Managing Care Limited

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Inspection report

12 Deer Park Road
London
SW19 3TL

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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

This inspection took place on 7 June 2016. This was the first inspection since the service moved to its new location.
Managing Care is a domiciliary care provider which provides support and care to 75 people living in their own homes in the London Borough of Wandsworth. People who use the service are mainly older adults living within the local community, some of whom have dementia. The service also supports some younger adults.

There was a registered manager employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they received safe care and support from staff who they said they were happy with. Staff received training to recognise and protect people from abuse and they knew what actions to take if concerns arose.

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. Most people said they had a consistent team of staff who visited them. Staff recruitment processes were robust.

Risks to people and to staff were assessed and risk management plans were incorporated into care plans that were discussed and agreed with people.

Some people needed assistance with their medicines and we found that staff were properly trained to do so.

All staff received training when they started with the service and further training to increase their skills and knowledge of the work. People said they felt staff were well trained and we found they were supported by staff who were appropriately supported and regularly supervised.

Staff showed they were aware of people's capacity to make decisions about their care and documented this in people's written records. People's care needs were recorded and reviewed regularly with senior staff and the person receiving the care or a relevant representative. All care plans included written consent to care. Staff had comprehensive information and guidance in care plans to deliver care the way people preferred.

Most people were able to access health care professionals independently. Staff monitored people's health with their consent and could direct them to healthcare professionals as appropriate.

People said staff who supported them were caring, polite and friendly. They told us staff respected their privacy and dignity and people told us they felt listened to by staff. People were able to contribute to their

care plans and make decisions about how they wanted their care and support to be provided for them. All the care plans we looked at were personalised and contained information that assisted staff to provide care in a way that respected people's wishes.

Commissioners we spoke with said they were very happy with the service provided to people in Wandsworth.

The agency had a complaints policy and procedure that was included in people's care records. People said they were aware of the procedure and had numbers they could ring to complain. People and staff spoken with said they felt confident they could raise concerns with the registered manager and senior staff. Records showed the agency responded to concerns and complaints and learnt from the issues raised.

There were systems in place to monitor the care provided and people's views and opinions were sought regularly about the quality of the service. Suggestions for change were listened to and actions taken to improve the service provided, where necessary.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People were protected from the risk of abuse as staff had been trained to recognise and report abuse. Staff were confident any concerns would be acted on and reported appropriately.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments were completed to ensure people were looked after safely and staff were protected from harm in the work place.

There were sufficient staffing levels to provide appropriate support to people. People received their medicines safely.

Is the service effective?

Good

The service was effective. People received effective care and support because staff understood their personal needs and abilities.

Staff had the skills and knowledge to meet people's needs. The provider had a good programme of training which ensured staff had up to date guidance and information. Staff records showed they had received regular supervision and monitoring of their work.

Staff ensured people had given their consent before they delivered care. People had access to healthcare professionals as appropriate to their needs.

Is the service caring?

Good

The service was caring. People received care from staff who were kind, compassionate and respected people's personal likes and dislikes.

People's privacy and dignity was respected by staff. People were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive. People received care that was responsive to their needs because staff had a good knowledge of the people they provided care and support for.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well-led. People and staff were supported by a director and registered manager who were approachable and who listened to any suggestions they had for continued development of the service provided.

There were systems in place to monitor the quality of the service, to ensure staff kept up to date with good practice and to seek people's views.

People were supported by a team that was well led with good staff morale.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 June 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. This was the first inspection since the service moved to its new location. This inspection was carried out by one inspector.

During the inspection we spoke with four staff and the director and the registered manager. We looked at five people's care files and five staff files. We also looked at other records related to the running of the service. After the inspection we spoke with seven people and five relatives by telephone.

Good

Is the service safe?

