A La Carte Care Limited

Care a la Carte

Inspection report

Kingston House
28 Brampton Grove
London
NW4 4AQ

Date of inspection visit:
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16 March 2016
17 March 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 8 March 2016 and was announced two days before the visit to ensure that the manager was available. We also carried out visits to two people using the service on 16 and 17 March 2016.

Care a la Carte is a domiciliary care agency registered to provide personal care to people living in their own homes and primarily provides live-in care staff to people on a self-employed basis. At the time of our inspection 40 people were receiving a personal care service, and the agency had 75 care staff on its books.

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 and associated Regulations about how the service is run.

People were happy with the live-in care workers supporting them, and described a high standard of personalised care.

We found that people were kept safe and free from harm with risk assessments in place to address relevant issues. There were enough staff on the agency's books to meet people's needs and to provide a flexible service. Staff training and systems were in place to ensure that the Mental Capacity Act 2005 was followed with people's consent recorded as appropriate.

Staff undertook regular training and were knowledgeable about their roles and responsibilities. They received regular supervision, and support from office staff including spot checks of their work.

Staff knew the people they were supporting and provided a flexible and responsive service. Detailed care plans were in place detailing how people wished to be supported. People spoke highly of the support staff provided and had formed good relationships with them. When incidents occurred, these were clearly recorded, and learning was taken forward.

When needed people were supported to eat and drink, and to attend health care appointments. Systems were in place for staff to administer their prescribed medicines safely. Where needed staff supported people to maintain their independence skills.

People told us that the management were accessible and approachable, and that they felt able to speak up about any areas for improvement. There were regular checks in place to review the quality of the service provided to people, and monitor satisfaction, with plans put in place to address areas for improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. There were arrangements to protect people from the risk of abuse.

Risks to people who used the service and staff members were assessed with written plans in place to manage them. There were clear processes for recording accidents and incidents and changes in people's needs.

There were safe recruitment procedures in place and enough staff to meet the needs of people who used the service.

Systems were in place to ensure that people were provided with their prescribed medicines safely.

Is the service effective?

Good

The service was effective. Staff had the skills and knowledge to meet people's needs. They undertook regular training to ensure they had up to date information to undertake their roles and responsibilities.

People were supported to eat and drink according to their plan of care. Staff supported people to access health care appointments and liaised with healthcare professionals as required if they had concerns about a person's health.

Staff were trained in the requirements of the Mental Capacity Act 2005 and recording was in place to ensure that people consented to the care provided.

Is the service caring?

Good

The service was caring. People who used the service were positive about the caring nature, patience and compassion of the staff and the way that they supported them.

Staff were respectful of people's privacy and dignity, and involved people in making decisions about the care they received. Where appropriate they promoted their independence. They supported people with social, emotional and cultural needs.

Is the service responsive?

Good

The service was responsive to people. Detailed care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's needs, their interests and preferences.

Complaints were recorded and addressed appropriately, and people felt that any concerns were taken seriously. People who used the service and their relatives felt that the staff were flexible and took action to address their changing needs.

Is the service well-led?

Good

The service was well-led. People spoke highly of the office support provided. There was clear communication within the staff team and staff felt comfortable discussing any concerns they had with the management.

Regular checks were undertaken of the quality of the service provided.

Care a la Carte

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.

Before the inspection visit we reviewed the information we held about the service, such as any information from members of the public, and notifications from the provider.

The inspection of Care a la Carte took place on 8 March 2016 and was announced two days before the visit. This visit was carried out by one inspector. We also carried out visits to two people using the service on 16 and 17 March 2016, and the inspector and an expert by experience spoke with people using the service or their representatives by telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Overall we spoke with four people using the service and thirteen relatives or representatives at the request of people using the service. We met with the registered manager and a care manager during the inspection visit, and spoke with eight care assistants following the visit.

We reviewed the care records of seven people that used the service, seven staff records and records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe with the care workers supporting them. People's relatives said that the service kept their relatives safe and took action to address any concerns. One person's representative told us, "It's very safe. I have contact with the staff and the customer; She has a good quality of life. Looking at all things, top to down, she is very well looked after." Relatives told us, "They are good carers. My father is safe in their hands," "They keep an eye on him in respect of swallowing when eating," and "There are always two carers. The agency are very good at making sure there is always full coverage."

Staff told us they had received safeguarding adults training. A safeguarding policy was available and staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us they would report any concerns they had to the management. Although staff were aware of the service's procedures for whistleblowing, there was no separate written policy in this area apart from the service's safeguarding policy. The registered manager undertook to remedy this without delay.

