AS Hillingdon Homecare Limited

Caremark (Hillingdon)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We undertook an announced inspection of Caremark (Hillingdon) on 7 August 2017. We told the provider two working days before our visit that we would be coming because the location provided a domiciliary care service for people in their own homes and the manager and staff might be not be available to assist with the inspection if they were out visiting people.

Caremark (Hillingdon) provides a range of services to people in their own home including personal care. People using the service had a range of needs such as learning and/or physical disabilities and dementia. The service offered support to people over the age of 18 years old. At the time of our inspection 24 people were receiving personal care in their home. The care had either been funded by their local authority or people were paying for their own care. Some people had care workers living with them 24 hours a day.

The last inspection took place 23 October 2015 when we rated the five key questions we asked of services and the service 'Good'.

There was 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.

The provider had not fully followed their recruitment policy and procedures as some care workers were working with only one reference obtained and these were not all from their most recent employer.

The provider had various checks and audits in place but these had not effectively identified that improvements needed to be made to ensure care and support plans were updated as soon as people's needs changed and that care workers should start working with people using the service only once all the necessary recruitment information was obtained and checked.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to fit and proper persons being employed and good governance.

You can see what action we told the provider to take at the back of the full version of the report.

The majority of people gave us complimentary comments about the service they received. Where there were comments that needed feeding back to the registered manager this was done so that they could act on any issues.

People needs were assessed and they were kept safe, because the provider had systems to help protect them. Risk assessments which outlined how care workers should help to protect people when caring for them were in place and regular reviews were held to ensure people's needs had not changed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the systems in the service supported this practice.

Care workers received ongoing support through the induction, training and appraisal of their work. They gave us positive feedback about the service and how they were supported well by the registered manager.

People received the medicines they needed safely and regular checks on medicine administration records were carried out to ensure care workers recorded each time they administered medicines.

People were supported to eat and drink sufficient amounts and were assisted by the care workers to access healthcare services as and when needed.

People were encouraged to give feedback about the service. This included through meetings with the staff and completing satisfaction questionnaires.

Complaints were appropriately investigated and responded to.

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

There were some aspects of the service that were not safe.

Although there were recruitment checks in place these had not identified that some care workers were working with one reference.

The service had procedures to protect people from avoidable harm and care workers knew how to raise concerns.

There was a system in place for the recording and investigation of incidents and accidents.

People received the appropriate support with their medicines as required.

There were sufficient numbers of staff working to provide support to people using the service.

Is the service effective?

Good

The service was effective.

Care workers had received the necessary training, supervision and appraisals they required to deliver care safely and to an appropriate standard.

Staff understood the importance of supporting people to make choices and to act in their best interests.

The provider worked with other healthcare professionals to make sure people's health care needs were being met.

Care plans indicated if the person required support from the care worker to prepare and/or eat their food.

Is the service caring?

Good

The service was caring.

People were cared for by kind, polite and caring staff.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People were cared for and supported in a way which met their needs and reflected their preferences.

People's needs were regularly reviewed.

People were supported to give their views on the service.

People felt confident raising concerns and felt they had been listened to when raising any issues.

Is the service well-led?

Requires Improvement

There were some aspects of the service that were not well led.

There were many checks in place which were effective. However, audits on people's care files and staff employment files were not in place to ensure these contained up to date information and all the necessary documents.

People felt the service was well run and met their needs.

The care workers felt supported by the registered manager.

Caremark (Hillingdon)

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 7 August 2017 and was announced. We told the provider two working days before our visit that we would be coming because the location provided a domiciliary care service for people in their own homes and the registered manager and staff might be not be available to assist with the inspection if they were out visiting people.

Before the inspection we reviewed the information we held about the service. This included the last inspection report, statutory notifications about incidents and events affecting people using the service. We viewed the Provider Information Return (PIR) which the provider completed and sent to us to provide us with some key information about the service including what the service does well and improvements they plan to make.

The inspection was carried out by a single inspector. As part of the inspection we contacted eight people who used the service and two relatives for their feedback by telephone. These telephone calls were made by 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.

Prior to the inspection we had also sent satisfaction questionnaires and we received six from people using the service, three from relatives, 11 from care workers and two from health and social care professionals.