Our findings

People told us they felt safe with the staff who supported them. One person said, "I feel very safe with the carers who visit me." Another person said, "When the carers first visited me they wore their uniforms and badges so I knew they were who they said they were. This helped me to feel safe." Someone else told us, "Staff are friendly and professional at the same time. I feel safe with them, they are very good." Two relatives also said they were satisfied that their family members were safe with Managing Care staff.

People were protected from harm because staff had received training in recognising and reporting abuse. Staff told us they had attended training in safeguarding people. They said they could access the agency's policies on safeguarding people and whistle blowing. These were provided for all staff in their staff handbook. Each member of staff had a copy of the handbook for which they were required to sign to say they had received it. We saw evidence of this on the staff files.

Staff described to us how they understood the signs that might indicate someone was being abused. They also told us they knew who to report to if they had concerns. One member of staff said, "We have had the training about safeguarding people and we know to report anything to our manager."

People said they felt they were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Four people said they had experienced missed calls but they all said this had improved recently. People also told us they were informed when a change of care worker occurred at the last minute. Staff said they thought there were enough staff to cover all the work they had. The registered manager confirmed they sometimes needed to ask the team supervisors or care co-ordinators to cover a shift if a member of staff called in sick or was on holiday.

The registered manager told us this was in part due to the introduction of an electronic call monitoring system. This they told us helped the office to monitor staff's progress and to keep people informed about potentially late calls. The director told us in addition to this they had also employed a new post of staff supervisor to work with the care co-ordinator. They said this was to help ensure there was improved deployment of staff, working with people in smaller geographical areas. This they thought would help reduce travel time between calls and enable people to receive more regular care from staff.

We saw that care plans included clear risk assessments relating to people's needs and the environment. All staff were aware of the importance of informing the office of any changes in people's care plans. Inspection of people's care files showed us that daily diary sheets were maintained that included the care people received including what food people had eaten or declined.

Other risks had been assessed and managed appropriately. For example mobility risk assessments identified the number of staff and any equipment that was needed to help a person move. Staff confirmed they received training in the correct use of specific equipment such as hoists and stand aids.

Care plans showed that risks had been discussed and agreed with people at their first assessment. The risk

assessments were also reviewed with people on a regular six monthly basis or earlier if people's needs changed.

Some people required prompting with their medicines. There were clear protocols in place to show at what level the assistance could be given, for example just by prompting or reminding a person to take prescribed medicines from a blister pack. All staff were trained in managing medicines and the registered manager and other senior staff assessed staff competency during spot checks. Staff spoken with demonstrated a clear knowledge how they should prompt people with their medicines.

Good

Is the service effective?

Our findings

All the people we spoke with told us that staff gave them the care and support they needed and that was detailed in their care plans. People said they felt staff were trained and knew their needs well. One person said, "Regular carers seem to be well trained and they all understand what I need. Sometimes the weekend carers aren't so well informed." Another person said, "All the carers who come to see me are well trained and know exactly what they need to do. I have regular carers who know me well. I'm lucky." One relative said, "Most of the time they do everything that's asked of them, the weekend carers aren't always as good. That's because they are not regular and don't know my [family member] as well as the regular ones."

We saw from inspecting the records that people were supported by staff who had undergone a thorough induction programme. This gave them the basic skills to care for people safely. All the staff spoken with confirmed they had attended this induction programme. One member of staff told us the training was really helpful. They explained they shadowed a more experienced worker and they said, "This was really helpful in getting to know people and to see how things worked." People we spoke with confirmed new staff shadowed more experienced regular staff and were introduced to them before they visited alone. The registered manager confirmed their induction followed the Care Certificate which is a nationally recognised training programme for new staff to the health and social care sector.

Staff told us they had access to additional training opportunities that enhanced their skills and knowledge to meet people's needs more effectively. This included annual updates for manual handling, medicines management, infection control, health and safety, food hygiene, first aid and nutrition. Records we inspected showed staff had attended this training. One member of staff said they felt access to training was "really good", another said "I've found training very helpful to me doing this job." One staff member explained how when they were promoted to a management position they were offered the training to support them with the change. They said, "I would like to do more management training such as National Vocational Training at level 3 or 4."

