

Swifthand Care Services Limited

Swifthand Care Services Limited T/A Heritage Healthcare - Barnet

Inspection report

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Date of inspection visit:
08 February 2017
13 February 2017

Date of publication:
28 March 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 8 February 2017. This was an announced inspection. We gave the provider 48 hours' notice of the inspection as this is a domiciliary care agency and we wanted to ensure the manager was available in the office to meet us. This service has not been inspected since its registration on 16 September 2015.

Swifthand Care Support Services Limited T/A Heritage Healthcare Barnet is a domiciliary care service run by Swifthand Care Support Services Limited. The service provides personal care to over 20 people with dementia and older people in their own homes. At the time of inspection 22 people were receiving services.

The service had a registered manager 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 were generally happy with the service and provided positive feedback. They told us staff were caring and professional. People's health and nutrition and hydration needs were met. People were generally happy with staff's punctuality and told us they mostly received the same staff. People were treated with dignity and respect and told us staff listened to their requests.

The service risk assessed the care and support provided to people however, the assessments were not personalised and in some cases relevant information was missing. The risk assessments did not always include sufficient information and instructions to staff on the safe management of identified risks including medicines. We found gaps in medicine administration records.

The service did not always follow appropriate safeguarding procedures, some staff did not have updated criminal record checks and their references were not sought as per the provider's policy. Staff demonstrated a good understanding of protecting people against abuse, but not all were able to describe their role in promptly reporting poor care and abuse.

Staff received regular support and supervision to do their job effectively. Staff were experienced and well-trained and able to demonstrate their understanding of the needs and preferences of the people they cared for by giving examples of how they supported people.

The service implemented good procedures around the Mental Capacity Act 2005 and supported people that lacked capacity to make decisions about their care.

Care plans were detailed but were task oriented. Not all care plans were complete and did not always record information on people's individual preferences, likes and dislikes. The daily care logs did not always record what food and drinks people consumed and how they were supported. People felt comfortable in raising

concerns and complaints to the management and they were addressed where possible.

The service sought people's feedback and observed staff supporting people with their care needs, and addressed any concerns raised immediately. The service was in the process of conducting an analysis of annual feedback survey forms. However, the service lacked robust systems and processes to assess, monitor and improve the quality and safety of the care delivery.

We found four breaches 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 the 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?

The service was not always safe. Risk assessments were not personalised. Staff were not provided with appropriate information on medicines administration. Not all staff were aware of safeguarding procedures. The service did not carry out timely recruitment checks to ensure people using services received care from staff who were safe to support them.

People and their relatives felt safe with staff. The service maintained good infection control practices.

Requires Improvement 

Is the service effective?

The service was effective. People told us their health and care needs were met. Staff received regular supervision and felt well supported. Staff received suitable induction and additional relevant training to their job effectively.

Staff understood people's right to make choices about their care. The service recorded information on people's capacity to make decisions and how to seek their consent to care and treatment.

People and relatives told us staff and management contacted health and care professionals as and when required.

Good 

Is the service caring?

The service was caring. People were treated with dignity and respect. People mostly received the same staff which them helped form positive and trusting relationships.

The service identified and supported people with their religious, spiritual and cultural needs.

Staff described people's wishes and preferences, and spoke about them in a caring manner.

Good 

Is the service responsive?

The service was responsive. People told us their care plans were followed. People's care plans were detailed and individualised but we found gaps in them. Not all care plans captured people's

Good 

histories and were task oriented.

People and their relatives' complaints were listened to and acted on. They were comfortable in calling the office to raise any concerns.

Is the service well-led?

The service was not always well-led. The service lacked efficient recordkeeping and data management systems to ensure safe delivery of service. The service carried out audits and checks to monitor the quality of care but did not always pick up gaps and inaccuracy in care documentation.

Staff felt very well supported. People, their relatives and staff found the management friendly and approachable.

The service worked with health and care professionals to improve the quality of people's lives.

Requires Improvement 

Swifthand Care Services Limited T/A Heritage Healthcare - Barnet

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.

The inspection took place on 8 February 2017. This was an announced inspection. We gave the provider 48 hours' notice of the inspection as this is a domiciliary care agency and we wanted to ensure the manager was available in the office to meet with us.

