Taylor Gordon & Co. Limited

Plan Care Putney

Inspection report

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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?	**Requires improvement**

Overall summary

This inspection took place on 24 March 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The service met the requirements of the regulations during the previous inspection which took place on 4 September 2013.

Plan Care Putney is a domiciliary care agency providing personal care for people in their own homes. It has a contract with four local authorities who commission services from it, Wandsworth, Merton, Richmond and Ealing.

There was a registered manager at the service. 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.

People using the service and their relatives told us they were satisfied with the care they received from the provider. They told us that care staff had a caring attitude and took care of their personal care needs. People told us staff asked their permission before supporting them and

Summary of findings

offering them choices with regards to what they would like to eat and wear. They also told us they felt safe in the company of the care staff and if they had any concerns they would not hesitate to raise it with either the care staff or the managers.

Robust recruitment checks were completed on potential applicants and new employees completed a four day induction, introducing them to the company and to the role requirements, including person centred care, safeguarding and health and safety. Staff also completed and demonstrated their competency in supporting people with medicines and safe moving and handling. Staff told us they were satisfied with the quality of training delivered and people also told us that the care staff were competent in carrying out their duties.

An assessment of people's needs was completed prior to care starting which included risk assessments and finding out peoples preferences and what they hoped to achieve from the service. Care plans were developed and reviewed regularly thereafter and people's views were sought.

People that we spoke with highlighted that communication from the office could be improved, especially in the case of missed or late visits which was a recurring theme in our conversations with people.

Quality monitoring visits were completed, either through unannounced spot checks of telephone calls to people. Feedback surveys were also sent to people to gather their views of the service.

Summary of findings

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. People told us they felt safe. Staff attended training in safeguarding and were aware of procedures for reporting any concerns.

Risk assessments to individuals and to the service were carried out prior to care starting and reviewed regularly afterwards.

Robust recruitment checks were completed on all staff prior to offering them a job.

Medicines administration was managed safely.

Is the service effective?

Good

The service was effective. People felt that staff were well trained and competent to do their jobs. All staff completed an induction.

People's healthcare needs were met by the service. We saw evidence where the provider had worked with healthcare professionals such as district nurses to support people.

People's dietary requirements and preferences were considered and staff were given information on providing a healthy meal.

Is the service caring?

Good

The service was caring. People told us that staff were caring and respected their privacy.

They also told us that they felt involved in their care.

Is the service responsive?

Good

The service was responsive. Care plans were reviewed at regular intervals and amended where people's needs had changed.

People were given information on how to raise concerns and told us they would contact the office.

Is the service well-led?

Requires improvement

The service was not well led in some aspects. Although quality assurance checks were completed by the service, including unannounced sport checks and telephone monitoring, people told us that time keeping was a real problem for them This was backed up by a contract monitoring report we received form the local authority.

People also told us that communication from the office could be improved.

Plan Care Putney

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 24 March 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The service met the requirements of the regulations during the previous inspection which took place on 4 September 2013.

The inspection was carried out by an inspector and an expert by experience who contacted people by telephone after the inspection to gather their views of the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service.

We spoke with 20 people using the service, five relatives, and eight staff including the team leader. We looked at 12 care records, four staff files and other records related to the management of the service including, training records, safeguarding records, audits and complaints. We contacted health and social care professionals to ask their views about the service following the inspection.

Good

Is the service safe?

Our findings

People told us they felt very safe with the care provided. One person said the staff that had cared for them and treated them, "very nicely and I have never felt uncomfortable with any of them, which is a big thing." People said that the care staff were respectful and kind towards them, and they felt they could easily bring up any issues with their care staff.

Care staff that we spoke with told us they would contact their team leader or care co-ordinator if they had concerns about people's safety. They were able to identify the different types of abuse and were familiar with the term safeguarding. They told us that safeguarding training had been delivered to them when they first started working at the service. This was confirmed in the training records that we saw. The care support assistants staff handbook gave care staff details of how they were to conduct themselves including protecting the rights and promoting the interests of people using the service. One staff member told us, "We make sure they are safe and contact the office."