We also emailed 18 care workers for their views on the service and we received replies from four care workers. In addition, four health, social care and financial professionals gave us their feedback on the service via email.

During the inspection we spoke with the provider, registered manager and the field care supervisor. We looked at the care plans for four people who used the service. We saw files for four care workers which

included recruitment records and supervision and we looked at training records. We also looked at the service's checks and audits.

We asked the registered manager and provider to send to us further information on action taken in relation to people's care and support plans for those people who lack capacity to agree to their care, recruitment checks, training and audits carried out on staff employment files. They
sent us information the second day after the inspection.

Requires Improvement

Is the service safe?

Our findings

The provider carried out checks to make sure care workers were suitable to work with people using the service, which included obtaining identity checks and criminal record checks. However, three of the care worker's files viewed only had one reference. The field care supervisor looked at another care worker's file during the inspection and this file also had only one reference. A note had been made on their individual files that the second references had been requested and were waiting to be returned. The provider's recruitment policy and procedure stated that two references needed to be obtained as part of the recruitment of care workers. Therefore this had not been followed.

All of the care workers that had one reference on their file were working with people in their own homes. One care worker had been working for the service since 2016. Another care worker had stated on their application form that they had been dismissed from their most recent employer with no reason for this on their file and no reference from this previous employer. The field care supervisor confirmed that this particular care worker had just started working for the service approximately a week before the inspection.

During the inspection the registered manager and field care supervisor contacted three previous employers' to request second references. Two days after the inspection the registered manager confirmed that some of the references had come back to them and the care worker who had been dismissed from their last job had sent an email explaining the reason for their dismissal.

Prior to this the registered manager confirmed that they had not been checking that everything was in place before the new care worker was allocated to work with people in the community and they had not been aware that some care workers were working with one reference on their file.

We saw that once the issue with references was identified at the inspection the registered manager started to take immediate action to address this and they sent to us, shortly after the inspection, a new document that would be signed off by them once all the required recruitment information was obtained for each care worker.

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

We asked people if they felt safe using the service. They confirmed they all did feel safe and commented, "I feel very safe with them" and "They [care workers] provide 24hr live in care for me and they pretty much do everything for me, I'm never left on my own." A relative told us "I think the care worker is brilliant and [person using the service] is very safe with the care worker."

Care workers received training on safeguarding adults from abuse. They were consistent in their replies regarding what action they would take if they thought a person using the service was at risk of abuse. They told us, "I would contact our field care supervisor or care manager immediately with my concerns" and "I would contact my line manager."

There were policies and procedures in place on safeguarding adults and the registered manager was aware of their responsibility to report concerns to the local authority and to the Care Quality Commission (CQC).

We saw from the safeguarding records that there was a record of concerns along with action taken. The registered manager informed us that the local authority had not confirmed that the two cases were closed. We saw evidence where the registered manager had sought a response and they agreed to request again an outcome from the relevant persons at the local authority.

Care workers received a copy of their rota and people using the service had a regular care worker visiting them, unless the main care worker was on sick leave or holiday. New care workers were introduced to people using the service prior to them offering personal care. This helped the person feel at ease and be familiar with a new care worker.

Before the registered manager accepted a new referral they would check to see if they could offer the person a service. This was checked so that the person did not have expectations that could not be fulfilled. Care workers were matched to where people lived and we saw from the rota that they were given travel time in between visits so that people received their planned visits on time. People confirmed, "We've never had missed visits and if the care worker is going to be late due to traffic they always rings us and lets us know" and "Sometimes they're late because of traffic but they [care workers] do contact me and let me know."

Risks to people's safety and wellbeing were assessed and action taken to minimise the risk. The risk assessments we looked at included information on the possible risks to the person using the service in areas such as their environment, their mobility and skin integrity. The risk assessments were regularly reviewed to make sure these were up to date.

Records were in place to record and monitor the equipment people had in their homes and when it had last been serviced. This helped to ensure the care workers were using equipment that had been checked and was serviced as safe to use as and when required.

The service had a procedure for incidents and accidents. Care workers had recorded when an incident had occurred and the registered manager always checked the event and signed off the form making sure action was taken as and when necessary in order to keep the person using the service safe and/or the care worker. We saw there had been three incidents recorded for 2017 and the registered manager checked to see if there were any patterns or trends. There were none noted at present.

