

Evita Care Limited

Homecare UK (Dagenham)

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

We carried out an announced inspection of Homecare UK (Dagenham) on 3 October 2017. The service is registered to provide support with personal care to people living in their own homes.

At our last comprehensive inspection on 22 December 2016, we found a breach of regulation relating to pre-employment checks. The service had not followed its own policy and procedure with regard to obtaining references during the staff recruitment process. During this inspection we found improvements had been made.

The service had a registered manager. The registered manager also worked as a care worker and was the only person employed by 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run.

Risks had been identified and assessments had been carried out to reduce these. The registered manager was aware of how to identify abuse and knew who to report abuse to within the organisation and externally. Staff and the people they supported had no concerns with staffing levels. People did not raise any concerns about time-keeping and attendance by staff. Pre-employment checks had been carried out to ensure staff were fit and suitable to provide care and support to people safely.

Staff had received training required to perform their roles effectively. People were supported by staff who felt supported. Supervisions were being carried out regularly. Staff were aware of the principles of the Mental Capacity Act 2005. People had capacity to make their own choices. Staff knew the signs if people were not well and how to access relevant health services. The service offered people choices with meal times and knew people's preferences.

Staff had positive relationships with the people they supported. People's privacy and dignity was respected by staff. Care plans were person centred and detailed people's preferences, interests and support needs. People were involved with making decisions on their care. There was a complaints policy in place and staff were aware on how to manage complaints, which was in accordance with the complaints policy.

The registered manager felt supported by the provider and told us the culture was open and transparent. People's feedbacks were sought from regular reviews with the registered manager and provider to identify areas for improvement. Quality assurance systems were in place that included auditing care plans, which was then fed back to staff.

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.

Risk assessments had been completed and included information on how to mitigate risks.

The registered manager was aware of safeguarding procedures and knew how to identify and report abuse.

There were appropriate staffing levels. Pre-employment checks had been carried out to ensure staff were suitable to care for people safely.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge, training and skills to care for people effectively.

Staff received regular supervision and support to carry out their roles.

People received support to access healthcare services, if required.

Is the service caring?

Good ●

The service was caring.

Staff had a positive relationship with people they supported.

People's privacy and dignity were respected.

People were involved with making decisions about the care and support they received.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and had been regularly

reviewed.

Staff had a good understanding of the people they supported, their needs and preferences.

A complaints policy was in place. Staff knew how to manage complaints and the person we spoke to was confident with raising concerns if required.

Is the service well-led?

Good ●

The service was well-led.

The registered manager felt supported by the provider and told us the service was well-led. The person we spoke to was positive about the management of the service.

Feedback was obtained from regular reviews with people, in order to make continuous improvements to the service.

Quality assurance systems were in place.

Homecare UK (Dagenham)

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 was carried out on 3 October 2017 and was announced. The inspection was announced as we needed to make sure that someone would be available to support us with the inspection. The inspection was undertaken by one inspector.

Before the inspection we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with the registered manager. We reviewed documents and records that related to people's care and the management of the service. We reviewed one care plan, which included risk assessments and we looked at staff files, which included pre-employment checks. We looked at other documents held at the service such as training, supervision and quality assurance records.

After the inspection, we spoke with one person.

Is the service safe?

Our findings

During our last inspection on 22 December 2016 we found a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Written references had not been requested from referees in accordance to the provider's recruitment policy. An employee's application form showed they had previously been employed working with vulnerable adults and one of the references they put down was from a manager of a registered care home. A reference had not been requested from this referee.

During this inspection we found improvements had been made. Records showed that written reference had been requested and one reference had been obtained. Although a written reference had been requested from a professional, a response had not been received by the service. The registered manager told us that as a response had not been received the provider had carried out a safe to work check, which included assessing their performance through observation and feedback from people they supported when delivering care and support. The staff member was then signed off to work unsupervised. Records confirmed this. Pre-employment checks such as a recent criminal record checks and proof of the person's identity had been carried out as part of the recruitment process. No staff had been recruited since the last inspection. The registered manager told us that a comprehensive pre-employment check would be carried out if the service were to recruit staff, which would include obtaining written reference. The service had a recruitment policy in place, which included the type of checks that would be carried out to ensure staff were of good character and suitable to work with vulnerable people.

