

## Carpenders Care Limited

# Carpenders Care Limited

### Inspection report

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### Ratings

Overall rating for this service

Good ●

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?

**Good** ●

# Summary of findings

## Overall summary

We undertook an announced inspection of Carpenders Care Limited - HSCA on 1 June 2016. Carpenders Care Limited – HSCA is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of all ages and different abilities. At the time of inspection the service provided care to approximately 21 people.

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.

At the last inspection on 12 December 2013 the service met the regulations looked at. However since the last inspection, the service changed their registered address and therefore this is the first inspection for the service under their new registration.

People who used the service were unable to verbally communicate with us due to their mental capacity. We therefore spoke with relatives of people who used the service. Relatives told us that they were satisfied with the care and services provided. They said they were confident that people were treated with respect and they were safe when cared for by care workers. They spoke positively about care workers and management at the service.

We checked the arrangements in place in respect of medicines. Care workers had received medicines training and policies and procedures were in place. We looked at a sample of Medicines Administration Records (MARs) and found that there were some gaps in these. The provider confirmed that the medicines had been administered but had not been recorded appropriately on the MARs. The service did not have an effective medicines audit in place to identify these gaps. We found a breach in regulations in respect of this.

Systems and processes were in place to help protect people from the risk of harm and care workers demonstrated that they were aware of these. Care workers had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse. Risk assessments had been carried out and care workers were aware of potential risks to people and how to protect people from harm. These included details of the triggers and warning signs which indicated when people were upset and how to support people appropriately.

People told us their care workers turned up on time and they received the same care worker on a regular basis and had consistency in the level of care they received.

People were cared for by care workers that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working for the service and said that they received support from management and morale amongst staff

was positive.

Care workers had a good understanding of and were aware of the importance of treating people with respect and dignity. They also understood what privacy and dignity meant in relation to supporting people with personal care. Feedback from relatives indicated that positive relationships had developed between people using the service and their care worker and people were treated with dignity and respect.

People received care that was responsive to their needs. People's daily routines were reflected in their care plans and the service encouraged and prompted people's independence. Care plans included information about people's preferences.

The service had a complaints procedure and there was a record of complaints received. Relatives spoke positively about the service and told us they thought it was well managed. There was a clear management structure in place with a team of care workers, office staff and the registered manager.

Systems were in place to monitor and improve the quality of the service. We found the service had obtained feedback about the quality of the service people received through quarterly review meetings and telephone monitoring. Records showed positive feedback had been provided about the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

One aspect of the service was not safe. The service was not always managing medicines properly and there was not an effective medicines audit in place.

Risks to people were identified and managed so that people were safe.

Relatives we spoke with told us that they were confident that people were safe around care workers and raised no concerns in respect of this.

There were processes in place to help ensure people were protected from the risk of abuse.

Appropriate employment checks were carried out before staff started working at the service.

**Requires Improvement** ●

### Is the service effective?

This service was effective. Staff were aware that when a person lacked the capacity to make a specific decision, people's families and health and social care professionals would be involved in making a decision in the person's best interests.

Staff had completed relevant training to enable them to care for people effectively.

Staff were supervised and felt well supported by their peers and the registered manager.

People's health care needs and medical history were detailed in their care plans.

**Good** ●

### Is the service caring?

This service was caring. Relatives told us that they were satisfied with the care and support provided by the service.

Staff were able to give us examples of how they ensured that they were respectful of people's privacy and maintained their dignity. Staff told us they gave people privacy whilst they undertook

**Good** ●

aspects of personal care.

Staff were able to form positive relationships with people.

### **Is the service responsive?**

Care plans included information about people's individual needs and choices.

The service carried out regular reviews of care to enable people to express their views and make suggestions.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints.

**Good** ●

### **Is the service well-led?**

The service was well led. Relatives spoke positively about the management of the service.

The service had a clear management structure in place with a team of care workers, office staff and the registered manager.

Staff were supported by management and told us they felt able to have open and transparent discussions with them.

The quality of the service was monitored. Regular checks were carried out and there were systems in place to make necessary improvements.

**Good** ●

# Carpenders Care Limited

## **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, and to provide a rating for the service under the Care Act 2014.

One inspector carried out the announced inspection on 1 June 2016. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people.

During our inspection we went to the provider's office. We reviewed five people's care plans, seven staff files, training records and records relating to the management of the service such as audits, policies and procedures.

