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SW Homecare Agency

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?	Good ●

Summary of findings

Overall summary

About the service

SW Homecare Agency is a domiciliary care agency providing personal care to older people, people with physical disabilities, people with dementia and younger adults. At the time of our inspection there was one person using the service.

The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

Since the last inspection the provider looked at the areas of concern and implemented an action plan. There were significant improvements in the way the service managed the risks to people, learnt from their mistakes, assessed the quality of the service and involved people in their care. There were systems in place to protect people from the risk of abuse. Staff understood safeguarding procedures and were aware of how to raise a concern. Risks to people were regularly assessed and appropriate measures were in place to minimise risk. Staff were recruited safely and there were enough staff to meet the needs of people using the service.

People and their relatives had confidence in the ability of the staff to provide effective care. Staff development was supported through an induction when they started work. Ongoing training was provided to the staff team to ensure their skills and knowledge remained up to date.

Staff were kind and caring. We received positive feedback from people using the service and their relatives. People had access to external healthcare professionals and services as part of their planned care.

People and relatives were involved in their care plans to ensure they reflected people's preferences, religious and cultural beliefs and values. People knew how to make a complaint and feedback on the service was encouraged.

The registered manager had processes in place to monitor and review the quality of the service, for example, audits of care records. Feedback was sought from people using the service and relatives and were used to drive forward improvements and learn lessons.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 10 June 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was

no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

The overall rating for the service has changed from Requires Improvement to Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for SW Homecare Ltd on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

Is the service effective?

Good ●

The service was Effective

Is the service caring?

Good ●

The service was Caring

Is the service responsive?

Good ●

The service was Responsive

Is the service well-led?

Good ●

The service was Well-Led

SW Homecare Agency

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 Health and Social Care Act 2008.

Inspection team

Our inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also used information gathered as part of monitoring activity that took place on 19 October 2022 to help plan the inspection and inform our judgements.

During the inspection

We spoke to the registered manager and two care workers. We reviewed a range of records relating to the management of the service including policies and procedures. We also looked at the recruitment records for two staff and the care plans for one person. We spoke with one person who used the service and their relative.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to identify what action care workers should take to make sure care was delivered in a safe way. Some files had no risk assessments completed or updated to identify what actions care workers should take to minimise risks. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There were systems and processes in place to minimise risks to people. The provider identified specific risks for individual people relating to healthcare conditions, falling and moving safely. The assessments were regularly reviewed and updated.
- Care workers understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for care workers to follow to keep people safe. One care worker told us, "There is a plan in the person's file covering diabetes and what to do if there are concerns, this is written in the risk assessment, so we follow the steps."
- The provider had an action plan in place in response to the concerns following the last inspection. This included risk assessments being more detailed and reviewed twice a year.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from the risk of abuse. The provider had clear procedures for dealing with suspected abuse and care workers were trained to understand these.
- One care worker told us, "If the manager did not raise the concern, I could contact the local authority and the CQC myself." There was information displayed in the office for care workers about what to do and who to report abuse to.
- Safeguarding was an agenda item at every team meeting. The registered manager told us, "I attend the yearly safeguarding conferences run by the local council and always try to take a care worker with me, this is good training and gives a wider view of safeguarding."

Staffing and recruitment

- Care workers were safely recruited and were subject to pre-employment checks such as reviewing their employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment

decisions.

- There were enough care workers deployed to keep people safe. Peoples relatives told us, "The staff arrive on time, if they are running late my relative always gets a call from the manager with an apology, an explanation and an expected time they will arrive."
- Regular feedback from people and their relatives and spot checks carried out on care workers included punctuality. The provider had an up to date recruitment policy in place.

Using medicines safely

- Currently care workers do not administer medicines to the people they support however the provider had systems in place to ensure the proper and safe use of medicines.
- Care workers had completed training in the administration of medicines and had access to an up to date medicines policy and procedure for guidance. The registered manager told us, "I want the team to be ready to support people with the taking of their medication."

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- People benefitted from lessons learnt when things went wrong with any aspect of the care they received.
- Incidents, accidents and complaints were an agenda item at team meetings. One care worker told us, "We discuss complaints as a team, and this is where we learn what went wrong and what we need to do to make it better for the person."
- The service had a system in place for managing accidents and incidents, however there none reported at the time of this inspection.

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 our last inspection we rated this key question requires improvement at this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to them receiving a service, their relatives were also involved where appropriate.
- People told us they received care when needed and in line with their needs and preferences. Care plans had fact sheets with information about people's conditions. Risk assessments were robust with steps for care workers to take to mitigate such risks.
- Care workers followed the providers guidance to ensure they supported people in line with best practice.

Staff support: induction, training, skills and experience

- People received a service from care workers who were supported to undertake their roles. Comments included, "The staff are well trained and work in a professional way," and "They do everything I need them to do when they are here."
- Care workers completed the Care Certificate on their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Records confirmed that care workers received regular supervision meetings and yearly appraisals.