There had been some safeguarding concerns raised with some of the local authorities that had contracts with the provider, they told us that for the meetings that had been held there had been no major concerns about the delivery of care provided.

Risk assessments were carried out both prior to care starting and subsequently during care plan reviews. A health and safety risk assessment carried out before care started identified common and specific environmental hazards and control measures that staff needed to take in order to manage the risk. Moving and handling risk assessments considered people's level of independence in various situations such as when getting in and out of bed, sitting down, walking and transferring, and also identified techniques and equipment needed to reduce the risk. This helped to ensure that the provider was aware of the risks that people were exposed to and able to put measures in place to minimise them.

People were supported by care staff who were recruited in a safe way. Potential employees completed an application form and were required to provide written references when they first applied. Identity, proof of address and criminal record checks were also verified before care staff started work with the provider. Care staff also completed an assessment form to look at their suitability for the role. The assessment asked questions such as what qualities they had that were suitable for the role, how they would communicate with people effectively, how they would support people who were lonely and how they would promote independence. This showed that procedures were in place to help make sure that prospective staff were suitable for their role.

People told us that care staff supported them with their medicines. However, some said that their medicines were sometimes given too close together, as a result of visits not being kept to the times agreed. Staff completed records when they prompted or supported people with their medicines. One staff member said, "I record what medicines I have given." Medicines training was covered at induction and care staff completed assessments to ensure they were competent in medicines administration. Field supervisors monitored how care staff supported people with their medicines through spot checks in people's homes, and reviewing their records. This meant people were protected from the risk of not receiving their medicines as prescribed.

Good

Is the service effective?

Our findings

People told us that care staff were "competent" and "well-trained." They said this gave them peace of mind about the quality of care they received. One person said, "I'm very satisfied with [my care staff], and another [care staff] turned up today who was also very good."

Staff completed a four day care worker induction based on the Skills for Care common induction standards. This included topics such as the health and social care worker, effective communication, safeguarding, person-centred support and health and safety. Staff then completed an answer book, testing their knowledge about the standards. Medicines, moving and handling, food hygiene and pressure area care training was also delivered. New staff shadowed a senior member of staff and feedback was obtained before they were allowed to work independently to ensure they were able to meet people's needs.

Staff records confirmed that staff received ongoing refresher training, including an assessment of their competency with regards to medicines and safe moving and handling. Some of the senior team such as the care co-ordinators were qualified to deliver training in moving and handling which meant they were competent to deliver training to staff. There was a training room available in the office in which equipment such a hoists, Zimmer frames and incontinence pads were available to allow practical demonstrations to be delivered to staff. Staff told us they were given regular training and supervision. Supervision records showed that staff were able to discuss a number of issues with their line manager, including timekeeping, communication, care planning and log sheets.

Although we did not see any evidence that staff had received basic awareness training in the Mental Capacity Act (MCA) 2005, we saw that the provider considered people's mental health and whether they were able to understand decisions related to their care during their initial assessment visit. We spoke with staff who told us that if there was an indication from the local authority during the initial referral that people were not able to consent, then their next of kin would be invited to the visit to ensure that their views could be considered when planning their care.

Care staff we spoke with were aware of the importance of obtaining consent when carrying out personal care even if people were deemed to lack capacity to make decisions. One staff member said, "I offer choices and ask for their permission before washing them or changing their clothes." Another staff member said, "It's important that people agree, it's their home and their choice." We saw evidence in the care records that people or their relatives had signed their care plan, indicating their consent to the care provided.

People did not raise any concerns about the quality or type of food that was prepared for them by staff. Staff attended training in food hygiene and nutrition and were given guidance on what constituted a healthy diet in their handbook. Some of the staff that we spoke with told us they had to prepare meals for people and they asked people what they wanted and prepared it for them. They told us if people were not able to tell them, they would refer to people's dietary requirements and preferences which were recorded in their care plans.

