

Evita Care Limited

Homecare UK (Dagenham)

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 22 December 2016 and was announced. This was the first inspection of this service since it was registered with the Care Quality Commission. The service is registered to provide support with personal care to people living in their own homes. As a result of this we were not able to provide a rating for this service due to the limited evidence available.

The service had a registered manager, however, they were no longer involved with the service. An acting manager was in place and the nominated individual told us it was planned that this person would apply to become the registered manager in the near future. 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.

We found one breach of regulations during this inspection. The service had not followed its own policy and procedure with regard to obtaining references during the staff recruitment process. You can see what action we have asked the provider to take at the end of this report.

There were enough staff working at the service to meet people's needs. Appropriate safeguarding procedures were in place and people told us they felt safe using the service. Risk assessments provided information about how to support people in a safe manner.

Staff undertook an induction training programme on commencing work at the service and received on-going training after that. People were able to make choices for themselves where they had the capacity to do so and the service operated within the Mental Capacity Act 2005. Where people were supported with food preparation they were able to choose what they ate and drank. People were supported to access relevant health care professionals.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

People's needs were assessed before they began using the service. Care plans were in place which set out how to meet people's individual needs. The service had a complaints procedure in place and people knew how to make a complaint.

Staff and people spoke positively about the registered manager. Systems were in place to seek the views of people on the running of 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?

Due to the limited size of the service at the time of the inspection we are unable to rate this domain. The service did not follow its own staff recruitment procedures with regard to obtaining employment references.

There were enough staff working at the service to keep people safe and there had not been any missed calls.

Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations. Risk assessments provided information about how to support people in a safe manner.

At the time of our inspection the service did not provide support in administering medicines to people.

Inspected but not rated

Is the service effective?

Due to the limited size of the service at the time of the inspection we are unable to rate this domain. Staff undertook regular training to support them in their role and received induction training on commencing work at the service. Staff had regular one to one supervision meetings.

People were able to make choices about their care where they had the capacity to do so. This included choosing what they ate and drank.

People were supported to access relevant health care professionals if required.

Inspected but not rated

Is the service caring?

Due to the limited size of the service at the time of the inspection we are unable to rate this domain. People told us they were treated with respect by staff and that staff were friendly and caring.

Staff had a good understanding of how to promote people's dignity, privacy and independence.

Inspected but not rated

Is the service responsive?

Due to the limited size of the service at the time of the inspection we are unable to rate this domain. People's needs were assessed and care plans were in place which were personalised around the needs of individuals and staff were aware of how to meet people's needs.

The service had a complaints procedure in place and people knew how to make a complaint.

Inspected but not rated

Is the service well-led?

Due to the limited size of the service at the time of the inspection we are unable to rate this domain. There was an acting manager in place who told us they were well supported by the nominated individual.

People told us they were routinely consulted about the care and support they received and they were encouraged to express their views.

Good ●

Homecare UK (Dagenham)

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 22 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed information we already held about this service. This included details of its registration and any notifications they had sent us. We contacted the host local authority to seek their views about the service.

During the inspection we spoke with one person and one relative. We spoke with two members of staff, the nominated individual and the acting manager who was also the one care staff employed by the service at the time of our inspection. We reviewed the records relating to all people using the service including care plans and risk assessments. We looked at staff recruitment, training and supervision records. We examined quality assurance and monitoring systems and looked at various policies and procedures, including the complaints, safeguarding and medicines policies.

Is the service safe?

Our findings

We were unable to make a judgement on this key question. There was only one person receiving personal care at the time of our inspection. As a result of this it was difficult to make a judgement on how safe the service was based on the care provision to one person.

Staff told us that checks were carried out on them before they commenced working at the service. One staff member said, "He [nominated individual] did references, DBS [Disclosure and Barring Service], everything." DBS checks are checks to see if a person has any criminal convictions or are on any list that bars them from working with vulnerable adults.

The service had a 'Care Worker Recruitment Policy and Procedure' in place. This stated, "All offers of employment are made on condition that two satisfactory written references are obtained in respect of the applicant." However, the service had not followed this procedure when recruiting the one member of staff employed at the time of our inspection. The application form for that employee gave the names of two references, one a previous employer the other a personal friend. There were no written references obtained for the employee. There was a hand written note by the nominated individual in the staff members file which said they had taken telephone references from two people which were satisfactory. The two people who provided telephone references were named but there was no information about what their role was or in what capacity they knew the relevant staff member. The staff member told us during the inspection that they did not know who one of the people was who had provided a reference for them. The employees application form showed they had previously been employed working with vulnerable adults and one of the references they put down was from a manager of a registered care home. There was no indication from the information provided that references had been taken from previous care services.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did see that other checks had been carried out on prospective staff including checking proof of identification and criminal records checks.

The level of support provided to people was determined by the commissioning local authority in conjunction with people using the service. The service provided support in line with what had been decided by the person and the local authority. The nominated individual told us there had not been any missed calls and people we spoke with confirmed this. A relative said, "They are pretty punctual."

People told us they felt safe using the service. A relative said, "I think he is safe. As far as I am concerned they are doing a good job."