The people we spoke to told us they felt safe when receiving care and support from the service. They told us, "Yes, I feel safe. It is all fine here."

During our last inspection, the manager told us that a person using the service required some support with moving and handling when transferring from the chair to the toilet and to the shower. However, there was no written risk assessment in place around this. During this inspection we found an assessment had been carried out on moving and handling. This included the transfer activities, equipment required and the method that was to be used to ensure risks were mitigated and people were safe during transfers. This meant that the risks associated with moving and handling had been mitigated to ensure people were safe at all times.

Assessments were carried out to identify and reduce risks. Risk assessments that had been completed provided information and guidance for staff on how to keep people safe and were regularly reviewed and updated. Risk assessments were specific to individual circumstances such as on falls and risks around the home. Risks had been identified and assessments included the risk and strategies to mitigate the risks. For example, "To ensure the person wears slippers and not flip flops to minimise the risk of falls." The staff member was able to tell us the risks people faced and how to mitigate these risks. We saw action was taken as a result of the risk assessments. For example, furniture was removed from next to the sofa which was seen as a potential hazard to cause injury. This meant that people were receiving care and support in a safe manner.

The registered manager was aware of their responsibilities in relation to safeguarding people. The registered manager was able to explain what abuse is and who to report abuse to. They also understood how to whistle blow and knew they could report to external organisations such as the Care Quality Commission (CQC), local authority and the police. There was a safeguarding and whistleblowing policy available, which included the types of abuse, signs of abuse and who to report abuse too.

There were appropriate staffing levels. The person we spoke to told us, "They never have missed any appointments. If they are late, they let me know but it does not happen a lot." The staff member had no concerns with staffing levels. They told us that they were not rushed in their duties and had time to provide person centred care. The staff member told us, "I have enough time to support [person] on top of my other duties." The provider was able to monitor timekeeping through monthly reviews with people and also daily logs that staff completed that listed the tasks carried out during appointments.

At the time of our inspection the service did not provide support to people with taking their medicines. Records were kept of the medicines the person took and its frequency. The registered manager told us they held these records to identify if these medicines would impact on the well-being of the person when delivering support and care and to remind the person when the medicines were due, if required. There was a medicines policy in place which included information about the ordering, receipt, recording and disposal of medicines.

The person we spoke to told us, "The hygiene is very good with them. I am a clean person and this one [staff] is very clean." Staff had been trained on infection control. We asked the staff member how they minimised risk of infection and cross contamination. They told us they were supplied with Personal Protective Equipment's (PPE) when supporting a person. They told us they disposed of PPE in a separate bag when completing personal care and washed their hands thoroughly. This meant that the person was being protected from risks associated with infection and cross contamination.

Is the service effective?

Our findings

People we spoke to told us staff were skilled, knowledgeable and able to provide care and support. They said, "Yes, he [staff member] is trained, I checked this with them. He knows what to do."

The staff member told us, "The induction has been really good." Records showed the staff member had received an induction prior to supporting people with support and care. The induction focused on the Common Induction Standards. These included standards as set out in the Care Certificate. The Care Certificate is a training programme designed specifically for staff that are new to working in the care sector.

The staff member had participated in training and refresher courses that reflected the needs of the people they supported. The staff member told us, "The training has been really good. I have done Level two and five Diploma in Health and Social Care." The staff member told us that training was helpful and they were able to approach the provider with any additional training requests if needed. Records showed that training had been completed in moving and handling, infection control and first aid. The staff member had also completed Level two and five Diploma in Health and Social Care, which covered areas of safeguarding, equality and diversity, managing domiciliary care services, physical disabilities and dementia. This meant that the staff member had been trained to perform their roles effectively.