People who used the service were unable to verbally communicate with us due to their mental capacity. We were able to speak with one person who used the service and six relatives of people who used the service. We also spoke with seven members of staff including three care workers, two office staff, the workforce development manager and the finance manager. The registered manager was on leave at the time of the inspection. We however spoke with the registered manager following the inspection. We also spoke with two care professionals who had contact with the service.

## Is the service safe?

### Our findings

One person who used the service told us that they felt safe around care workers. This person said, "I feel safe. The care staff makes me feel safe and comfortable." Relatives of people who used the service said they were confident that people were safe around care workers and raised no concerns about the safety of people. One relative said, "My [relative] certainly feels safe around care staff." Another relative said, "Yes I am confident that [my relative] is safe." Care professionals we spoke with told us that they were confident that people were safe when being cared for by staff.

We checked the medicines arrangements. Records showed care workers had received medicines training and policies and procedures were in place. Where people needed support by care workers, the appropriate support for that person was outlined in their support plans. We viewed a sample of Medication Administration Records (MARs) for three different people for various dates between February 2016 and April 2016. We noted that there were gaps in some of the MARs we viewed. We also noted that one person had been prescribed a medicine to be taken on alternative days. However the MAR sheet indicated that this person had not consistently received their medicines on alternative days. For example, the MAR sheet for March 2016 stated that this person had received this medicine on 2, 4, 7, 8, 9 March 2016. This was not in accordance with the prescribed dose. In April 2016, the same person was administered the same medicine on 1, 2, 3, 4, 5, 6, 8, 10, 11, 13 April 2016. The MAR sheet did not indicate that the person had received their medicines on alternative dates and was again not in accordance with the prescribed dose.

We spoke with the registered manager about the gaps in the MARs and the importance of ensuring that MAR sheets were completed correctly and there were no unexplained gaps. She confirmed that the medicines had been administered from a blister pack and therefore the person concerned had received the correct dosage of medicine. We however found that MAR sheets had not been completed accurately and in accordance with the medicines administered.

The service did not have an effective medicine audit in place. The workforce development manager confirmed that they checked MAR sheets. However we did not see evidence that these gaps in MARs had been identified by the service and audits failed to identify whether medicines were correctly administered and signed for to ensure medicines management and procedures were being followed. We reported our findings to management at the service who said immediate action would be taken to improve the safe and proper management of medicines which included documenting medicine audits.

The information above is a breach of Regulations 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We noted that where medicines were in a blister pack, the MAR sheets included a list of what medicines were included in the blister pack so that medicines administered to people were documented and there was a clear audit trail about the management of these medicines.

Risks to people were identified and managed so that people were safe and their freedom supported and

protected. Individual risk assessments were completed for each person using the service for example in relation to falls, the environment and medicines. These included preventative actions that needed to be taken to minimise risks as well as clear and detailed measures for care workers on how to support people safely. The assessments provided outlines of what people could do on their own and when they required assistance. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions. Risk assessments were reviewed and were updated when there was a change in a person's condition.

Safeguarding policies and procedures were in place to help protect people and help minimise the risks of abuse to people. We noted that the policy referred to the local authority, police and the CQC. We noted that the address for the CQC was no longer in use and raised this with the workforce development manager. She confirmed that they would update the policy with the CQC's correct address. Information about safeguarding procedures within the service was clearly detailed in the service user guide which was provided to all people who used the service. Care workers had received training in safeguarding people and training records confirmed this. Care workers were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. They told us that if they saw something of concern they would report it to the registered manager. Staff were also aware that they could report their concerns to the local safeguarding authority, police and the CQC.

The service had a whistleblowing policy and contact numbers to report issues were available. We saw that these were clearly displayed in the office. The majority of staff we spoke with were familiar with the whistleblowing procedure and were confident about raising concerns about any poor practices witnessed.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. The finance manager and workforce development manager told us that they recruited care workers as the number of clients increased. They told us that they were safely able to meet people's needs with the current number of care support staff they had. People received care from the same care workers on a regular basis and had consistency in the level of care they received. Relatives also told us that care workers turned up on time and there were no issues with timekeeping. One relative said, "Carers are on time. They are consistently on time." Another relative told us, "I have no complaints. We have the same carer most of the time."

We asked the service how they monitored care worker's timekeeping and whether they turned up on time or were late. They told us the service used an electronic homecare monitoring system which would flag up if care workers had not logged a call to indicate they had arrived at the person's home or that they were running late. If this was the case, they told us they would ring the care worker to ascertain why a call had not been logged and take necessary action there and then if needed.

