

KRG Care Limited

My Homecare North West London

Inspection report

Pentax House
South Hill Avenue, South Harrow
Harrow
Middlesex
HA2 0DU

Tel: 03330156436

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

My Homecare North West London is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides care and support to people which include personal care, food preparation and medication support. At the time of this inspection, the registered manager informed us that they were providing care and support to 50 people who used the service.

Not everyone using My Homecare North West London receives a regulated activity. CQC only inspects the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service and what we found

The systems in place to manage people's medicines were not able to show that people were supported to manage their medicines safely. We could not be assured that people were receiving their medicines as prescribed. We found a breach of regulation in respect of this.

Feedback from people who used the service and relatives was consistently good. People told us they felt safe when being cared for by care workers and this was confirmed by relatives we spoke with. People and relatives were complimentary about care workers and said they were caring, patient and respectful. They also told us that the service was professional and well run.

Systems were in place to help ensure people were protected from the risk of abuse. There were appropriate policies in place. People were protected from abuse by staff who understood how to identify and report any abuse concerns.

Assessments were carried out to ensure people's needs could be met. Where risks were identified, there was guidance in place for staff to ensure that people were safe.

Staff followed appropriate infection control practices. These practices were updated to reflect COVID-19 and systems in place.

There were appropriate numbers of suitably skilled staff available to meet people's needs. Feedback indicated that care workers were generally punctual.

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

A system was in place to record and respond to accidents and incidents. Lessons learnt were used as opportunities to improve the quality of service.

There were systems in place to assess and monitor the quality of the service provided.

Rating at last inspection

The last rating for this service was Good (published 21 February 2019).

Why we inspected

This inspection was initially carried out as part of a pilot exploring virtual approaches to inspection. However, during the course of the inspection we identified concerns with medicines management. This meant that under the terms of the pilot we needed to convert the inspection to one that included a site visit. We carried out a site visit on 6 November 2020. This inspection was a mixture of a focused inspection and a targeted inspection.

This inspection considered the key questions of safe and well-led and provide a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. We have identified a breach in relation to the safe management of medicines at this inspection.

You can see what action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Inspected but not rated

Is the service caring?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Inspected but not rated

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

My Homecare North West London

Detailed findings

Background to this inspection

The 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This inspection was initially carried out as part of a pilot exploring virtual approaches to inspection. However, during the course of the inspection we identified concerns that meant we needed to revert to our existing methodology to carry out an inspection including a site visit. We undertook this targeted/focused inspection to follow up on some concerns we had about the management of medicines.

Inspection team

This inspection was completed by one inspector and one pharmacist inspector. One expert by experience telephoned people who received care from the service and relatives to obtain feedback about their 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.

Service and service type

My Homecare North West London is a domiciliary care agency. It provides personal care to people living in their own homes.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection because we needed

to be sure the registered manager would be available to assist.

Before the inspection

We reviewed information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse, and accident and incidents. The provider was not asked to complete a provider information return prior to this inspection.

During the inspection

We spoke with three people who used the service and five relatives to gain their views about the service. We also spoke with six care workers, the registered manager and nominated individual.

We reviewed a range of records. This included seven people's care plans and risk assessments. We looked at documentation relating to medicines for 10 people. We looked at 11 staff files and checked recruitment. We also looked at records relating to the management of the service such as audits and a variety of policies and procedures developed and implemented by the provider.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people were not always safe and protected from avoidable harm. Not all legal requirements were being met.

Using medicines safely

- Records about the support given to people did not demonstrate that medicines were managed properly and safely. The service provided medication support to 19 people. However, there were no Medication Administration Records (MARs) in place for 15 of these people. The registered manager explained that care workers did not complete MARs as they only prompted people with regards to their medicines. Instead, care workers completed daily logs with general statements such as, 'given meds' and 'meds sorted out'.
- We raised the lack of MARs with the registered manager and discussed the importance of ensuring care workers record the medicines support given to a person for each individual medicine on every occasion on a MAR. This includes reminding a person to take their medicine or taking medicines out of packaging for a person.
- Some medicines prescribed needed to be given before food. However, we found instances where these were given at the wrong times, which meant they may not be fully effective. We also found information was missing from care records as to where medicines should be stored in people's homes.
- We looked at a sample of MARs for four people and found that these did not always include details of the name of the medicine, formulation and strength. We also noted that MARs were not always completed appropriately with care workers signature.
- The registered manager carried out a MAR audit. However, we found that this was not always effective as it failed to identify the issues we found with medicines management during this inspection. Without clear and accurate records we cannot be assured that people were receiving their medicines as prescribed.