Records showed that regular supervision and appraisals had been carried out. The provider's supervision policy stated that supervision should be carried out four times a year. Records showed that supervision meetings took place in accordance to this policy. They included discussions on staff performance, team work and training needs. However, records showed that three supervisions were amalgamated into one form. Therefore it was difficult to ascertain what was covered during each of this supervision. We fed this back to the registered manager who informed this will not happen again. The staff member told us that they were supported in their role, "[The provider] is very approachable, very flexible and very responsive." This meant that the staff member felt supported in their role.

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.

The registered manager told us that people using the service had capacity and were able to make decisions for themselves. The person we spoke to confirmed this. The staff member was aware of the principles of the MCA. They told us, "We must not assume that people do not have capacity. We will need to assess them first like if they can use the information we give them to make a decision. If they cannot, we have to contact their family or professionals to make a decision for them that would help them." The staff member told us that consent was always sought from the person before carrying out tasks. They told us, "I always ask for permission, it's a must. It's not about us, it is about them."

The service provided limited support with food preparation. The person we spoke told us, "Sometimes in the morning, I do not like to have too much food so he [registered manager] will make me toast." The staff member told us they only reheated meals that had been already prepared by people's relatives but if people did not prefer this then they would offer something else. Records and the person we spoke to confirmed this. Where people had a dietary requirement through religious beliefs, the staff member was able to tell us what this dietary requirement included.

Care plans included details of the person's GP and their health condition. This meant that staff were able to contact the GP with relevant details about the person if required. The staff member told us that they did not support people to access healthcare services. The staff member was able to tell us how they would recognise if people were not feeling well, "Usually [people] would tell me but there are other signs such as not talking much and feeling pain. I would call their GP, if [people] wanted me to." The service worked with other agencies to promote the health, safety and wellbeing of people. The staff member told us that they had contacted an external organisation following a request made by the person for assistance to support their well-being. Records confirmed that this request had been carried out.

Is the service caring?

Our findings

People we spoke to told us that staff were caring. They told us, "He [staff member] is a nice guy. When I feel pain, he feels pain. He cares for me." The staff member told us, "I have known [person] for three years. I read [person] care plans and found out what [person] liked. [Person] liked things I like so we develop a good relationship naturally." This meant that the staff member had a positive relationship with the person they supported.

The staff member demonstrated a detailed knowledge of the people they supported and knew what their personal likes and dislikes were. They were able to tell us about the background of people and the support they required. They also told us that the care plans helped them to get to know people better. The staff member told us, "Sometimes I sit and watch TV with [person]. I suggest TV programmes as I know what [person] likes."

People had been included in making decisions about how best to support them. They told us, "I am involved with decisions of my care." Records showed that people had signed their care plans to indicate that they were involved with their care plan and had agreed with the contents of the support and care.

A person told us, "I like to be independent, he [staff member] will help me do things for myself and if I cannot, he will help me." Records showed that an assessment had been carried out on areas where people were independent and areas which they needed support with. The registered manager told us they supported people to make choices in their day-to-day lives with personal hygiene and care. This meant that people were encouraged to become independent to live a fulfilled life.

Staff ensured people's privacy and dignity was respected. The staff member told us that when providing particular support or treatment, it was done in private. They told us, "I would make sure the doors are closed and it is private when I do personal care. I would also knock on [people's] windows before going in. I do not have the keys to the home." A person told us, "I am very high on privacy. He always respects my privacy and dignity." People had signed forms to consent to the service sharing confidential information about them with relevant persons. The staff member gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. They understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

People were protected from discrimination. The staff member understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. The staff member told us they treated people they supported with respect and according to their needs, such as talking to them respectfully and in a polite way. The people we spoke with confirmed that they were treated equally and had no concerns about the way staff approached them.

Care plans included the language people spoke. However, there were no details on how people

communicated and their level of communication ability. The staff member told us people communicated well and they were able to communicate in people's preferred language.