The provider had a contingency plan in place to respond to a range of possible emergencies that could occur including bad weather. The plan provided information on what actions should be taken to ensure people continued to receive their care in a safe and appropriate way. The registered manager confirmed that office staff could drive care workers to visits if the weather was bad which ensured people continued to receive care.

There were 10 people currently requiring care workers to administer their medicines and one person needing prompting to take their medicines. People were happy with how their medicines were handled and given to them. They told us, "She [care worker] checks that I've taken my medicines" and "They [care workers] pretty much do everything for me, help me with medicines."

There were various documents in place relating to medicines management. People's support and care plans noted if the care workers needed to administer or prompt a person to take their medicines. There was a medicines authorisation form on people's files and a medicine risk assessment. This ensured care workers

knew what they needed to do to support people to keep safe and well.

Care workers received training to administer medicines and they also had an observation and assessment of their work if this involved handling, recording and administering medicines to people. Care workers were aware of the difference between prompting and administering medicines. Their comments included, "You have to check that the person's name is on the medication, that It has been prescribed by a doctor and that the dosage instructions have been followed correctly" and "Administering medication also can be applying creams to customers or administering medications such as eye or ear drops."

Medicine administration record sheets were completed and these were checked whenever a staff member from the office, usually the field care supervisor, visited the person's home. These were also checked once they came back completed to the office to make sure care workers had signed every time they had administered or prompted medicines.

Good

Is the service effective?

Our findings

Most people we spoke with thought that the care workers were well trained and their care was effective. They told us, "The regular girls that provide 24hr care for me are very well trained. I get the occasional new one who is still learning the ropes but you make allowances, everyone's got to start somewhere" and " They are very well trained, they do my breakfast, tidy round, sort my clothes and wash them, anything I ask." A relative told us "I think the carer that looks after [person using the service] is very well trained. Reading and communication is an issue for [person using the service] so the carer will read the menu out and help them choose if they are having lunch out."

Care workers confirmed they were inducted into working for Caremark (Hillingdon) service and received training to do their job. One care worker commented "The dementia course has been very beneficial to me." Other comments on training included, "I feel it [the training] was very informative and gave me all the information I needed to perform my job role efficiently and effectively" and "Yes, I think it covers all I need to know."

The induction included training and shadowing more experienced staff. The registered manager and provider were trained to offer the training deemed mandatory by the provider. This included training on moving and handling, first aid, infection control and fire safety. Refresher training was then offered online each year, with the practical moving and handling provided at the office. Care workers were also encouraged to complete the Qualifications and Credit Framework (QCF) Level Two for health and social care.

New care workers were also supported to complete the Care Certificate. The Care Certificate is a set of standards for social care and health workers. It is the minimum standards that should be covered as part of the induction of new staff. The registered manager confirmed that experienced care workers were also encouraged to complete this training so that they had gone through the topics and checked they had the knowledge and skills to continue working with people in the community.

Care workers were offered support and guidance through a range of ways. This included having spot checks on their work which all the care workers confirmed they had on a regular basis. One care worker told us, "My field care supervisor and care manager always visit me at my service user's home unannounced, on a regular basis. They check we are wearing our uniform." They additionally received face to face supervision giving them the chance to reflect on their work and to receive feedback on how they were performing. The care workers were also in the process of receiving an annual appraisal of their work, where they could identify any training needs and to look at where they need to improve. Records we saw confirmed the care workers received regular checks on their work and they were provided with ongoing support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The registered manager confirmed that at the time of inspection, no one was being deprived of his or her liberty.

People's capacity to agree to their care was considered and where possible people had signed agreeing to the care they were to receive from the care workers. Two days after the inspection the registered manager confirmed that the relevant mental capacity assessments had been completed, where necessary, as this had not been done for all the people who had limited or fluctuating capacity.

People confirmed that the care workers always checked that people were happy with how they were being care for. One person commented, "They're [care workers] always checking whether everything's alright and done the way I want it."

The care workers received training about MCA and DoLS as part of their induction. Care workers were able to tell us about people's right to make decisions and how they needed to respect people's right to make daily choices. Care workers told us, "I will always follow clients routines, if they have a specific way of dressing for example, I will assist them rather than doing it my way. It is so important to treat people with dignity and preserve their self -worth" and "We aim to be there to support our customers to live as independently as they can which means enabling our customers to make their own decisions and support them to do so."