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

- The person was supported to prepare their meals where appropriate, and to eat and drink sufficient amounts for their health and wellbeing. Comments from care workers included, "We provide support with breakfast and a lunchtime snack."
- Care plans clearly indicated the person's preferences for food and drink.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access healthcare services if needed like appointments with GPs.
- Care plans showed care workers followed guidance recommended by healthcare professionals to meet people's needs. For example, by ensuring a person had access to their mobility aids when walking.
- Care workers knew how to respond during medical emergencies and when people had become unwell. One care worker told us, "If there is an emergency, I would call 999, inform the manager and family and stay there until the ambulance came."

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 MCA 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.

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.

- The provider ensured people had consented to their care. People were involved in making decisions about their care and this was recorded. This was in line with the principles of the MCA.
- People and their relatives told us care workers offered choices and obtained their consent before providing care.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported and treated well. They and their relatives told us this and said they were happy with the care workers and the agency. The provider had quality monitoring systems in place and gathered feedback which reflected this.
- Some comments were, "They have time to talk to me and we crack a joke which is very important to me," and "My relative looks forward to seeing the carers they always give him the lift and motivation in the morning to get through the day."
- There was an up to date equality and diversity policy in place and care workers had the appropriate training in place.

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

- People were able to make decisions about their care. Care plans were unique to the person stating their likes, dislikes and the way they wanted to be supported to maintain as much of their independence as possible.
- People and their relatives told us care workers offered choices and respected what people wanted.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Care was provided in private and in a respectful way.
- People's independence was maintained.
- Care workers told us, "I support the person with a shower he can do most of it on his own, I am just there to make sure he is safe."
- People were supported to be independent and care plans recorded what they could do for themselves and how care workers could encourage them. For example, with their mobility and getting dressed.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to provide enough detail in care plans to give care workers the information they needed to provide personalised care and support that was consistent and responsive to people's individual needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Since the last inspection the provider has a new care plan in place which is more detailed about the person including their condition, their communicate style and likes and dislikes.
- People had care plans in place that provided sufficient detail to give care workers the information they needed to provide personalised care and support that was consistent and responsive to their needs.
- Where risks were identified there was detailed information regarding the care and support to be provided by care workers. Relevant health information was in the care plan. One person had a specific care plan with a risk assessment and a fact sheet about the condition they had.
- Care plans were regularly reviewed and updated. Information about people's diversity including cultural needs were highlighted.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their careers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Peoples care plans contained information about their communication needs.
- At the time of the inspection there was only one person using the service. The communication plan for this person informed care workers what care and support they needed, the outcome the person wanted and how they were to achieve this with support.

Improving care quality in response to complaints or concerns

- People knew how to report concerns and felt confident that the registered manager would deal with them in a timely manner.

- Feedback from people and their relatives was gathered on a regular basis. The registered manager sent out surveys, phoned people and conducted spot checks on the care workers
- There was an up to date complaints procedure in place which explained the process for reporting a complaint.

End of life care and support

- The agency was not providing end of life care at the time of this inspection.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection we highlighted that there was a lack of systems in place to enable learning and improvement of performance. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since the last inspection the provider has a new auditing system in place that looks at every aspect of the service.
- There were systems in place to enable learning and improvement of performance. The registered manager had put an action plan in place after the last inspection which addressed the lack of a system.
- Care plans were reviewed twice a year, spot checks on care workers were monthly. There were new quality assurance forms in place for the person and their relatives to give feedback about the service. When paperwork was reviewed it was signed and dated.
- The provider had changed the way it recorded complaints, safeguarding alerts and other notable incidents. The new form allowed for lessons learnt to be recorded.
- Team meetings had new headings such as, client experience, feedback about compliments and concerns and lessons learned. It was clear that both positive and negative experiences were taken on board, discussed and changes made where appropriate.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives.
- The registered manager completed quality monitoring calls. They asked people and their relatives how they felt about their care and if they would like any changes to be made.
- One care worker told us, "I have supervision meetings with my manager, we discuss areas that have gone well and celebrate them and ones that need improving and work out a plan for me to do this, which makes me feel really good."

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 provider met the duty of candour.
- The registered manager told us that they would investigate when things went wrong (such as accidents), and ensure the people, their relatives and professionals were informed and updated.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding and oversight of the service they managed and how to meet legal requirements and good practice.
- The provider had policies and procedures about how to meet the Health and Social Care Act 2008.
- The registered manager shared learning and information about regulations and good practice with care workers through training, regular meetings and supervisions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager sought feedback from people and their relatives and used the feedback to develop the service.
- One care worker told us, "We have regular team meetings and it's a time for us to come together, talk about the service as a whole, problem solve to make improvements and discuss new ideas."

Working in partnership with others

- The registered manager told us the service worked in partnership with other health and social care professionals to make sure people's needs were assessed and met.
- The registered manager was involved in provider engagement groups organised by the Local Authority which aimed to help improve care services in the local area.