We found no evidence that people had been harmed. However, systems were either not in place or not robust enough to demonstrate that medicines were managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We raised the above issue with the registered manager. She confirmed that they would take action including the implementation of MARs for all people who receive medicines support, refresher medicines training for care workers and regular monitoring and auditing of medicines. She also explained that they were in the process of implementing an electronic medicines recording system. We will follow this up at our next inspection.

Systems and processes to safeguard people from the risk of abuse

- We asked people who received care if they felt safe in the presence of care workers. One person said, "I trust my carers completely and I feel very safe with them, I feel more safe with them than when they leave." One relative told us, "I have no concerns whatsoever that my relative is totally safe with her carer."

- People were protected from the risk of abuse. There were safeguarding and whistleblowing policies in place and care workers had completed appropriate training.
- Care workers were aware of the procedures to follow if they had any concerns of abuse.
- The registered manager was aware of her responsibility to liaise with the host local authority if safeguarding concerns were raised.

Assessing risk, safety monitoring and management

- Risks to people had been identified and assessed. Risk assessments contained guidance for staff to ensure people were safe. Risk assessments in place included the environment, use of mobility equipment, personal care, transfers, medication, falls and diabetes. Risk assessments also included details of preventative measures in place to reduce the possibility of the potential risk occurring.
- Care workers we spoke with were aware they needed to report any concerns relating to people's safety to the registered manager or director. They told us that they would not hesitate to do this and were confident that management would take appropriate action.

Staffing and recruitment

- The provider followed safe recruitment practices and had ensured appropriate pre-employment checks were completed satisfactorily before care workers were employed.
- We discussed staffing levels with the registered manager. There were sufficient numbers of staff to safely meet the needs of people.
- Feedback indicated that there were no major concerns with regards to care workers' punctuality and attendance. One person said, "Arrival on time for me is crucial because I need to go to work on time. We did have few hiccups at the start but management was really good to find me carers who will be on time every working day". Another person said, "I have no problems with my care, they come on time, they do their job correctly and they are there to help. They never rush". One relative said, "In the last eight months we only had few late arrivals and the office would always call to let us know. They would ask us if it's convenient or they should send somebody as soon as possible. We were ok both times, I am sure they have a busy mornings."
- The registered manager explained that if care workers were delayed, the office would always contact people or their relatives beforehand to notify them. This was confirmed by people who received care and relatives we spoke with.
- The service monitored caregiver's timekeeping and punctuality using an electronic homecare monitoring system. The system would flag up if care workers had not logged a call to indicate they had arrived at the person's home and were running late. If this was the case, staff in the office would receive an automatic notification and the office would call care workers to ascertain why a call had not been logged and take necessary action there and then if needed.
- We looked at a sample of punctuality and attendance records and found that the majority of these were within the agreed timescales. The registered manager explained that the service monitored punctuality and attendance through regular telephone calls to people and relatives and we saw documented evidence of this.

Preventing and controlling infection

- The service had an infection control policy in place and this had been updated to reflect COVID-19 and systems in place to reduce the spread of the virus.
- Care workers had received training and were aware of safe infection control practices. They told us that at the start of the pandemic, they received refresher infection control training which included COVID-19 and the use of PPE.
- Care workers told us they had access to gloves, aprons and other protective clothing and had not experienced any shortages during the pandemic. The office had a sufficient supply of PPE.

Learning lessons when things go wrong

- The service had a system for managing accidents and incidents to reduce the risk of them reoccurring. Accidents and incidents were recorded along with remedial action to minimise the risk of another reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because only part of this key question was reviewed.

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

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Feedback from people and relatives indicated that people were asked for their consent and permission before providing care. One person said, "They are kind and they listen to what I have to say. If it's the way I like my hair to be washed or help with my shopping. Having a carer was absolutely vital during this lockdown as I was shielding." Another person told us, "People from the office who are running this agency, they are happy to take on board what I say, I practically train my carer and she knows what is important to me and she is very good now and she gets better every day."
- Care workers had completed MCA training. Care workers we spoke with had a basic knowledge of the MCA and the importance of always asking for people's permission before supporting them with personal care and other tasks. One care worker told us, "I always ask people what they want especially when it comes to food choices. It is important to involve them and ask how they want things to be done."
- A service contract had been signed by people or their representatives to indicate that the care had been agreed to.

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.

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because only part of this key question was reviewed.

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

- People spoke positively about the care they received and told us care workers were kind and caring. One person told us, "Carers I have are helpful, professional and kind. They know their job well and I don't think I would be able to stay in my home without them." One relative told us, "We found all carers who are working or attending my relative since January this year were very caring and gentle." Another relative said, "They are lovely people. Very professional but caring and they take my relative as an important person. They have a genuine interest to help."
- Care workers we spoke with understood equality and diversity and the importance of promoting people's independence.
- People's protective characteristics such as their age, ethnicity and disability were taken into account when providing support to them. People and care workers were matched according to their individual preferences.
- People's support plans included their preferences, likes and dislikes and staff we spoke with knew how individuals wanted to be treated.