As staff were self-employed, people made individual arrangements with them with regard to supporting them with any financial transactions. One person told us, "She is very handy, she writes the cheques for me to pay all the bills as I have arthritis in my hands." However the registered manager advised that people were encouraged to keep a float for care staff to use, and complete a record with a receipt for each transaction. This was not being undertaken in the case of one person who we visited, and we brought this to the attention of the registered manager who undertook to speak to people using the service about this, for their own protection and the protection of staff members.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. Care plans contained risk assessments for each person using the service, and staff were aware of the contents of these, and ensured these were kept updated. They contained information about action to be taken to prevent these as far as possible. For example, some people had mobility difficulties and information was recorded about how to support them within and outside of their home including the use of mobility equipment such as hoists and wheelchairs.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. If staff required leave, they informed the management in advance and cover was arranged so that people received the support they required.

There were suitable recruitment procedures and required checks were undertaken before staff began to work for the agency. Staff confirmed that they attended a detailed interview to assess their suitability, however records were not maintained of the interviews, and we discussed this with the registered manager who undertook to ensure that this happened in future. All staff were required to complete an induction programme and a trial person of two weeks, including shadowing which was in line with the common induction standards published by Skills for Care, and the manager was looking into implementing the national Care Certificate in the future.

Recruitment records included evidence of appropriate recruitment procedures including application forms, criminal record checks, identity checks and at least two written references (frequently four references were seen) which had been verified including one from the most recent care employer. We saw that any gaps in each person's employment history were checked. New staff also signed contracts of terms and conditions, and confirmation that they had read and agreed to abide by key policies including safeguarding, health and safety, and medicines administration. The agency undertook annual disclosure and barring checks on all staff members to ensure that they remained fit to work with people.

People confirmed that when they required assistance with their medicines, these were given on time and safely. Relatives told us, "The carer puts the medication out in a bowl with a cup of tea," "They make sure she takes the medication whatever the time of day or night," "The carer
dispenses a dosette box in date and time order," and "She will make sure that he takes his pills. My father can't remember to take them."

The agency had a policy and procedure for the administration of medicines. Staff providing support in this area had received relevant training. Staff administering medicines were aware of their responsibilities to ensure that they completed the medicines administration charts and the communication log after they had administered medicines. They recorded the actual times that medicines were administered, to ensure that these were not given too close together. We discussed with the registered manager, how the medicines charts might be improved to include the signature of the staff member administering medicines, and any reasons for them not being given, and she undertook to look at alternative formats that might be used.

Good

Is the service effective?

Our findings

People told us that the care staff supporting them were appropriately skilled and knowledgeable. When asked, comments from relatives included, "She is very experienced. She has been doing it for quite a few years," "The carer has a really hands-on approach. Very much aware of my mother's needs and safely implements what my mother wants." And, "We have tried other agencies. The carer at the moment is the best she has ever had also the agency is the best we have ever had."

Staff confirmed that they were provided with enough information and support from the service, shadowed more experienced care staff, and undertook regular training. Records of the staff members' training showed that all staff completed the provider's induction training and other mandatory training was then completed including first aid, food safety, safeguarding, moving and handling, health and safety, lone working, conflict management, dementia care, medicines administration, infection control and person centred care. Staff were also provided with client specific training, when needed, such as training from a speech and language therapist in supporting people with swallowing difficulties.

The provider ensured that staff members undertook refresher training through a training company of their choice on an annual basis, and kept a record to monitor training compliance of all staff members, with records of each time this was followed up. Several staff told us that they were completing training equivalent to the Qualification and Credit Framework (QCF) in health and social care, to further increase their skills and knowledge in how to support people with their care needs. They were positive about the support provided by the service in meeting their learning needs.

Staff told us they had regular supervision sessions which gave them an opportunity to discuss their performance and identify any further training they required. As most staff were providing live-in support, supervision in person was conducted approximately three monthly, including some unannounced observations. Staff told us that they found these visits to be helpful and supportive.

Staff were also required to call into the office on a weekly basis, to give an update on how the placement was progressing, and this was increased to daily if the person being supported was unwell, or their needs had changed, and therefore needed additional support. We observed detailed records of these conversations indicating that they were also used to provide support and supervision. Staff told us that it was easy to contact the office if they required emergency support or advice.

Records of supervision including topics discussed from any new issues, to training, skin integrity, accidents, medicines management, relief care provision, and emergency procedures. The registered manager advised that there were staff performance appraisals recorded as part of supervision sessions every three months. There were no annual performance appraisals recorded at the time of the inspection, and we discussed this with the registered manager, who undertook to ensure that annual appraisals were provided to all staff. This was discussed with the registered manager, who undertook to ensure that annual appraisals were provided to all staff in future.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). This 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.