The inspection was carried out by one adult social care inspector. We telephoned people using the service and their relatives to ask them their views on the quality of the service.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We looked at the information sent to us by the provider in the Provider Information Return, this is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority and healthcare professionals about their views of the quality of care delivered by the service.

There were 22 people receiving personal care support from the service, and 13 staff employed by the service, at the time of our inspection. During our visit to the office we spoke with the registered manager, care coordinator and field supervisor. We looked at five care plans and care delivery records of people using the service and five staff personnel files including recruitment, training and supervision records, and staff

rosters. We also reviewed the service's accidents / incidents and complaints records, feedback surveys and quality audits.

Following our inspection visit, we spoke with five people using the service, one relative and three care staff. We reviewed the documents that were provided by the registered manager (on our request) after the inspection. These included staff reference requests and staff meeting minutes.

Is the service safe?

Our findings

People using the service and their relatives told us the service was safe and they felt safe with staff. One person said, "I feel safe with [name of staff]." And a relative commented, "...and yes, she is safe with staff."

Staff we spoke with were able to demonstrate people's health and care needs, the risks involved in supporting them and how to minimise those risks. The registered manager told us that the risk assessments were reviewed every year and during the year if people's needs changed. We saw records that confirmed this. The service assessed risks involved in care delivery before the person started receiving care. There were risk assessments for areas such as moving and handling, environment, Control of Substances Hazardous to Health (COSHH), personal care and lone working. Although, the risk assessments were in place they were not always personalised and accurate. For example, one person's care plan stated that the person required support from two staff for showering however, their moving and handling risk assessment identified the person as requiring one staff member's support. Therefore staff were not given accurate and consistent information to support the person safely, thereby putting the person at risk of harm. Another person's risk assessment detailed needs, abilities and risks involved in supporting two different people who used the service. Both people had very different needs and abilities. The information in the risk assessment was misleading and meant people may not have received safe and appropriate care and treatment.

We spoke to the registered manager about this and they said the risk assessments would be reviewed immediately to ensure they were personalised and comprehensive, to ensure safe delivery of care.

The service supported people with medicines management by prompting, assisting or administering medicines as per people's individual needs. The service supported people with the medicines that were provided in blister packs or dosette boxes, family members were responsible for ordering and collection of medicines.

At the time of inspection, the service was supporting one person with medicines. The person had a 'medication plan' however, it was not fully completed. Their medication plan had a list of medicines and the dosage prescribed but there was no information on what the medicines were prescribed for, or what their side effects were. The person's care plan did not have information on their medical history and allergies, and their breathing was described as "good". However, this person was on various medicines related to their breathing problems and was more susceptible to breathing complications due to allergens. We found gaps in the MAR charts. For example, for a medicine that was prescribed three times a day, there were no records of this being administered in the afternoons and evenings from 19/12/2016 to 15/01/2017. We spoke to the registered manager about this and they told us an investigation would need to be carried out, but most likely the staff member had forgotten to record it. We spoke to the staff member and they told us that as the MAR charts did not come with timings on them, they at times forgot to record it; however, they had administered medicines. This demonstrated that the service was not appropriately assessing risks involved in people's care delivery and, putting measures in place to minimise identified safety risks, thereby putting people at risk of harm.

We concluded the above was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff we spoke with told us they had received training in safeguarding adults and were able to describe the types and signs of abuse. They told us they would immediately contact the office if they suspected poor care, neglect or abuse. However, not all staff were able to explain the service's procedure in reporting abuse. One staff member said, "I will ask service user if they would like us to investigate [allegations of abuse], procedure is to inform Quality Care, but cannot do much if the service user does not want to take any further actions." Another staff member said "...my immediate reaction to staff raising safeguarding alert would be go and visit the client and see for myself before contacting police..." We looked at the provider's safeguarding policy; it clearly stated that "all staff have a duty to report any suspicion of abuse or potential abuse to their immediate manager. It is the responsibility of the Care Manager to prevent further abuse by reporting and liaising with the relevant bodies." Staff lacked understanding of at what they should point to raise safeguarding alert and the role of external agencies. The service did not have systems and processes that operated effectively to protect people subjected to possible abuse or from the risk of abuse.

We concluded that above was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us the service had not had any safeguarding concerns since its registration. We looked at accidents and incidents records, they were clear and accurate. The records had details of the accident, who witnessed them, what actions were taken at the time of accident, and the preventative measures implemented to avoid reoccurrence.