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

- Records showed people and their relatives were involved in decisions about their care. One person told us, "I was involved in care plan with all people who came to discuss it. It is a good plan and I am happy with it."
- The registered manager and care workers were aware of the importance of seeking consent from the people they supported so that they received support that provided maximum choice and independence. The agency had policies and systems in the service that supported this practice.
- People received information in the form of a 'service user guide' prior to joining the service. This guide detailed the standard of care people could expect and the services provided.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because only part of this key question was reviewed.

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

- People spoke positively about the service they received which met their needs and preferences. One person said, "I have full confidence they are trying their best to provide a high level of care and to listen clients. This is what attracted me to this agency very much." One relative told us, "We asked for one constant carer and we have a wonderful, kind and hard-working [care worker]. We would like if she can stay forever. She smiles a lot and my relative likes her, she has this quiet persona, but we would not be able to live without her." Another relative said, "We accepted all carers as part of our family just because our relative responds well when they come. We receive an emotional support and we feel well supported."
- Care plans provided staff with guidance on how people's needs should be met. They were person-centred and included details of people's health conditions, preferences and the level of support they required.
- Care support plans included a care needs assessment and support plan. The care needs assessment provided information about people's medical background, social history and preferences. Care support plans included information about what tasks people wanted the care workers to undertake, the time of visits and people's individual needs and how these were to be met.
- Arrangements were in place to ensure people's needs were regularly assessed and reviewed. Records demonstrated that when a person's needs changed, the person's care plan had been updated accordingly.

End of life care and support

- No one at the service currently received end of life care. The registered manager told us, where required they would work with people, family members and other healthcare professionals to ensure people's end of life wishes were met.

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service was not consistently managed and well-led.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service had a system in place to monitor the level and quality of care provided. The service had various comprehensive audits. The service also monitored care workers' through regular supervision sessions and spot checks. The registered manager completed a monthly service audit which focused on looking at the overall running of the service and looked at feedback as well as any changes and updates as well as how the service could make improvements.
- The service failed to identify the issues we found in respect of medicines management. We looked at the medicines audit carried out by the registered manager and found that this did not highlight the issues we found in respect of the lack of MARs for some people and issues with the MARs completed. As comprehensive medicines audits were not carried out the provider could not check that they were meeting required standards and regulations and to identify any shortfalls or deficiencies so they could address these. We discussed this with the registered manager who advised that they would immediately review their medicines audit and make appropriate changes.
- The service was led by a registered manager and nominated individual. Management demonstrated compassion and empathy in their commitment to providing person-centred and high-quality care by engaging with people who use the service and stakeholders.
- The registered manager understood their responsibilities under the Health and Social Care Act 2014.
- The service had a clear management structure in place. Staff and management were clear about what was expected of their respective roles.
- Feedback from staff was positive in respect of communication between management, office staff and care workers. They told us that staff morale was positive and they felt valued and supported.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People who received care and relatives told us that they were satisfied with the care provided by the service and felt involved with their care. One relative said, "The most important thing is that their care is very good and we will like to stick with them. I would have no problem of recommending this agency, they are doing a very good job with our relative." Another relative told us, "If I can I would give this agency 11 as a mark [out of 10]. They have become in very short time a very important part of our lives. We would not be able to live without them."
- The registered manager obtained feedback from people and relatives about the service through regular quality telephone monitoring and wellbeing calls. One person said, "People from office would call and

asked how I like support I receive and if anything need to be changed. It's a regular call almost every month. I usually don't have much to say except that I am very pleased but I would have no problems to tell them if I would like to be done differently."

- Questionnaires were sent to people who received care as well as staff. These were carried out yearly and feedback obtained was analysed to ensure they improved the service where needed.
- Staff meetings were held to discuss the running of the service and staff had the opportunity to share information and raise queries. Staff spoke positively about communication within the service. They told us they were provided with information they required through regular telephone calls, supervisions and emails. One member of staff said, "Management make sure they keep us up to date. They keep in constant communication and contact with me."
- The registered manager explained that during the pandemic, communication with people and staff was crucial as well as ensuring they were kept up to date with developments. The service sent a monthly newsletter to people who received care and staff to provide important updates and encourage a sense of community. One person told us, "So far we are happy with the care provided. Carers know the job well, professionals. We can say they also kept us informed of what we can do and what not during lockdown, they were our biggest source of very valuable information."

Working in partnership with others

- The service worked in partnership with key organisations including the local authorities that commissioned the service and other health and social care professionals to provide effective joined up 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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider and registered manager had failed to implement systems and processes to ensure the safe management of medicines.