Staff had undertaken training about safeguarding and had a good understanding of their responsibility with regard to safeguarding allegations. One staff member said, "I need to inform my manager and if nothing is done I need to report it to social services, the police or CQC. I can't sit silently and do nothing about it." The

nominated individual said, "We would contact the local safeguarding team and CQC" if there was an allegation of abuse. The service had policies in place about safeguarding adults and whistleblowing. These made clear that allegations of abuse must be reported to the local authority and the Care Quality Commission.

The nominated individual told us there had not been any safeguarding allegations since the service first became operational.

Policies were in place about supporting people with finances which made clear if the service spent any money on behalf of people then records and receipts were required to be kept. The nominated individual told us the service did not hold or spend any money on behalf of people using the service at the time of our inspection. This meant the risk of financial abuse was reduced.

The acting manager told us that one person using the service required some support with moving and handling when transferring from the chair to the toilet and to the shower. Only two staff worked with this person and both were able to describe in detail the steps taken to ensure this was done in a safe manner. However, there was no written risk assessment in place around this. We discussed this with the nominated individual who agreed to develop a risk assessment and send it to us, which they did within two working days of our inspection. This set out the risk the person faced and also the steps necessary to mitigate those risks.

The nominated individual said, "We will carry out a risk assessment of the person's home." We saw this was in place for people and covered risks associated with trip and slip hazards and lighting and ventilation in homes. We saw action was taken as a result of the risk assessments. For example, a rug was removed which was seen as a potential trip hazard.

The acting manager told us none of the people using the service at the time of our inspection exhibited behaviours that challenged the service. They added they did not use any form of physical restraint when working with people.

At the time of our inspection the service did not provide support to people with taking their medicines. There was a medicines policy in place which included information about the ordering, receipt, recording and disposal of medicines.

Is the service effective?

Our findings

We were unable to make a judgement on this key question. There was only one person receiving personal care at the time of our inspection. As a result of this it was difficult to make a judgement on how effective the service was based on the care provision to one person.

People told us they were able to have support and care the way they wanted it. One person said, "I am in control."

The acting manager/support worker told us they had undertaken training to enable them to carry out their duties. They had completed NVQ's in health and social care and management, telling us, "I have been encouraged to do further studies in NVQ health and social care and leadership and management." Records confirmed this, along with training in moving and handling, health and safety, first aid and the requirements of a care worker. Staff also completed the Common Induction Standards as part of their induction programme. This was the forerunner to the Care Certificate. The Care Certificate is a training programme designed specifically for staff that are new to working in the care sector.

Staff told us and records confirmed they met with senior staff regularly for one to one supervision meetings. A staff member said, "We have meetings about once a month. We talk about how things are going and if I need anything for my personal development." Staff also had an annual appraisal of their performance and development needs. The most recent annual appraisal was carried out in January 2016 and covered the quality of work, attendance, customer service, communication skills and flexibility.

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.

At the time of our inspection all people using the service had capacity and were able to make decisions for themselves. The nominated individual said of one person, "He is actively involved in his care, he knows what he wants on a daily basis."

People were provided with a 'Statement of Terms and Conditions' by the service. This provided clear information to people about the service and what they could expect, for example, in relation to fees payable, details of how to make a complaint and the terms about cancelling the service. This document was signed by the person and a representative of the service.

The service provided limited support with food preparation. The acting manager told us that for one person their meals were prepared in advance by family members and staff just heated it up for the person. This was in line with the persons care plan. No one using the service at the time of our inspection required any support with eating and drinking.

Care plans included details of people's medicines, medical conditions and contact details of the person's GP. This meant staff were able to contact the GP with relevant details about the person if necessary. The service worked with other agencies to promote the health, safety and wellbeing of people. The nominated individual told us and records confirmed that they had contacted the occupational therapy team to carry out an assessment of a person's house and as a result adaptations had been made to the property.

Is the service caring?

Our findings

We were unable to make a judgement on this key question. There was only one person receiving personal care at the time of our inspection. As a result of this it was difficult to make a judgement on how caring the service was based on the care provision to one person.

People told us they were treated with respect by staff. One person said of their care staff, "He is OK, he does respect me." A relative said, "There is a good understanding between my [family member] and his carer. He is polite."

At the time of our inspection only one member of staff was employed by the service and they acted as the main carer for people using the service. This meant they were able to build a good relationship with people and they demonstrated a good understanding of the individual support needs of people. When they were not able to provide support the nominated individual provided support to people and they told us they had a background as working as a carer. This meant people were provided with continuity of support from staff and by staff who understood their support needs well. Staff told us they offered support to people on a deeper emotional level than simply carrying out care and domestic tasks. One member of staff said, "If [person] wants to talk I will be there to have a chat. If [person] wants to keep things to themselves that's their decision and I have to respect it. But I always tell [person] if you need to talk I am here."

Care plans included information about people's life history, for example about their family and where they grew up. This enabled staff to get a better understanding of people to help them build good relationships with them. Care plans also included information about people's communication needs. For example, the care plan for one person contained details of their preferred language and we found that staff who worked with this person spoke that language. The nominated individual also spoke this language. This meant people were able to communicate their needs and wishes to the staff.