Most people and their relatives told us staff generally arrived on time. They said either staff or office would call if they were running late. However, some people said staff arrived late and it affected their daily schedule. One person commented, "staff arrive 11am in the morning it is dreadful, as half of the morning is gone." We asked them what was the time agreed with the service for the morning care visit, they said "10am". One relative told us most of the time staff were punctual "But sometimes they give her [staff] work far away in the borough which delays the morning visit." We asked staff if they had sufficient time to travel to people's homes on time, all said they had adequate time, although due to the borough being too big they could get stuck in traffic. We looked at three staff rotas and saw staff were allocated to people as per geographical locations to ensure punctuality and less travel time. The registered manager told us staff were expected to contact the office or the registered manager if they were running late or stuck in traffic. They actively recruit staff from Barnet and surrounding boroughs like Haringey and Enfield. The registered manager said they did not use agency staff to cover staff absences and emergencies but instead office staff would fill in any absences including the registered manager. They further told us office staff were experienced care staff and their previous employment history records seen confirmed this.

We reviewed five staff recruitment files and looked at all staff's Disclosure and Barring Service (DBS) criminal record checks and reference checks. All the staff files we looked at had application forms and interview notes. However, not all staff files had recent DBS checks and still had criminal record checks from their previous employer that had passed the required three months period. The registered manager told us they had misinterpreted information related to the requirement to carry out DBS checks for all the newly recruited staff. The service carried out risk assessments for staff with caution, conviction or reprimands on their criminal record checks before their appointment was confirmed. One staff member's DBS risk assessment was not reviewed following their latest DBS check. The same staff member's references were not verified in line with the provider's recruitment policy. The provider's recruitment policy clearly stated "any offer should be made subject to satisfactory references and satisfactory DBS checks. A letter confirming

appointment should be sent on receipt of satisfactory references, one of which must be from their present or last employer." This meant the service was not always following appropriate recruitment practices to ensure staff employed were safe to work with people.

The above evidence is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager provided us with information confirming they had applied for DBS checks for staff without current DBS checks and had requested references for one staff member in line with their provider's recruitment policy.

The service provided gloves and aprons to their staff to enable them to safely assist people with their personal care. Staff confirmed they were provided with sufficient equipment to efficiently manage infection control.

Is the service effective?

Our findings

People and their relatives told us they were supported by trained staff, and their health and care needs were met. One person said "the service was good" and staff "Just got on with supporting me and were spot on." Another person commented, "[Name of staff] is efficient, arrives on time and stays throughout the duration." One relative told us, "Staff leaves the house tidy...I leave food for her on the trolley, she doesn't need assistance from staff but they ensure she has the food." One person said that "Staff were excellent" and "My needs are met, help me with shower and put cream on my legs and make my bed". Staff we spoke with were able to describe the individual needs and abilities of people they cared for.

The registered manager told us once staff were appointed they had to attend a four day induction course on areas such as medication, dementia, moving and handling, safeguarding. The induction was delivered by the registered manager who was also qualified as 'train-the-trainer', which meant they had received coaching and mentoring from experienced teachers in delivering the course themselves. On completion of induction course the new staff shadowed experienced staff and they were assessed if they were fit enough to carry out care visits by themselves, if they were not then the shadowing period would be extended. We spoke to one of newly recruited staff member who told us they were given induction training before they started working with people and found "It was very good and helpful." Staff received annual refresher training in medicine administration, moving and handling and safeguarding. Staff told us they had received sufficient training to do their job effectively and were happy with it. One staff member who has been working with the service just over a year told us they had received various training and "Have to repeat safeguarding, medication and moving and handling training...they are strict on training." We saw the staff training matrix and tracker that clearly detailed staff names, training courses staff were booked on and future training dates.

Staff we spoke with told us they were well supported and enjoyed working with the service. They were provided with regular supervisions. We saw records of supervision that confirmed staff received regular and sufficient support. We did not find any appraisal records; the registered manager told us they were scheduling appraisal dates for a couple of staff who had just completed one year service. The field supervisor regularly visited staff when they were in people's home. One staff member said, "...every two weeks the field supervisor visits me unannounced whilst I am supporting people."

