

# Mrs Jennifer Elizabeth Piper-Griffiths

## SW Homecare Agency

### 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

SW Homecare Agency is a domiciliary care agency which provides care to people in their own homes. There were five people using the service at the time of our inspection. They were all adults (over 65 years of age), Everyone using the service lived within the London Borough of Harrow and had their service commissioned by the local authority. The service provided covered a range of areas including personal care, housework and laundry.

People's experience of using this service:

The service was not always well-led. Quality audits were not effective as they had failed to identify the issues we have highlighted in this report. The audits that the service had carried out had not identified these issues.

People did not always receive personalised care. Their needs had been assessed by the service prior to receiving services. However, the care plans provided insufficient detail to give care workers the information they needed to provide personalised care and support that was consistent and responsive to people's individual needs.

There were systems and processes in place to minimise risks to people. However, we saw that in some files no risk assessments had been completed or updated. This meant care workers did not always have specific information regarding risks and methods of mitigating them.

The requirements of the Mental Capacity Act (MCA) 2005 were not always met. We found that capacity assessments were generalised to all decisions and not developed in relation to specific decisions as required by the MCA. We recommended that they sought guidance in relation to the development of capacity assessments in relation to specific conditions.

People told us that they felt safe receiving care from the care workers. There were safeguarding systems and processes to support care workers to understand their role and responsibilities to protect people from avoidable harm. Relevant policies were in place.

Safe recruitment procedures were now in place. This ensured all pre-employment requirements were completed before new staff were appointed and commenced their employment.

People were involved in making decisions about their care and support. People or where necessary, their relatives had signed their plans to show that they consented to the care provided by the service.

People, relatives and staff spoke positively about the registered manager and felt able to raise concerns and

were confident that these would be addressed.

Care workers had received a range of training and support to enable them to carry out their role safely. People told us they received the right care and support from care workers who were well trained and competent at what they did.

People were very positive about the staff and told us that their privacy and dignity was promoted.

More information is in the full report.

We identified three breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 relating to good governance. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection:

At our last inspection, the service was rated "Good". Our last report was published on 25 August 2016.

Follow up:

We have asked the provider to send us an action plan telling us what steps they are to take to make the improvements needed. We will continue to monitor information and intelligence we receive about the service to ensure good quality is provided to people. We will return to re-inspect in line with our inspection timescales for Requires Improvement services.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

**Requires Improvement** ●

# 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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Our inspection was completed by one adult social care inspector, one bank inspector, and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert-by-experience had knowledge about personal care of adults within the community.

Service and service type:

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection because we needed to be sure that they would be in.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and local authorities.
- We checked records held by Companies House and the Information Commissioner's Office (ICO).
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with one person and two relatives of people using the service.

- We spoke with the registered manager and two care workers.
- We reviewed four people's care records, four staff personnel files, audits and other records about the management of the service.
- We requested additional evidence to be sent to us after our inspection. This was received, and the information was used as part of our inspection.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Assessing risk, safety monitoring and management:

- There were systems and processes in place to minimise risks to people. However, we could not be certain that care workers always had the correct information needed to make sure care was delivered in a safe way. This is because, in some files no risk assessments had been completed or updated to identify what, if any, action care workers should take to minimise risks.
- For example, one person was identified as living with diabetes, but no further information had been provided on how to support their care. Aspects that may have affected the person's quality of life, including diet, and symptoms of low and high blood glucose were not highlighted in their care plan. This meant care workers did not have relevant health information or specific information regarding risks and method of mitigating them.

These were examples of a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

Systems and processes to safeguard people from the risk of abuse:

- People told us that they felt safe receiving care from the care workers. A relative of one person told us, "Care staff make my relative feel safe. We have no concerns." This view was shared with all people's relatives spoken with.
- There were safeguarding systems and processes to support care workers to understand their role and responsibilities to protect people from avoidable harm. Relevant policies were in place.
- Care workers had received safeguarding training. They knew how to raise concerns and were confident any concerns raised would be dealt with effectively to make sure people were protected.
- Care workers were also aware they could report allegations of abuse to the local authority safeguarding team and the Care Quality Commission (CQC) if management had taken no action.

Staffing and recruitment:

- Care workers had been recruited carefully. They underwent appropriate recruitment checks prior to employment. Checks included, at least two references, proof of identity and Disclosure and Barring checks (DBS).
- There were enough care workers deployed to keep people safe. Care workers had been in employment with the agency for several years.
- Generally, people's relatives told us care workers were always on time. We asked if care workers arrived on

time and if they stayed for the allotted time. One relative said, "They are usually on time. There may be slight delays but we are notified."