Those people we asked said they were happy with the meals they were given. Comments included, "I choose what I want to eat and it's all cooked fresh by the carer" and one person said their care worker "Really enjoyed cooking so I had some wonderful meals. They stood out in my mind as being exceptional."

We saw in people's care and support plans that there was information about nutrition and hydration. This gave the care workers details of the level of support a person needed in this area and if they required closer monitoring then separate food and fluid charts were completed. The registered manager confirmed there was no-one at risk of malnutrition and so at present these forms were not in use. The sample of daily notes we viewed we saw care workers had recorded if they had given people food and drinks.

Information about the different healthcare professionals who supported people was included in their care and support plans. People's healthcare needs had been assessed and the staff worked with others to monitor these. The registered manager confirmed that they would visit a person soon after a discharge from hospital to ensure their health needs had not changed.

Good

Is the service caring?

Our findings

People and their relatives spoke highly of the care workers. They told us, "They [care workers] help me with bathing, they are really kind and very respectful," "They are so kind and caring and always make certain everything is locked up when they leave at night. They're really good" and "They're all excellent."

People also confirmed that the care workers chatted to them when they were carrying out the required tasks. They told us they were involved in their care and consent was sought when providing personal care to them.

People could give their views on how they wanted to be cared for. One person said, "I don't really want to socialise so no [care workers] don't chat. They come in, do what needs to be done and ask if there's anything else that needs doing. That's all I need."

We saw there was regular contact with the people using the service and people confirmed they or their relatives had been a part of agreeing to the care they received. Usually face to face meetings took place so that any problems could be addressed quickly. The meetings also enabled the person and/or their relatives to be a part of the continuous review of the care being offered and to express their thoughts on the service.

Feedback on the service and care workers from the professionals we contacted was positive. They commented that some people using the service had complex needs and they told us, "I believe [person using the service] live in carer does an excellent job" and "[Person using the service] is well cared for, well fed and their home is kept very clean."

People's support and care plans also included information on people's background. The registered manager showed us the 'This is me' document which recorded details such as, people's personal histories, their support network and personal preferences. This enabled care workers to know more about the person's past which could relate to their current interests and needs.

Good

Is the service responsive?

Our findings

People told us the care workers did everything they were supposed to and that they had been involved in the development of their care plan and if they had not their relatives had been. People confirmed that the care they received helped them to stay in their own home and it met their needs. One person commented that the care workers always "asked if there was anything more they could do before leaving."

The care plans we viewed were informative and person centred. They outlined the person's abilities, routines and their health and social care needs. One person confirmed, "I do have a care plan and I was involved in setting it up. I think the help has enabled me to improve." On one person's care plan it stated "I will choose my own clothes daily," reminding care workers to give people choices when they visit them.

We saw some information on one person's care documents was out of date, such as the financial arrangements for them to receive their money and where they slept which was now in a hospital bed and not a reclining chair. The registered manager confirmed they were aware of the care plan needed to be updated and were in the process of doing this. They confirmed two days after the inspection that this had been done and we saw evidence of this. We spoke with the registered manager about ensuring information was updated quicker as the care plan was from 2016. Regular review meetings had occurred but the main care plan had not been changed to reflect the person's current needs.

People were supported by regular care workers and for those people who had a live in care worker regular replacement care workers were arranged. This enabled the main care worker to have time off work knowing the person they lived with and supported was being cared for by care workers who understood the person's needs.

A healthcare professional confirmed that the registered manager or field care supervisor attended social care reviews with the relevant people and professionals in the person's life. This enabled the registered manager to give their comments and feedback on how the visits were going and discuss any issues.

There was frequent contact with people and/or their relatives and reviews were held to check on the care being provided. People confirmed they received visits from the office staff. They commented, "The care is reviewed by the manager about every 2 months. She comes and looks at the book to see what's been done and check if there's anything I need changed" and "They review [person using the service] care roughly every six to eight weeks to check everything is going on as we want it to."

Feedback from people and their relatives included that care workers sometimes took people out so that they were not always in their homes seeing the same people. The provider explained that the support offered to some people included providing trips out and supporting them to socialise outside of their homes so that they engaged with other people and prevented people feeling isolated.