We looked at the recruitment process to see if the required checks had been carried out before care workers started working with people who used the service. We looked at the recruitment records for seven members of staff and found background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for care workers.

The service had an infection control policy which included guidance on the management of infectious diseases. Care workers were aware of infection control measures and said they had access to gloves, aprons other protective clothing. People who used the service told us that care workers observed hygienic practices when providing care.

# Is the service effective?

## Our findings

One person who used the service told us that they had confidence in care workers and the service. This person said, "I am happy with the care. My carer is pleasant and helpful." Relatives of people who used the service told us they were satisfied with the care provided. One relative said, "I have had a very positive experience with the agency. I am very happy with the service." Another relative told us, "I am very happy with the service. I have a good relationship with the company." Care professionals we spoke with told us that they thought the service was effective and said that they had no concerns in respect of this.

Records showed that care workers had undertaken an induction when they started work and completed training in areas that helped them to provide the support people needed. We asked care workers if they thought the induction they received was adequate and prepared them to do their job effectively and they confirmed this. All care workers spoke positively of the induction.

Care workers received training to ensure that they had the skills and knowledge to effectively meet people's needs. Training records showed that care workers had completed training in areas that helped them to meet people's needs. Topics included moving and handling, safeguarding adults, infection control, first aid and health and safety. All care workers spoke positively about the training they received and said that they had received the training they needed to complete their role effectively. Some care support workers were in the process of completing the 'Care Certificate'. The new 'Care Certificate' award replaced the 'Common Induction Standards' in April 2015. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work. One care worker said, "The training has been good and we constantly have refreshers." Another care worker told us, "It has helped me."

There was evidence that care workers had received regular supervision sessions and this was confirmed by care workers we spoke with. Supervision sessions enabled care workers to discuss their personal development objectives and goals. We also saw evidence that care workers had received an annual appraisal about their individual performance and had an opportunity to review their personal development and progress.

The finance manager explained to us that the service was committed to encouraging personal development. We noted that the service had an apprenticeship programme for staff within the administrative team. At the time of the inspection, the service was in the process of setting up a programme for care workers as a way of them learning necessary skills whilst earning at the same time. One member of staff we spoke with who was part of the apprenticeship spoke positively about this opportunity and said that there were good opportunities for progression within the service.

Care workers we spoke with told us that they felt supported by their colleagues and management. They were positive about working at the service. One member of staff told us, "It is nice working here. Management are helpful. I feel comfortable talking to them and feel supported. Another member of staff said, "I feel supported here. Morale is good here." Care workers told us that they felt confident about approaching management if they had any queries or concerns. They felt matters would be taken seriously

and management would seek to resolve the matter quickly.

People were supported to maintain good health and have access to healthcare services and received on going healthcare support. Care plans contained information about people's health and medical conditions.

We spoke with management about how the service monitored people's health and nutrition. They explained that care workers prepared food for people where this was detailed in their care plan. They confirmed that they kept a record of people's food intake if they had concerns about people's weight so that they could monitor this. Management explained that if care workers had concerns about people's weight they were trained to contact the office immediately and inform management about this. Care workers we spoke with confirmed this. The service would then contact all relevant stakeholders, including the GP, social services, occupational therapist and next of kin.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had knowledge of the MCA and training records confirmed that they had received training in this area. Staff were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests.

Care plans included information about people's mental health and their levels of capacity to make decisions and provide consent to their care. We found that care plans were signed by people or their representative to indicate that they had consent to the care provided.

## Is the service caring?

### Our findings

People and relatives we spoke with told us that they felt the service was caring and spoke positively about care workers. One person said, "I am very comfortable with my carer. She listens. She is pleasant and helpful." One relative told us, "Care staff are very pleasant and kind. Staff are compassionate". Another relative told us, "Care staff are pleasant, kind and very friendly." Another relative said, "Care staff are respectful and are very good and patient."

There was documented evidence that people's care was reviewed regularly with the involvement of people and their relatives and this was confirmed by people and relatives we spoke with. These meetings enabled people and their relative's discuss and review people's care to ensure people's needs were still being met and to assess and monitor whether there had been any changes.

Care plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Each care plan included information about cultural, spiritual and social values. The service had a policy on ensuring equality and valuing diversity and staff had received training in ensuring equality and valuing diversity. They informed us that they knew that all people should be treated with respect and dignity regardless of their background and personal circumstances.