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

People and their relatives told us staff always sought permission before supporting them and gave them choices. Staff understood people's right to make choices about their care. They were able to demonstrate how they encouraged and supported people to make decisions. For example, one staff member said they asked people what they would like to eat, and if they struggled to choose, the staff member would support

them in making decisions. Staff told us they had received training on the MCA. Records showed that staff training on the MCA took place. People's care plans made reference to people's capacity and had information on how and when to support people to make decisions. People's care plans stated who could make legal decisions on people's behalf should they lack capacity to make a decision regarding their care. Staff knew who to contact when necessary.

People's nutrition and hydration needs were met. People and their relatives told us staff were aware of their food preferences, allergies and supported them well with their needs. However, staff did not always record in detail in the daily care logs food and drinks people consumed. Most people's care plans made reference to people's food preferences and likes and dislikes. For example, in one person's care plan it was recorded they liked their food cooked fresh and served. In another person's care plan who did not require staff to support them with their meal as the family prepared their meals, still included information for staff's reference that the person was on gluten free diet, and for staff to ensure the person had their meals.

The service worked with health and care professionals especially when people were being discharged from hospital back to their homes. People and their relatives told us at their request staff contacted doctors and other health professionals.

Is the service caring?

Our findings

People using the service and their relatives told us staff were caring and friendly. One person said, "staff are caring and listen to me." "[Name of staff] is caring and kind." One relative commented, "Yes, she is happier with this staff."

Most people we spoke with told us they mainly had same staff to support them, which was helpful as staff understood their needs and had an established relationship. People's comments included, "Recently started receiving the same carer every day" and "[Name of staff] is my main carer, another carer comes when [Name of staff] is on leave." One relative told us, "My mother-in-law has been receiving a service for about seven months. One staff comes regularly but on her day off she gets another staff member." Records and staff rotas confirmed that people usually received the same staff member across the week and from week to week. Staff told us they visited some people regularly and that enabled them to establish and maintain positive working relationships and continuity of care.

The registered manager told us at the time of the initial referral they spoke to people and their relatives to have a complete understanding of people's wishes, likes and dislikes. The service gave information on people's ethnic origin, religion and cultural beliefs to staff so as to ensure they were following it whilst supporting people thereby delivering person-centred care. For example, one person's care records had guidance on their country and cultural background that detailed information on the religion, language, food and family. Staff told us they found this information useful. However, we saw whilst care plans included information on people's religion and cultural beliefs, did not always include people's background history and what was important to them.

We asked people and their relatives if staff treated them with dignity and respect. Their comments included, "Oh yes, staff treat me with respect," "Oh staff are very nice, they respect me" and "Staff do treat us with dignity." One relative said, "Staff does treat my mother-in-law with respect." Staff that we spoke to told us they respected people's privacy and provided care that maintained their dignity. One staff member said, "We are here to give people care in a dignified way...I like what I am doing, caring for people is what I enjoy." Staff said they would close doors and cover people when assisting them with showering and personal care. The staff told us they talked to people politely, gave them choices, listened to their requests with patience and supported them at their preferred pace.

People and their relatives said they were involved in planning and making decisions about their care and were supported to remain as independent as they could. One person said, "They [staff] do encourage me to do things, which is good for me."

The registered manager told us it was important for them that the service provided care where staff treated people as individuals and respected their privacy and maintained their dignity.

Is the service responsive?

Our findings

The registered manager told us at the time of the initial referral they spoke to people, their relatives and professionals involved to gain a complete understanding of people's needs, abilities, wishes and preference. This information was then transferred to people's care plans. They reviewed care plans every six months, and when people's needs changed. We saw records of these.

We viewed people's care plans and they were easy to follow and individualised. They captured information on people's needs and abilities, included information on areas such as communication, medical history, physical health, allergies, hygiene preference, nutrition and hydration. For example, one care plan mentioned "I am able to drink small amount of water but prefer tea", another person's care plan stated "I will inform my carer of my choice of meal." The care plans included outcomes that people would like to achieve staff's support. For example, a person's care plan specified for their personal care the outcome was "For carer to promote my independence by allowing me to wash and dress myself...I need support washing my back and lower limbs."

The care plans also included one page profile that detailed information on people's likes and dislikes, things important to them, how to support them and other important information. Although, this document was a good way of providing a summary to staff on the information important to people, not all care plans had this document and section detailing information on people's histories, wishes, likes and dislikes was not always completed. This made care plans more task oriented.

We spoke to the registered manager about this and they said people were not always willing to give the information during the initial meeting. They assured us that the missing sections of care plans would be completed during care plan reviews.