People said they were able to make choices about their care. Relatives noted, "I have been there when she has asked what my mother would want for lunch, dinner etcetera," "They asked what are her capabilities, her needs and her expectations," and "She needs a carer who can make decisions, and makes sure she eats and takes her medication." One relative noted, "My mother was initially against this until she met the carer who was to look after her, and now everything is hunky dory. We laid out a plan and reached a happy medium." One relative noted, "My mother and I both considered it important that she could choose her carer. So the agency made sure my mother was involved by ensuring that she sat through the interviews with the agency to identify the right carer for her."

Staff had received training on the MCA and were aware of the need to ensure that those with capacity were supported to make their own decisions and choices. This was achieved by the staff asking permission to carry out each task before commencing it and gaining their consent. We found that assessments were in place but that best interests decisions were not always recorded when people did not have capacity to make decisions. We brought this issue to the attention of the registered manager, who undertook to review the care records to ensure that best interest decisions were recorded as appropriate.

People told us that they were happy with the support provided to them with food and drink. People noted, "The cooking is pretty good," and, "I tell her what I want to eat, it's all very good." A relative told us, "The carer does all my mother's cooking for her. She also ensures that she is hydrated. Also makes sure she has as balanced a diet as possible including fruit and vegetables." People were supported to access food and drink of their choice and staff had training and were aware of safe food handling practices. Records demonstrated that people were supported to ensure that they had enough to eat and drink during visits, and where needed this was monitored.

We were told by people using the service and their relatives that most of their health care appointments and health care needs were co-ordinated by their relatives. However, staff were available to support people to access health care appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. People told us, "She organises appointments and transport and keeps me updated on what is happening," and, "The carer goes to the doctors and gets my tablets." Relatives noted, "The carer is very good. She takes my mother to the GP and is engaged in the medical process as well as the care element," "When I was away there was a situation where the GP was required and the carer was excellent during that situation." People's care records included the contact details of their GP and other health care professionals so staff could contact them if they had concerns about a person's health.

Good

Is the service caring?

Our findings

People who used the service were happy with their live-in care workers and other staff supporting them. One relative told us, "It is the little touches that are important. They [the agency] sent flowers to my mother on her birthday as well as coming in to see her on the day." Others told us, "The carer has been here since the beginning and she has been excellent. X is very well looked after," "They are very caring and they certainly get along," and "My relative is very comfortable with the way things are." One relative noted that their family member's care worker was "like Mary Poppins, super-efficient, so nice and honest, and everything runs like clockwork."

People told us that their privacy and dignity were respected by care staff. When asked, one relative said, "They are very good at unobtrusively looking after him," and another said, "The carer helps my mother to wash and bath. My mother is modest about these things and I think the carer does this quite well." Other people told us that care workers displayed good patience, and compassion. People received care from the same care workers, as far as possible.

Relatives spoke highly of the care provided for family members with dementia. One relative noted, "Yes she is very caring. My mother has dementia. She keeps the conversation going. As well as ensuring she remembers what day of the week it is.. tries to stimulate her as much as possible with various activities.. she is the best we could have hoped for." Others noted, "The carer is a very good companion as well as a carer. They eat together and watch TV together and the carer takes my mother out to the park as well."

People using the service and their relatives told us they were involved in developing their care and support plan and identifying the support they needed and how this was to be carried out. One person told us, "I tell them what I want. I am in charge really." Copies of people's care plans with their signatures to confirm their involvement were kept at the service's office. The level of detail recorded in people's care plans meant that they were entirely person centred based around that person's needs, choices and routines.

The agency had a policy on ensuring equality and valuing diversity. Staff we spoke with said that this was covered during their induction training, and we saw records of training in this area. The routines, preferences and choices of people were recorded in their care records, including cultural needs such as providing a Kosher diet. In one case management advised that they had provided some support for a staff member in learning to cook cultural dishes that a particular person wanted. People who used the service said that care staff understood their needs and their preferences.

Good

Is the service responsive?

Our findings

People were happy with the way the service responded to their changing needs particularly by providing regular care workers who knew people's needs well. One relative said, "My mother has declined a lot in the last few months and is quite disabled now. It is amazing that the carer can still engage with my mother on choices." Another relative told us, "The care evolved. I was part of the original discussion. My father had been completely independent. He went into the hospital for what was to be a routine procedure and ended up in intensive care. We initially recruited the agency to sit with him as he recovered whilst still in the hospital so he had companionship, and then with him when he returned home. As his medical needs reduced we reviewed his personal care and that is where we are today."