People received their care from staff who were well supported and supervised.

People we spoke with confirmed senior staff visited to observe how staff worked. Staff told us they had regular supervision meetings. These were either through one to one meetings, team meetings or spot checks carried out by senior staff. This enabled staff to discuss working practices, training needs and to make suggestions with regards to ways they might improve the service they provided. One staff member said, "We get supervision through spot checks when we are in people's homes as well as in the office." Another staff member explained they had regular supervision with their line manager. They said they had found this very helpful. Staff told us they had an appraisal every year and we saw evidence of this on their staff files.

All the care plans we saw were signed off by people who had given their consent to their plan of care. All of the people we spoke with were able to make their own decisions about their care. Staff had an understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the

mental capacity to make decisions for themselves, have their legal rights protected. 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.

Some people told us they needed support with their meals and hydration as part of their care package and we saw care plans were clear about how the person should be supported in this way. Care plans explained how people liked their food to be prepared for them. Staff told us they prepared meals of the person's choice and ensured there were drinks close to people to drink through the day. We noted that food and fluid charts were maintained for people who needed this support. One person said, "They know exactly what I like and don't like, such as a cup of tea. They always offer me one." Another person said, "They are very good, they ask me what I would like and they get it for me."

People were supported to see health care professionals according to their individual needs. However most people said they received support from their relatives to attend health appointments.

Good

Is the service caring?

Our findings

People told us the staff who supported them were kind and caring towards them. One person said, "I think they are very caring, polite and friendly. They support me well". Another person said, "I am happy with the care I receive, I couldn't wish for better carers". A relative told us, "Most of the time they do exactly what's asked of them, we have no complaints."

People said that when the care and support they received was provided by a regular staff group they felt well supported. People were positive about these staff. They said they had developed good relationships with them. They felt listened to by these staff and understood by them. This was clearly important to all those people and relatives we spoke with. Some people were less positive about some weekend staff and those staff who visited them irregularly. The director and the registered manager told us they recognised the importance of the continuity in care that people had expressed and they told us they were working to improve this wherever possible. One way they described to us involved the introduction of new technology such as the electronic call monitoring system. This they said had been implemented recently and provided benefits already.

In the discussions we had with staff they showed us they had a good understanding of the people they were supporting. Staff told us they took time to read people's care plans so that they were fully aware of the person's needs. Staff also said they always asked people how they wanted their care to be given and if there was anything else they needed to do for them. They told us they recorded all the things they had done on people's diary sheets so that there was good information for staff who came subsequently to visit the person concerned. This helped to enable continuity of care given to people.
People told us they were able to contribute to their care plans and make decisions about their care. They said this was essential to them to ensure they received the care they needed. All the people we spoke with told us they had a copy of their care plan in their home and that they felt they were central to any reviews when their needs changed. Commissioners told us staff were professional in their attitude to delivering care to people. They said staff delivered the care to people they had commissioned, staff were caring and kind.

Relatives told us that staff respected people's privacy and dignity when giving support to their family members. One relative said, "I was impressed how the carers always ask my [family member] how they would like their personal care to be given. They are very professional and caring." Another relative said, "Maintaining people's dignity and privacy seems to be high on their list of priorities."

The agency kept a record of all the compliments they received. The registered manager confirmed if compliments were specific to an individual member of staff the person's message was shared with them. We saw comments such as, "amazing carer, we felt she really cared for my [family member], very patient and kind" and "excellent care, so pleased we found you."

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. All the care plans we looked at were personalised and contained information that assisted staff to provide care in a way that respected people's wishes.

Care plans were clear about the support people required. The records we saw showed staff provided the care and support that was set out in people's care plans. These were reviewed to ensure they remained appropriate to meeting people's needs. We saw people's care plans were reviewed regularly and at least every six months together with the people concerned.