Care plans were kept in the office and a copy of the care plans were kept at people's homes. Staff told us they found care plans useful and followed them whilst delivering care. One person said they were happy with the care and staff followed their care plan when supporting them. People and their relatives told us they were involved in their care reviews.

People and their relatives found staff responsive to their needs. They told us the field supervisor and the registered manager regularly visited them and were available on the phone if needed help. The registered manager said, "We inform service users they have the right to complain and if not happy with the outcome they could contact CQC or local authority." The service kept clear records of complaints that were made and actions taken. People using the service and their relatives told us they felt comfortable calling the office and their concerns were listened to and acted on. One person said, "If we have a problem we call the office and they listen to us and act on it straight away."

Is the service well-led?

Our findings

The service had a registered manager in post. All staff told us they found the registered manager approachable and helpful. They said the registered manager was always available and would support them immediately if they were not sure about something or needed help with a situation. Their comments included, "I find her approachable and pleasant, she is supportive of staff", "She is a great manager, she is understanding, caring, very accommodating, she has more than enough time if need help. She is very professional." Staff told us they were comfortable raising their concerns and making suggestions. They said the manager "ask our opinions" and "I feel raising concerns and she values my opinions and contribution".

The registered manager worked closely with staff and saw them on a regular basis at staff meetings and when they came to the office to submit their time sheets and daily care logs. On the day of inspection, we saw staff visiting the office. Staff meetings which were hosted by either the registered manager or the care coordinator included discussions around safeguarding, people's care needs and any other information relevant to their work. One staff member told us they were invited "to the office every two months to refresh knowledge on relevant training such as safeguarding" and "every month we have staff meeting where we discuss issues related to service users."

The information on people and staff was easily available and securely stored. However, the service was not maintaining accurate records of people's care plans, risk assessments, 'medication plans', MAR charts, daily care logs and staff recruitment documents.

The service had systems and processes to assess, monitor and improve the quality and safety of the care delivery. However, they were not effective in identifying gaps in people's risk assessments, care plans and staff recruitment documents. For example, three of the five care plans reviewed had gaps and were incomplete, people's risk assessments did not always identify risks involved in supporting people and how to mitigate risks, 'medication plans' were incomplete, MAR charts had gaps that could not be explained, staff's DBS were not updated and references not sought as per the provider's recruitment policy.

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

We saw records of unannounced spot checks that assessed staff on their caring skills, knowledge, punctuality and infection control practices, and identified areas that needed improving. We saw that improvement areas were discussed in people's supervision and addressed at the following spot check. We looked at people's telephone reviews and they were generally positive with a couple of complaints regarding late visits. The registered manager told us they encouraged people to contact the office if staff were late by ten minutes and would send a replacement staff member as soon as possible. They would make a courtesy call afterwards to apologise for the lateness. We looked at six completed people's feedback survey forms and they all were positive. The registered manager told us the feedback surveys had only been sent out in December 2016 and were still receiving completed forms. However, some people told us they had not been asked for formal feedback. One person said "what do I have to do to give feedback." The

registered manager told us people who were new were still being sent a feedback survey questionnaire. However, "soon everyone would have received our feedback survey questionnaires."

People and their relatives told us they were happy with the service and that the registered manager was approachable and available. The service worked with social workers, funding authorities, hospitals, doctors and the local authority quality improvement team in delivering efficient care services to improve quality of care and the well-being of people who used the service.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered persons failed to ensure that care is provided in a safe way to service users, including through:</p> <ul style="list-style-type: none">• <input type="checkbox"/> assessing the risks to the health and safety of service users of receiving the care,• <input type="checkbox"/> doing all that is reasonably practicable to mitigate risks to the health and safety of service users of receiving the care, and• <input type="checkbox"/> the proper and safe management of medicines <p>Regulation 12(1)(2)(a)(b)(g)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had not developed systems and processes that operated effectively to prevent abuse of people using the service.</p> <p>Regulation 13(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered persons failed to effectively operate systems to: assess, monitor and improve the quality and safety of the services provided; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others; accurately and completely maintain records in respect of each</p>

service user.
Regulation 17(1)(2)(a)(b)(c)

Regulated activity

Regulation

Personal care

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Recruitment procedures must be established and operated effectively that person employed meet the conditions.
Regulation 19(1)(2)(a)