Is the service responsive?

Our findings

Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. The staff member told us, "Sometimes, I stay longer than I have to as [person] needs companionship and I care about [person]." A person told us, "Whatever I tell him [staff member], he will do for me. Sometimes he will talk with me a lot. Both of us like cricket."

Staff told us they would go the extra mile to help people. Records showed that a person needed assistance from a housing association regarding their current circumstances. The service had written a letter to the housing association on behalf of the person explaining the person's circumstances and the support they required. This meant that the service was responsive to people's request and circumstances.

Pre-assessments had been completed prior to people receiving support and care from the service. Information was obtained on people's health condition, background and the level of support they would require. Using this information, detailed and person centred care plans were developed. This meant that assessments were being carried out to ensure that the service was able to respond to people's needs.

People had an individual care plan which contained information about the support they needed from staff. The staff member told us, "The care plans are very helpful." Care plans were individualised and included details of people's family members, medical conditions and the person's preferred name. There was a personal profile of people that summarised people's background, likes and their preferences. Care plans detailed the support people would require and their expectation to ensure people were at best of health. These plans provided staff with information so they could respond to people positively and in accordance with their needs. Care plans were up to date and had been reviewed regularly with people. Daily logs had been completed that evidenced the tasks that were completed during each visit. This corresponded with the support needs detailed on the person's care plan and also provided oversight to the provider on what tasks had been completed.

Records showed that no formal complaints had been received by the service. There was a complaints policy in place. The policy included a timeline to investigate the complaints and provided details on which external services the complainant can contact should they not be satisfied with the outcome. A person told us, "I have no concerns at the moment, everything is perfect. If I had any complaints, I will complain." The staff member was aware of how to manage complaints in accordance to the complaints policy. The staff member told us, "I will review the complaint and let my manager know. The complaint will be investigated in full and a reply sent to the person that we are investigating. We will let them know of the outcome and see if they are happy." This meant that systems were in place to manage complaints.

Is the service well-led?

Our findings

The registered manager also worked as a care worker and was the only person employed by the service. The registered manager told us that they were supported in their role. The service was well-led and there was an open culture, where he could raise concerns and felt this would be addressed promptly. The registered manager told us of the provider, "He is a very good manager." We asked the registered manager if providing support and care impacted on their managerial duties of the service. The registered manager told us, "As we only support [number of people], it is manageable for me. But we will recruit more staff if we help more people."

We have not received any notifications from the service. A notification is information about important events which the provider is required to tell us about by law. The registered manager was aware of their regulatory responsibilities in regards to notifications.

The registered manager understood the aims and objectives of the service and told us he regularly met with the provider to discuss this and plans for the service. The service was currently looking to expand and provide support and care to people. The registered manager worked in partnership with relevant social care practitioners. The registered manager informed that they were currently working with social care practitioners to help a person with their living arrangements.

People told us they had no concerns about the management of the service. They told us, "They always listen to me. [Provider] is a good manager and when I call the [registered manager], he is always there to support me."

There were systems in place for quality assurance. We were informed that audits were carried out on care plans. The registered manager told us, "[Provider] carries out these audits to see if there is any way we could improve on things. We have not had any concerns so far but we will continue to audit this." Records showed that care plans audits were being carried out by the provider approximately every three months. This included checking the contents of the care plan. This was recorded and fed back to the registered manager. There had been no issues identified at these audits but the registered manager told us if concerns were identified then action would be taken promptly to ensure people received the best of care. We found the care plans were current and included information required to provide care and support to people effectively. Care plans were accessible and stored securely.

People's feedback was sought from the six weekly reviews held with people at their home by the registered manager and provider. The registered manager told us that this provided people with the opportunity to provide feedback of the service along with reviewing the care plan. Records showed where people provided feedback or support; this had been actioned such as writing letters on behalf of people. The provider also used these reviews to monitor the registered manager's performance and sought feedback from these meetings regarding the delivery of service. The registered manager told us that they had not received any concerns from people.