- However, we noted that the service had received some complaints relating to staff punctuality on previous occasions.
- We asked about the system for monitoring that calls had taken place. The current monitoring system relied on care workers reporting their arrival and departure times. We enquired whether this was an efficient system. The registered manager told us that she also undertook home visits and carried out surveys to check that care workers arrived and delivered care on time.

#### Using medicines safely:

- There were systems in place to ensure proper and safe use of medicines. The service had a medicines policy which was accessible to staff.
- The care plans had been updated to include information about medicines support. The information listed whether care workers were to administer, or people could administer their own medicines so that care workers were clear as to what they needed to do.
- Records showed care workers had received medicines training and medicines policies and procedures were in place. However, medicines competency assessments were not in place to ensure care workers were assessed as competent to support people with their medicines. The care manager told us she would ensure these were in place.

#### Preventing and controlling infection:

- People were protected against the risks associated with the control and spread of infection. There was an infection control policy which was understood and followed by care workers.
- Care workers had received training in infection prevention and control. They had access to personal protective equipment such as disposable gloves and aprons and used these appropriately.

#### Learning lessons when things go wrong:

- The service had a system for managing accidents and incidents, however, there had not been any reported incidents at the time of this inspection.



# Is the service effective?

## Our findings

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's relatives gave us positive feedback about how the service was meeting people's needs. One relative told us, "The care needs of my relative are being met." Another relative said, "We are happy with the care being provided."
- People's needs were assessed before they started to use the service. The assessments covered areas such as nutrition, medicines, mobility, health and safety, and relevant medical conditions. However, not all people's needs had been fully captured in the care plans. For example, a pre-assessment of one person demonstrated that they presented behaviours that challenged the service, which included aggression towards staff. However, this had not been fully detailed in their care plan, which meant they may not have received care that met their needs.

Staff support: induction, training, skills and experience:

- Care workers were supported to have the skills and knowledge to carry out their role. They had completed an induction programme according to the Care Certificate framework. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Care workers had also completed essential training, which covered a range of areas, including, Mental Capacity Act 2005 (MCA), safeguarding, first aid, health and safety, equality and diversity and infection control.
- Care workers received regular supervision and appraisals. Regular spot checks of competence and practice were also undertaken.
- Care workers spoke positively about their line management. One care worker told us, "The manager is always there to offer support."

Ensuring consent to care and treatment in line with law and guidance:

- We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People's care planning documents contained information in relation to their ability to make decisions. All people using the service except one made daily decisions for themselves.
- Records demonstrated people's consent to care had been sought and people's rights with regards to consent and making decisions were respected by staff. However, a care plan for one person whose mental

capacity was in doubt did not contain decision specific mental capacity assessments and best interest decisions regarding consent to the care plan. The needs assessment of this person was signed by a relative who did not hold legal authority to make decisions about care on their behalf. This meant the service had not ensured all the correct processes were followed to protect the rights of this person.

We recommend that the provider takes advice from a reputable source regarding the application of Mental Capacity Act 2005, where people's capacity to make decisions for themselves is in doubt.

Supporting people to eat and drink enough to maintain a balanced diet:

- People were supported to eat and drink to maintain a balanced diet. People, who required assistance and support to prepare food and drink due to their assessed needs, had a care plan which stated this. One relative told us, "My relative is supported with food and nutritional needs."
- There was a nutrition policy to provide guidance to care workers on meeting the dietary needs of people.

Supporting people to live healthier lives, access healthcare services and support:

- People were supported to access healthcare professionals. Care workers supported people as needed to attend appointments with GPs.
- The registered manager told us that they liaised with social workers, or other health care professionals when they have concerns with people's medical needs.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- The registered manager told us there were arrangements to support people's diversity, including gender preferences. We spoke with people using the service and their relatives and they confirmed that the service enquired about their religious and cultural needs prior to providing care. However, records reviewed did not contain detailed information highlighting people's diversity, including cultural needs. The registered manager told us that they were in the process of reviewing people's care plans.

Respecting and promoting people's privacy, dignity and independence:

- We asked people if care workers were kind and caring. One person told us, "I do not have any concerns. Staff show me kindness."
- Relatives were as complimentary. One relative told us "Care workers understand my relative's needs. My relative's dignity is definitely respected."
- The service recognised people's rights to privacy and confidentiality. Care records were stored securely in locked cabinets in the office and, electronically.
- Confidentiality policies had been updated to comply with the new General Data Protection Regulation (GDPR) law.