One person's next of kin who we spoke with who held a Lasting Power of Attorney told us that when needed staff would adjust the support, and accompany their friend to hospital or to other medical appointments as required. They told us they were grateful for this service, stating that staff understood the need for this to be efficient and reliable, so that appointments were not missed. They were also grateful that the care staff contacted them if they had any concerns about the person's medical health, and described them as "pro-active in their attitude, for example they rang me about a small bedsore, suggesting we contact the surgery."

Details of people's GP, their medical conditions, and other healthcare professionals involved in their care such as district nurses, physiotherapists, occupational therapists and other carers were recorded in their care records. Some people had a moving and handling care plan which contained guidance from an occupational therapist for care staff to follow. The registered manager showed us examples where they completed daily updates for social services and attended meetings with people's relatives or next of kin and the local authority following concerns about their healthcare needs. We also saw evidence of meetings held with district nurses for people who had pressure sores to try and work out the best way to manage the issue.

Good

Is the service caring?

Our findings

People were complimentary about the care staff. People told us, "They do everything for me, and I now treat them like part of my family", "Very nice, they will always ask if I need anything else done before they go and "[My care workers] are brilliant! We have a laugh and a joke together, I am more than satisfied." Another person was very grateful for the way in which care staff involved them in all aspects of their care, for example by explaining things to them, and asking permission before providing care. They said, "They are very warm and friendly, and they treat me like a human being, not a number on their list. . . . . I would like all credit to be given to them."

A relative told us their family member's main care worker was "Fantastic", "Understanding of their needs" and always "Going the extra mile." They were pleased that their family member was always kept clean and tidy, as in their younger days they were a very smart and particular individual. One person's representative told us that on occasions they had turned up to visit their friend whilst care staff were present. They said they had no issues with them, and overall they were very satisfied.

People said that care staff did not impose care upon them, but involved them in decisions and respected their wishes and preferences. A number of people said they valued the continuity of having regular care staff rather than a succession of different people. They said that the provider tried to keep changes of staff to a minimum, and several people told us they had built up good relationships with care staff over several years.

Several people told us that staff did their weekly shopping for them, and they told us that they were given receipts, and had no concerns and trusted the staff. One person said, "I completely trust [the care staff], nothing's ever been taken. I can leave money out, and it stays there." One person said care staff were sometimes a bit "slapdash", for example, not closing drawers properly, not closing the fridge completely and not packing things away as they should be.

People told us that they were given a choice of whether they wanted male or female care staff to support them and the provider did their best to accommodate their wishes. Male care staff were not allowed to support females using the service. Staff told us that respecting people's privacy and dignity was an important part of their work and they always made sure they observed good practice such as asking people's permission, telling them what they were doing and making sure doors were shut before delivering personal care. One staff member said, "I cover people with a towel, if I'm giving a wash" and "Sometimes you have to reassure people, telling them what you are doing."

Care plans that we looked at contained religious and cultural preferences. Although they were based around the tasks that care staff had to complete during each visit, some effort had been made to try and make them person centred and people's views were sought about how they would like to be taken care of with regards to their medicines, diet, and the outcomes they wished to achieve.

Good

Is the service responsive?

Our findings

People's care plan was planned and agreed prior to care starting.

We spoke with the care co-ordinator about the process for referrals for new people and how their needs were assessed. After receiving basic information regarding timings, address and availability, a support needs and assessment was carried out by a field supervisor. This assessment was carried out to gather more information about people's support needs and to ensure their needs could be met by the service. Information related to medicines, dietary requirements and people's religious and cultural needs was recorded. Details of healthcare professionals and people's medical history were also requested so that comprehensive information was available to the service.