Care plans showed the service supported people to maintain their independence. For example, the care plan for one person stated, "While I require some support I would like to be as independent as possible in all areas of my life." The care plans set out what areas people needed support with and what they were able to do for themselves. Staff told us they supported people to be as independent as possible. One staff member said, "Most of the bits [person] does himself. Some days they ask me to wash their back but I have to wait for their instructions. [Person] usually combs their own hair but sometimes they have a really bad cramp in their arm and they ask me to do it."

Staff told us how they promoted people's dignity and privacy. One staff member said, "When [person] is undressed they like to have the towel round their waist" and "I leave him there, I am standing outside and [person] tells me when they are finished [using the toilet]." People had signed forms to consent to the service sharing confidential information about them with relevant persons. We saw that confidential records were stored in locked filing cabinets or on password protected computers. The nominated individual told us only authorised personnel had access to these records. This helped to promote the privacy and confidentiality of people. Staff understood the importance of confidentiality. One member of staff said,

"Whatever happens there [in person's home] I don't talk to anybody. It is just between them and me. [Person] likes to talk about personal stuff and that's private."

Is the service responsive?

Our findings

We were unable to make a judgement on this key question. There was only one person receiving personal care at the time of our inspection. As a result of this it was difficult to make a judgement on how responsive the service was based on the care provision to one person.

People told us they were happy with the service they received. One person said, "Yes, it is good. They are helping me." A relative said, "I think they are quite good."

The nominated individual told us after receiving an initial referral either they or the registered manager carried out an assessment of the person's needs. The nominated individual said of the assessment, "We do this alongside the families. We take down detailed information, the most important thing is we can meet the person's requirements. When we carry out the assessment we look at their likes, dislikes and needs. We then come back and have a discussion to see if we can meet their requirements." The nominated individual told us the purpose of the assessment was to determine the person's needs and if the service was able to meet those needs. They added on occasions they had declined to take on a referral because they were not able to meet the person's assessed needs.

Care plans were in place which included personalised information about the individual. There was a section titled 'About me' in care plans which included information about what the person preferred to be called and some details about their likes and dislikes. For example, the care plan for one person stated, "I enjoy watching programmes on TV, particularly Asian channels." Care plans included information about supporting people with personal care, food preparation and domestic tasks. Daily records were maintained of the support provided on each visit. This helped to monitor the persons support needs on an on-going basis. The daily records showed that the times that staff visited people varied from day to day to fit in with the requirements of people. This showed the service was responsive to individual support needs. Care plans had been signed by the person which showed they were happy with the contents of the plan.

The nominated individual told us that care plans were subject to regular review, saying, "We do a review every six weeks." Records confirmed this was the case. We saw that on the review on 23 August 2016 for one person they had said they required more support hours and we saw that the service referred this to the relevant funding local authority. This meant the service was responsive to people's needs as they changed over time.

The service had a complaints procedure in place. This included timescales for responding to complaints received and details of who people could complain to if they were not satisfied with the response from the service. People were provided with information about how to make a complaint and what to expect if they did so. The nominated individual told us there had not been any complaints made since the service became operational. People told us they had not had to make any complaints but knew who to contact if they wished to complain.

Is the service well-led?

Our findings

We were unable to make a judgement on this key question. There was only one person receiving personal care at the time of our inspection. As a result of this it was difficult to make a judgement on how well-led the service was based on the care provision to one person.

People told us their views were sought on the care and support provided. One person said, "He [nominated individual] comes after six weeks and phones me. He is asking and checking if everything is OK."

The service had a registered manager in place. However, they were no longer actively involved with the running of the service. An acting manager was employed and the nominated individual told us this person would be applying for registration with the Care Quality Commission in the very near future. The acting manager also worked as a care worker and was the only person employed by the service. The acting manager spoke positively of the nominated individual who provided them with support, telling us, "He is a very flexible employer, really good to work for. He is very approachable, a quick problem solver. He is responsive." The acting manager said they were able to get support at any time, saying, he [nominated individual] is contactable all the time, 24/7." The nominated individual told us, "I like to have an open door policy with staff."

The service had only a very limited number of people using it which meant both the acting manager and the nominated individual were able to maintain frequent contact with people which enabled them to get the views of people. The acting manager also worked as a member of care staff and told us, "Every week I ask [person] if there is anything you would like us to do or improve on." People confirmed this was the case but added they were happy with the way things were going.

The nominated individual told us that the six weekly care plan review involved meeting with the person in their home. They said this provided people with the opportunity to discuss any issues relating to the service provision in addition to reviewing the care plan. The nominated individual also told us they had regular phone contact with all people using the service and records confirmed this. They said they provided people with an open opportunity to provide feedback but so far they had not received any negative feedback. People we spoke with confirmed they had not raised any issues of concern with the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures must be established and operated effectively to ensure that persons employed are of good character. Regulation 19 (1) (a) (2) (a) (3) (a) Schedule 3 (4) (a) (b)