People and relatives we spoke with were all familiar with the registered manager and said that they were able to contact management if they had any queries. The service explained that they ensured that staff discussed people's care with them and tailored their care according to what their individual needs were.

The service had a comprehensive service user guide which was provided to people who used the service and they confirmed this. The guide provided useful and important information regarding the service and highlighted important procedures and contact numbers. It also included information about the aims of the service which was, "To offer flexible levels of independence, choice and support" and "maintain and enhance people's well-being and quality of life, helping people to remain as independent as possible". This ethos was echoed by management we spoke with.

Care workers were aware of the importance of ensuring people were given a choice and promoting their independence. Care workers were also aware of the importance of respecting people's privacy and maintaining their dignity. Care workers told us they gave people privacy whilst they undertook aspects of personal care. They gave us examples of how they maintained people's dignity and respected their wishes.

The service organised a yearly fundraising event to raise money for charity and care workers, people who used the service and relatives were all able to participate in the event. We noted that fundraising events included a picnic in the park and care workers told us that they were in the process of organising the fundraising event for 2016.

## Is the service responsive?

### Our findings

One person who used the service and relatives of people who used the service told us that they were satisfied with the care provided by the service and said that the service listened to them if they had any concerns. One person said, "My carer listens. She asks me what I would like." Relatives told us that the service listened to their feedback. One relative said, "Staff do listen. They are very kind." Another relative said, "They really do respond to [my relative's] needs."

We looked at five people's care plans as part of our inspection. Care plans consisted of a care needs assessment, a support plan and risk assessments. The care needs assessments provided information about people's medical background, details of medical diagnoses and social history. The care needs assessment also outlined what support people wanted and how they wanted the service to provide the support for them with various aspects of their daily life such as personal care, continence and mobility. Before providing care, the service assessed each person and discussed their care with them and their relatives and this was confirmed by relatives we spoke with.

Individual care plans were then prepared and they addressed areas such as people's personal care, what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met. We found that these were individualised and specific to each person and their needs. Care plans included information about people's preferences, their likes and dislikes.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored. Records showed reviews of people's care plans and care provided had been conducted. Records showed when the person's needs had changed, the person's care plan had been updated accordingly and measures put in place if additional support was required.

The service has clear procedures for receiving, handling and responding to comments and complaints. People and relatives we spoke with told us they did not have any complaints about the service but knew what to do if they needed to raise a complaint or concern. They also told us that they were confident that their concerns would be addressed. Records showed that the registered manager investigated and responded appropriately when complaints were received and resolved matters satisfactorily.

## Is the service well-led?

### Our findings

One person who used the service and relatives spoke positively about the service and told us they thought it was well managed. There was a clear management structure in place with a team of care workers, office staff and registered manager. One relative said, "Management are proactive. We have had a positive experience. I am happy with the care." Care professionals spoke positively about the service. They told us that communication was good and the service was organised. They also told us that the service liaised well with them and they had no concerns in respect of this.

Care workers spoke positively about the management and culture of the service and told us the management were approachable if they needed to raise any concerns. Records showed staff meetings were being held and that the staff had the opportunity to share good practice and any concerns they had.

Systems were in place to monitor and improve the quality of the service. We found the service had a system in place to obtain feedback from people about the quality of the service they received through quarterly review meetings and telephone monitoring. These were all documented.

Records showed that spot checks were carried out to assess care worker's performance when assisting people with personal care in the person's home. The checks were comprehensive and staff were assessed in areas such as timekeeping, how they communicated with people and efficiently of tasks undertaken.

The service sent satisfaction questionnaires to people who used the service and relatives. We noted that feedback obtained was generally positive and the service took action where necessary.

The service undertook a range of audits of the quality of the service and took action to improve the service as a result. Audits had been carried out in relation to care documentation, complaints/compliments, staff files and training. The service failed to show us that they documented medicines audits and we discussed this with the provider. We have detailed this under "safe" above.

The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding and whistleblowing.

The service had a system for recording accidents and incidents and then analysing them to prevent them reoccurring and to encourage staff and management to learn from these.

People's care records and staff personal records were stored securely in the provider's office which meant people could be assured that their personal information remained confidential.

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 did not take formal enforcement action at this stage. 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 service did not have effective arrangements for the management of medicines. This may put people at risk. Regulation 12(2)(g) HSCA RA Regulations 2014