Care plans were developed from the information gathered from support needs assessments and were based around identified needs, the support that was required from the care staff and the outcomes that were expected. Personal outcomes were split according to everyday tasks, health and well-being, community life, choice and control, living safely and taking risks, family and relationships. We saw that both the views of the person using the service and their relatives were considered.

People were given a copy of their support needs assessment and their care plans if they wanted to review any of the information. Team leaders signed off all reviews to ensure all the information was captured correctly.

People were given information on how to raise concerns and complaints when they first started to use the service. The provider carried out regular reviews and feedback with people using the service, either over the phone or in person during which field supervisors asked them if they were not happy with any aspect of the service. These were recorded on monitoring sheets and followed up. We saw records of complaints that were recorded and responded to by the service. A separate form was used to follow up 'soft concerns', those concerns which could be dealt with relatively quickly through a telephone call to the satisfaction of people.

A number of people told us that they had no cause for complaint, but that they would feel able to ring the office if an issue arose. Everybody told us that they felt they would be listened to, and appropriate action would be taken. Those who had minor issues in the past and had reported it were happy with the way the situations were handled. People felt listened to, and they felt their views were respected.

Requires improvement

Is the service well-led?

Our findings

Both people using the service and care staff told us that communication with the office, which included the care co-ordinators and field supervisors could be better. A number of people expressed the view that a weekly rota would be very helpful for them, as they never knew who would be coming unless the care staff themselves told them who would be in later, or the next day.

People also expressed some concern about the punctuality of care staff. Although, staff were praised by most people, a large number said that calls were not made at the times agreed at their initial assessment. A number of people said they wished punctuality could be improved as this had an effect on their quality of life. For example, one person said they and their partner aimed to go out to an Age UK lunch every week but as the care worker who provided housework support, was sometimes up to two hours later than their normal 10am slot they sometimes had to miss out. They said, "We don't go out much, so when we have to cancel it's sad." They told us they had raised this issue with the office regularly, but it had not been fully resolved. Another person told us they got worried if the care staff were late. They said they rang the office staff who put her mind at rest, but said they would value a call from them if they were going to be particularly late. Another person said they initially asked for the morning visits to be about 10am, as they were not an early riser. However, they told us, "They often come at 9am, which I've got used to but I would prefer them to come at the time I originally asked for."

Many of the people spoken with felt that these issues could be managed better if the office had a better way to communicate with them if care staff were going to be late. People also highlighted that sometimes they were given short notice for reviews which was not always convenient.

The provider used a clock in and out system to monitor the time that care staff reached people's home and how long they spent at each visit. A contract monitoring visit from the local authority that took place in February 2015 indicated that the service targets for the clocking in system were currently operating at 80% which indicated there was a need to improve this aspect of the service.

Field supervisors carried out unannounced spot checks and care plan reviews and we looked at care plans that had been reviewed a few weeks prior to our inspection, making sure records including the daily log book, were up to date. We also looked at quality monitoring forms that had been completed recently which covered a number of areas such as care plans, risk assessments, medicines, time keeping and continuity. Telephone monitoring was also carried out on occasion where it was not possible to visit people and people were able to communicate effectively over the phone. We saw that generally people were satisfied with the care staff but sometimes concerns had been raised in relation to communication with the office.

We looked at some support plan reviews that had been completed by the local authority. These looked at personal outcomes, what was working and not working and any changes that needed to take place.

The aim of the service was to provide high quality care and support services enabling people to live independent, fulfilling lives in their homes and communities. Staff were made aware of the aims during their induction and also in the handbook they were given. Staff were encouraged to raise any concerns that they had via the whistleblowing procedure and were provided with the contact details of who to contact within the company if they felt they could not talk to their team leader or care co-ordinator.

There was a team leader assigned to a particular borough who commissioned services to Plan Care Putney. The team leader was given responsibility for managing a team of care staff, a field service assistant and a care co-ordinator. The care co-ordinator oversaw the management of the care staff and people using the service. Field service assistants were responsible for carrying out client reviews and on site supervision with care staff.