Staff had a good understanding of what was important to people with regards to their social and cultural values. Everybody said staff respected them as individuals with their own lifestyles and preferences. One relative said, "They are flexible and accommodating if I need to move a visit."

We saw from the records we inspected that initial assessments were carried out with people who wished to use the service. People were encouraged to express their wishes and views. It also allowed the agency to decide if they were able to provide the care requested. The director told us if they felt they were unable to meet the needs of the person they would not take the referral because they would not want to provide any care that fell short of meeting people's needs. This meant people were supported to receive a personal care package that was appropriate to meet their needs.

Commissioners we spoke with said they were very happy with the service provided for the people they referred to this agency for care and support. They said the staff responded very well and quickly to meet people's needs. They told us they thought the agency staff were professional and delivered what was expected of them.

People said they felt they could complain if they needed to and the agency responded to their concerns. We were provided with a copy of the agency's complaints procedure and people told us it was available in the care plan folder kept in their homes.

We looked at the complaints records kept by the agency, they had clear documentation to show a complaint or concern had been received and how it had been managed. We saw all complaints had been dealt with promptly and included outcomes for the person as well as a record of what could be learnt.

Good

Is the service well-led?

Our findings

People were supported by a team that was well led. We saw that the registered manager was supported by a team of staff who said there were clear lines of responsibility in the agency. We were supplied with an organisational chart that demonstrated this. Staff told us they had good access to senior staff to share concerns and seek advice when required.

People, relatives and staff told us the management team was open and approachable. They all said they felt they could talk with a supervisor or manager at any time. One person said, "The supervisor visits regularly, so we can discuss things then." All the staff spoken with said they could come into the office at any time and the registered manager was prepared to meet with them.

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified, action had been taken to improve practice.

People were supported to share their views on the way the service was run. People's views were gathered by regular monitoring visits or "spot checks", telephone calls and by satisfaction surveys. We were provided with good documented evidence of all these audit methods. For example we saw the last annual survey of people and relatives was carried out in October 2015. The director had analysed the feedback results and sent a letter to all the people who used the service stating the findings of the survey. Together with this was an action plan to address the issues highlighted by people in their feedback. We were told this was so people could be assured that improvements were driven by their comments and experiences. The feedback provided by people was very positive about the services provided by this agency. As an example 88% of the respondents said they thought the service was safe. 100% said their care and support was provided by competent staff. 83% of people said that they were enabled to make quality improvement suggestions that were listened to and acted upon.

People said their experience of communication with office staff was varied. Some people felt they had to wait too long for the telephone to be answered. One person said, "They don't seem to answer the phone very quickly although it has improved recently." Commissioners we spoke with told us communication with the agency was good.

Some people commented that previously they regularly experienced late calls and they said office staff did not appear to understand the travel time required to go between calls. One person said, "At the beginning they kept changing our carers. Carers were late and they said it was often due to traffic problems or not having enough time to travel between calls. We complained and it's much better now. The office really responded and we are happy. They seem much better organised now." Another person said, "They often used to come late due to traffic problems, it's all good now though."
We discussed this with the director and the registered manager who confirmed they had implemented an electronic call system and this had helped to improve the problem. They also said they were looking at a number of other technological systems that would continue to improve communications with people and

reduce problems with late calls and poor communication. Commissioners we spoke with said things had improved since the introduction of the electronic call monitoring system.

We were told and we saw evidence there was a senior on-call rota which meant someone was always available to deal with concerns and offer advice to staff.

The director and the registered manager said their philosophy was to ensure they provided the best possible care to meet people's needs safely, recognising their preferences and choices. We saw evidence that they looked for ways to continually improve the service and keep up to date with current trends.

The registered manager notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

Records we inspected were well organised and easy to access. Information was logically set out in chronological order and older information had been archived and stored securely. This showed the agency was run in an efficient manner.