going out into the local community and the risks relating to this had been assessed and a plan was in place to address these. One member of staff told us "We are constantly risk assessing, we make sure corridors are clear, that there are no obstacles, we look out for our clients."

Staff had completed training in medicines administration and first aid awareness. Where staff were responsible for prompting people's medicines, medicines administration records (MAR) were signed accordingly. The registered manager told us they audited people's MAR charts during spot checks and when daily logs were brought into the office. We saw little evidence of this in the archived records we looked at.

Where people had complex healthcare needs or staff were unfamiliar with a specific procedure such as catheter care or care of pressure areas, the registered manager told us that they sought relevant guidance from people's GPs, district nurses and NHS 111. Staff we spoke with confirmed that they would consult people's care plans for any specific guidance relating to support needs or speak to their manager to ask for advice if they were unsure about anything.

The service followed safe recruitment practices. Staff files contained pre-employment checks such as criminal records checks, two satisfactory references from previous employers, photographic proof of identity and proof of eligibility to work in the UK. This minimised the risk of people being cared for by staff who were inappropriate for the role. The registered manager told us they employed just under 200 care staff and were recruiting more staff. In the event of staff absences the service contacted existing members of staff and asked them to cover visits.

Requires Improvement

Is the service effective?

Our findings

People and their relatives told us they were involved in the care planning process and had been visited in their homes prior to receiving care. People had been given copies of their care plans and had been asked to sign them to demonstrate that they were in agreement with the care and support to be provided. People and their relatives confirmed that they had copies of their care plans and daily logs which were completed by staff after each visit. Care plans we looked at did not always contain archived copies of daily logs making it difficult for both the provider and ourselves to review the quality of information recorded by staff during their visits. This information is important for auditing purposes and allows senior staff to track people's progress within the service, monitor service provision and make improvements when and where necessary

The registered manager told us that staff received training during their induction which covered aspects of the Mental Capacity Act (2005) (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. The registered manager was clear about capacity issues and the best interests decision making process. Staff we spoke with were able to explain the importance of gaining consent before supporting people with their care needs. Staff told us that if there were any new concerns around people's mental health, this would be discussed with senior staff and/or healthcare professionals.

Care plans we looked at included people's medical history and details of whom to contact in an emergency. Information about people's lives, past and present was not always completed. This information provides staff with a better understanding of the people they are caring for and can be used to make suitable matches between staff and people using the service. Other information outlined the provider's aims and objectives and included policies on choice, confidentiality and complaints. There was also useful contact information about the provider's out of hours service and details of other statutory and voluntary services able to assist people using the service.

People were supported to maintain their health and independence and to access appropriate healthcare services. We saw evidence of people being seen by healthcare professionals in the care plans we looked at. These included mental health specialists, occupational therapists and district nurses.

Staff told us they had received training in food hygiene and were aware of food safety issues. People were supported with food shopping and meal preparation where this had been agreed as part of their care plan. People were supported at mealtimes to access the food and drink of their choice. One staff member explained that even when a care plan specified that a person liked porridge or cereals "it doesn't mean that they want this every morning, I always ask people what they want to eat."

Staff were required to successfully complete a three month probation period during which they received regular supervision and refresher training in areas such as dementia awareness and moving and positioning. This ensured staff were able to meet people's needs effectively. Senior staff undertook unannounced spot checks and observed staff as they carried out their duties. Feedback and further training were provided for staff where issues were identified and improvements to service delivery required. One staff member told us, "Supervision is very helpful; we talk about the client's care needs and about training."

Staff were aware of the protocols in place to respond to any medical emergencies or significant changes in a person's health and wellbeing. Staff told us that if someone they were supporting became unwell they would contact staff based in the office and/or contact emergency services. The registered manager told us they would assess the situation and contact GPs, social workers, emergency services and family members. If a person using the service was admitted to hospital we were told that staff would maintain contact with the relevant agencies so that the care could be reviewed and reinstated on people's return home.

Requires Improvement

Is the service caring?

Our findings

Most of the people we spoke with told us they were happy with the care they were receiving. People told us, "I'm happy with the care and have no complaints", and "The staff are very nice and well spoken." One relative said, "The carers are kind to my Mum and she's happy and calm when she's with them." However, some people using the service and their relatives commented about issues relating to poor communication and poor organisation. Comments included, "I didn't find the service very good at all" and "I have to tell them [staff] how to do their jobs, it's hopeless."

Staff told us they completed daily logs each time they visited people in their homes. Information included a brief overview of the support given, domestic tasks undertaken and details regarding the prompting of medicines. Staff were required to prompt people to take their medicines and signed medicines administration records (MAR) to record what medicines people had taken and what creams and ointments had been used if any. Relatives told us they were normally kept updated about any changes in the health and welfare of their family members although one relative told us that staff had not informed them when their family member developed a pressure sore.

The registered manager told us "We listen to what people want and always try to accommodate their needs. The service is for the customers." We saw evidence in most of the care plans we looked at that people were involved in making decisions about their care. People we spoke with told us they were able to make decisions about their care and how they were supported. One relative we spoke with told us, "We have the same lady all the time who treats my Mum the way carers should, she has time for her, listens to her, she's very good." People told us that they didn't always have the same care staff but that staff were generally kind and caring. Most people had been able to specify whether they preferred a male or female member of staff to support them.

We spoke with members of staff who were able to explain and give examples of how they would maintain people's dignity, privacy and independence. Staff told us they closed people's doors and curtains and asked them if they were comfortable and always kept people informed about what they were doing. One staff member told us that when they helped people get dressed they "ask people what they want to wear, show them and ask them to point to what they prefer."