Supporting people to express their views and be involved in making decisions about their care:

- People were involved in their assessment process, and care plan reviews. People told us they had been fully consulted about their care arrangements.
- Staff were aware of the importance of seeking consent from the people they supported. People told us they received support that provided maximum choice and control of their lives.
- The service encouraged and valued feedback from people. It proactively sought people's feedback and engaged them in the delivery of the service.

## Is the service responsive?

### Our findings

People's needs were not always met. Regulations were not met.

Planning personalised care to meet people's needs, preferences, interests, communication and give them choice and control:

- People's relatives told us that people received personalised care that met their needs. One relative told us, "We are happy with the care provided. We have all been involved."
- The service undertook an assessment of people's care and support needs before they began using the service. The pre-assessments were used to develop a care plan. However, the care plans provided insufficient detail to give care workers the information they needed to provide personalised care and support that was consistent and responsive to people's individual needs.
- Where risks were identified, there was no detailed information regarding the care and support to be provided by staff. For example, one person lived with diabetes. Whilst the person told us that their diabetes was controlled, their files did not contain a diabetes care plan, other than a mention they had diabetes. This meant that there was no relevant health information to support their needs.
- Another person was assessed as having behaviour that challenged the service. However, the service did not have a detailed care plan with specific guidance to staff on how to address them.
- Care workers were knowledgeable about people's preferences. People's care records contained their profiles, which recorded key information about their care. However, records reviewed did not contain information highlighting people's diversity, including cultural needs. Therefore, there was a risk that care needs might have been omitted. The registered manager confirmed they were in the process of reviewing people's care records to ensure people's care records was up to date.
- We checked to see if the service was meeting the communication needs of people. All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet.
- People's care plans contained information about their communication needs. However, the information was not detailed. One person was identified as having a speech impairment and their care plan instructed care workers to be 'diligent' when caring for them. This was not consistent with the requirements of the AIS to meet people's information and communication needs.
- All care plans were generic. They were not presented in different ways to reflect differences in people's abilities, for example, font size, symbols or pictures.

The above-mentioned deficiencies are a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

End of life care:

The agency did not provide end of life care.

Improving care quality in response to complaints or concerns:

- The service had a complaints procedure which people and their relatives were aware of. The procedure explained the process for reporting a complaint.
- People's relatives felt they would be listened to if they needed to complain or raise concerns. They told us they could discuss any concerns they had with the registered manager and were confident any issues raised would be dealt with.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Regulations were not met.

Continuous learning and improving care:

- Quality audits were not effective as they had failed to identify the issues we have highlighted in this report. The registered manager told us she looked at the quality of care records. However, people's care records were not always up to date and did not fully reflect their current needs or preferences. The audits that the service had carried out had not identified these issues.
- There was a lack of systems in place to enable learning and improvement of performance. For example, whilst people's experience had highlighted some areas for improvement, no action had been taken. Even though people's responses to the August 2018 survey were largely positive, no action had been taken to address a concern that had been raised regarding staff punctuality.
- Three formal complaints had been logged, all regarding staff punctuality. The manager informed us that a response had been provided in each case but there was no evidence of how the complaints had been used to improve the service. Concerns had been raised of care workers arriving late at times. We saw no steps being taken to address this.

The above evidence shows a repeated breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- We asked people's relatives if they knew the managers at the service and what they thought about how the service was managed. One relative told us, "The service is well managed. The manager is very supportive." We received similar feedback other people's relatives spoken with.
- There were clear management structures in place. The organisational structure was flat, which meant all care workers reported to the registered manager. Care workers were clear about their own roles and responsibilities, including the reporting structures in place.
- Care workers told us that the leadership of the service was good. They confirmed that the registered manager was approachable and that they could contact her at any time for support.
- There was an open culture within the scheme. Care workers told us that they could raise any issues at team meetings and felt confident and supported in doing so.
- The service sought feedback from people, people's relatives and staff, which it acted on

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Generally, people's relatives told us that people received personalised care that met their needs. This was consistent with responses from a survey that was carried out in August 2018. Most respondents had given positive feedback.
- Although people told us that their needs were met, care plans did not always contain detailed information to enable care workers to be responsive to people's needs.
- The leadership complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of significant events.

Working in partnership with others:

- The service worked with other health and social care professionals to understand and meet people's needs and to assess and plan ongoing care and support.
- There were meetings with other health care professionals to review care.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Care or treatment was not designed with a view to achieving service users' preferences and ensuring their needs are met. People's care plans were not detailed to give care workers the information they needed to provide personalised care.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk assessments relating to the health, safety and welfare of people using services must be completed and reviewed regularly.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p>