The staff continuously sought feedback on the service. They sent out satisfaction questionnaires for people using the service and relatives. One person confirmed, "Occasionally I have feedback forms to fill in." Whilst

another person said, "They send out feedback forms but I don't want to be bothered with them. It works for me and that's all I care about."

During the inspection we looked at the records for complaints received. We saw one complaint on file from 2017 and these records included any investigation paperwork and correspondence. People we spoke with knew how to make a complaint and raise any concerns. They told us, "I've never had to complain about anything at all" and "I had to complain once about 3 months ago. It was resolved straight away." A relative said, "I've never complained about anything but I would contact the manager if I needed to."

The provider confirmed if required, the service could provide the complaints policy and procedure in an alternative format, such as easy read or in another language.

Requires Improvement

Is the service well-led?

Our findings

People and their relatives were complimentary about the care workers and the registered manager. Their comments included, "I know the manager and can get hold of them easily, they are very helpful. On the whole I think it's well run" and "The manager comes out to see me regularly and asks how things are going. I can't think of anything I want to change, they are good at what they do."

Professionals also gave us positive feedback on the management of the service. They commented, "The managers are very supportive of their staff, responsive and get things done" and "If there have been any issues where I have needed to discuss with [registered manager] she has taken these on board and acted to try and resolve the issues raised."

We saw there was a range of audits carried out to ensure people were happy with the care being provided to them. We saw quality monitoring visits took place along with reviews. The field care supervisor visited regularly the live in care workers in order to check they were ok and keeping the person's home clean and tidy. Other records were checked by office staff and the registered manager such as daily records and medicine administration records to ensure care workers were supporting people appropriately and documenting the care that was offered.

Although there were audits taking place, there had been no system developed to ensure people's care plans were checked to see that documents were all up to date and included all the necessary information. There was also no system in place to audit the contents of staff files. We identified at this inspection these were the areas that needed to be improved.

Following on from the inspection the registered manager sent to us an audit tool that would be used to check by the registered manager and provider to check the contents of people's and staff files. The weekly report the registered manager completed for the provider would also include that audits have taken place. We recognised that the provider and registered manager took immediate action; however, these were areas that should have formed part of the ongoing quality assurance checks.

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

The registered manager had been in post since 2013 and had many years' experience and knowledge in social care. They helped train the care workers and gave them information and guidance so that they worked to a good standard. The registered manager had a qualification in leadership and management and had obtained an award known as 'Preparing to Teach in the Lifelong Learning Sector' (PTLLS) which enabled them to promote learning and teach care workers to work in the community. The provider explained that the training had been updated to introduce more role playing and talking through scenarios to enable care workers to gauge more information about working with people using the service.

The provider told us that the service put "quality first". They said they provided regular care workers to

support people, care workers helped keep people in their own homes and people were taken out into the community to enable them to socialise with others. They stated there were no missed calls and late calls were kept to a minimum. They planned to introduce new ways of working by having an electronic system which would ensure they could check that care workers were on time and they could access live information about people using the service. They also planned to introduce a newsletter for staff and for people using the service. This would promote regular communication and the sharing of news about the service.

The registered manager and provider were receptive to the inspection process and discussed ways they had made improvements and adjustments for the benefit of the people using the service and care workers. Some people with varied and complex needs had been helped to remain living in their own homes with the support of the care workers. Professionals we received feedback from also confirmed that the service had been successful in helping people stay at home with the right level of support to keep them safe.

The provider informed us that twice care workers had won the Caremark care workers award which recognised good practice. Staff meetings were held for care workers every quarter and the minutes were sent to them so they could see what was talked about. The aim was to share ideas and to look at best practice when working with people in the community. Weekly office meetings were also held so that any issues were discussed and plans made for the week ahead.

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 17 HSCA RA Regulations 2014 Good governance Systems or processes had not been established and operated effectively to ensure compliance with this part. The registered person's systems or processes had not enabled them to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Regulation 17 (1) (2) (b)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person did not ensure that persons employed for the purposes of carrying on a regulated activity were of good character, had recruitment procedures that operated effectively and obtained all the information as specified in Schedule 3 Regulation 19 (1) (a) (2) (3)