Where there were problems, people reported that the service were good at finding solutions. For example one relative told us, "My mother can sometimes be demanding, I have seen it over the years. They are very good at suggesting solutions between the carer and my mother to get through. I consider it a 'partnership relationship' with all involved." Another relative noted "They are very good at providing stand-in carers when the main carer is away." One person using the service told us that it would be helpful to know in advance who the relief care worker was, when the usual person was not available, and we passed this on to the registered manager, who undertook to address this.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, this enabled them to provide a personalised service. They said that they were given essential information about people who used the service so that they could provide the care needed for them. Assessments were undertaken to identify people's support needs and detailed care plans were developed outlining how these needs were to be met. Care plans we inspected were centred on the person, and clearly used as a working document with updates from care staff when there were changes. They included clear information about the care staff's responsibilities including support with medicines, shopping, finances, and attending appointments. Care plans and risk assessments were reviewed at least annually, but we observed that they were updated more frequently when there were changes. In addition to care needs provided for, there was good recording of support provided with social, emotional and cultural needs. One person told us that they were supported to go out to social clubs, another noted "I can't walk about. The carer takes me out in my wheelchair if I want to go anywhere." A relative advised, "The carer also takes her to the hairdresser."

People had a copy of their care plan in their homes and daily care records were being completed by staff including medicines given, food choices and the person's general wellbeing and activities. People told us that the care plans were being followed by their care staff. Care records also included a copy of the service user guide and complaints procedure. People who used the service were given contact details for the office and who to call out of hours on a dedicated agency mobile number so they always had access to senior managers if they had any concerns. There were clear records available of any accidents and incidents occurring, including action taken to prevent a recurrence when possible.

The people we spoke with all told us they would contact the office if they had a complaint, and felt that

these were addressed appropriately. One person told us, "I go back to the agency. I had a very minor complaint and it was resolved to my satisfaction." A relative told us, "There were a few instances of 'bumps in the road' where we were let down. I didn't mince my words and this was resolved. I have never had cause to make a complaint." Other told us, "We know who to contact. On the very rare occasions we have had minor issues and resolved them. Otherwise we know to contact the agency," "So far so good," and "I have no complaints about this service but I have with previous agencies."

We looked at records of complaints and compliments in the agency office. Complaints were dealt with by correspondence, but also with swift verbal apologies when needed, with actions put in place to ensure issues were not repeated. There were a large number of compliments received from people using the service and their family members.

Good

Is the service well-led?

Our findings

People were very positive about the way the service was run. One person said that in comparison to other care providers that they had used previously, they were very pleased with the service provided. Comments included, "100% for both of us, even though my mother could not express that," "I am so pleased with Care a la Carte and can't say enough to praise them," and "Yes they are very well run. The manager clearly knows what is required and all the staff are very good." People were clear that if problems had been discussed with the management, improvements were made. One relative told us, "Yes I think we had a bit of a false start but after that it has all been fine."

People using the service and their relatives told us that the service contacted them often enough, and visited at least annually, encouraging them to provide feedback, and took this seriously. They confirmed that they were always able to get hold of office staff when needed. Relatives described differing frequencies of contact with the office, according to their preferences. They told us, "They call every six months. I am also able to get in touch with them anytime I want," "It's regularly every two months, and I am happy with that," "The manager did call in during the early stages but she knows we are very happy with the carer we have at the moment," and "I have not yet had a visit, but I did have a couple of phone calls to see that things are okay."

Overall people were satisfied with the quality monitoring by office staff. Relative noted, "It's jogging along nicely. There is fairly regular interaction," "They have visited on occasion and there is on-going dialogue. If there is anything to follow up they call me," and "They do come around sometimes. I do know them all personally."

In addition to the registered manager there were two other care managers and two administrators. An on-call rota was in place amongst office staff, so that all non-office hours were covered. The staff we spoke with all said they were able to contact the management if they had any concerns. Staff confirmed that they received regular supervision, and received regular support and advice from the office staff via phone calls, and in face to face meetings, and felt they were available if they had any concerns.

The registered manager advised that the service would never go above 50 clients, in order to ensure that they were able to provide a personalised service to each person. The management monitored the quality of the service by speaking with people to ensure they were happy with the service they received. They also carried out spot checks to review the quality of the service provided in people's homes. This included arriving unannounced to care staff, to observe the standard of care provided.

An annual survey was conducted of people's views about the service, the most recent surveys returned had not yet been analysed but amounted to approximately 40 surveys returned included feedback from a health and social care professional. As a result of some of the surveys received, the registered manager had arranged cooking training for one staff member and support for another staff member to improve their English.