The registered manager told us that when interviewing prospective staff she looked for "kindness and a caring nature." We asked staff how they cared for people living with dementia. One staff member responded, "I read people's care plans and I ask questions. I speak to relatives and ask what the person used to like, what they used to prefer. I'm polite and patient." Another member of staff told us, "We have guidance, I use my initiative, I read care plans and daily logs and speak to family members. I ask people what they want, to indicate. We are there to support them, not to tell them what to do."

Inadequate

Is the service responsive?

Our findings

The service was not operating an effective complaints procedure. People told us they would contact the office if they needed to make a complaint. People told us, "I've had no problems at all" and "I'm very satisfied with the service." However three people told us they had made complaints which had not been resolved satisfactorily. One relative told us they had made a decision to cancel the service as they were not satisfied with the level of care their family member was receiving. The service had a complaints log book but we did not see any complaints recorded in this logging system. The registered manager told us that not all complaints had been logged but that they always made an online journal entry when they received a complaint. The complaints system did not effectively record, monitor or demonstrate how complaints were managed and staff were not following the correct procedures in line with the provider's policies in regards to complaints. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us that care staff did not always arrive on time. One relative contacted us to tell us that care staff were often late and that on one occasion had failed to turn up at all. We contacted staff based in the office to discuss this issue and were told that a visit had been missed due to an error in the staff rota. Staff told us that they often received their rotas late and that these delays along with transport issues sometimes made it difficult to attend visits on time. One member of staff told us that management did not always factor in adequate travelling time between people's homes and that they found this "stressful and very difficult." The service did not have an effective system in place to monitor staff visits and relied on people using the service and/or their relatives to contact the office if staff were late or had failed to turn up. This means that people who were unable to report late or missed visits were not always being protected against the risks of unsafe or inappropriate care and treatment. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us that they contacted people on a regular basis to review the care they were receiving and to ask whether they were happy with the service provided. We were told that people received regular telephone calls and a visit from a supervisor twice a year. People who were being supported by the service confirmed that they had received phone calls from staff but told us that these did not happen on a regular basis. One person told us that they had received neither a call nor been visited in their home since they began using the service a year ago and one relative told us they had only received one phone call in the two years their family member had been receiving care.

People were visited in their homes or in hospital so that their needs could be assessed before they were provided with support from the service. The registered manager told us that where possible, care plans were produced in consultation with people and their family members. Where people were unable to make decisions for themselves in regards to their care and support needs, the service sought advice from people's relatives and/or representatives. One relative told us "The supervisor came to see us; we talked about the care plan, what's going on, if we were happy, we got a chance to have our say."

The provider sent out quarterly questionnaires to people using the service. Results for the survey sent out in October showed that 28 people had received a questionnaire. Five people returned the survey but not all of these had been completed in full. Responses from the five people who returned information showed that overall they were happy with the care they received.

The registered manager told us "Staff know their clients, if they think they're unwell they call us to raise their concerns." A relative told us "Two weeks ago the carer rang us to tell us our [family member] was not well. We were able to come straight over. Our carer is very good and it makes us feel very safe."

Requires Improvement

Is the service well-led?

Our findings

The service did not have effective quality assurance systems in place. The registered manager told us they completed regular and ongoing checks on care plans and daily care records. Senior staff undertook a combination of announced and unannounced spot checks where staff were visited in people's homes, observed delivering care and provided with feedback. We noted that not all care plans stored in the office contained copies of people's daily logs and not all staff files contained recorded evidence of spot checks. Shortfalls in the provision of care had not always been identified by quality assurance processes demonstrating that these processes were not always effective or robust enough to ensure people's health, safety and welfare was protected and promoted. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The leadership and management arrangements in place were not always effective. We found examples of underreporting in regards to complaints and safeguarding matters which meant that we could not be assured that issues were always being addressed appropriately. We spoke to health and social care professionals familiar with service, who also identified a number of similar concerns with the way the service was being managed.

Some staff expressed negative views about the registered manager's approach to managing the service. Comments included, "The service is not well managed", "[The registered manager] is not very approachable" and "I have issues with the company, nobody's happy and nobody's listening." Three relatives expressed similar views, "There's a don't care attitude" and "staff are always complaining about management." Health and social care professionals told us that there were sometimes issues with communication between the provider and the local authority and that senior staff were failing to engage with people who used the service and their family members.

The registered manager told us that she held informal meetings with office staff on a daily basis. Formal staff meetings were held on a monthly basis which gave opportunities for staff to feedback ideas and make suggestions about the running of the service. The registered manager told us that meetings were not always minuted and was unable to provide us with copies of meeting minutes during our inspection.

The registered manager operated an open door policy and people who used the service and their relatives, and staff, were able to contact her at any time during office hours. We saw staff entering the office to talk to senior staff about their clients and to collect visiting schedules. Staff confirmed they received regular supervision sessions and one member of staff told us, "Supervision is very helpful, we talk about the clients and their care needs and about training."

Staff were aware of the reporting process for any accidents or incidents that occurred and told us they would record any incidents in people's daily log records and report the matter to senior staff.

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 9 HSCA (RA) Regulations 2014 Person-centred care The planning and delivery of care did not always ensure people's needs were being met or protect people against the risks associated with unsafe care or treatment. Regulation 9 (3) (a-h).

Regulated activity	Regulation
Personal care	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints People using the service and others were not protected from unsafe or inappropriate care because the provider was not operating an effective complaints system. 16.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered provider must establish and operate effective systems to assess, monitor and improve the quality and safety of the service. Regulation 17 (1) (2) (a-f).

Regulated activity	Regulation
Personal care	Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents The registered provider must notify the Care Quality Commission of any important event that affects people's welfare, health and safety so that where action is needed, action can be taken. Regulation 18 (1), (2) (e).