JSP Care Limited

Availl (Harrow and Hillingdon)

Inspection report

Boundary House
Cricket Field Road
Uxbridge
Middlesex
UB8 1QG

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12 January 2016
15 January 2016

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

The inspection was carried out on 11, 12 and 15 January 2016 and the first day was unannounced. This was the first inspection of this service since it was registered on 28 August 2013.

Availl (Harrow and Hillingdon) provides domiciliary care services for adults with a range of needs. The service offers support to people who require help with day to day routines, including personal care, meal preparation, housework and shopping. They also provide outreach services, supporting people to go out into the community. At the time of inspection there were 10 people receiving personal care. Availl (Harrow and Hillingdon) is a franchised branch of the Availl company and there are two company directors who own and run the franchise.

The service is required to have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The previous registered manager left in December 2014 and the current provider had recently applied to CQC to register as the manager.

The service was not being well managed. Systems for the monitoring and improvement of the service were not being followed. People did not always feel the provider was approachable or listened to their concerns. Action was not always taken to address concerns people raised.

We identified shortfalls in the recording of medicines which could place people at risk of medicines not being managed safely.

Although staff had completed an initial training programme, they had not received specific training in topics to meet people's individual care needs.

People's gender preference for care staff was not always identified and met.

The provider had not sent notifications about changes to the service, which they are required to do.

Staff recruitment procedures were in place and being followed to ensure suitable staff were employed by the service.

Risk assessments had been carried out to identify any areas of risk to individuals so these could be minimised.

People received help and support with meals if needed and staff noted any changes to people's health conditions and knew to refer people to their GP for any medical input.

People said staff were kind and caring and said they were treated with respect. Staff understood the importance of maintaining people's privacy and dignity.

Care records identified people's needs including any religious and cultural needs and action was taken to provide care staff who were able to meet their needs.

We found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. 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?

Requires Improvement

Some aspects of the service were not safe. Medicines were not always being managed safely.

There were procedures in place to safeguard people against the risk of abuse and staff understood these.

Staff recruitment procedures were in place and being followed.

Risk assessments were in place for people's safety. Staff understood emergency procedures and when to follow them.

Is the service effective?

Requires Improvement

Some aspects of the service were not effective.

Staff had not received training in topics to ensure they understood how to meet people's specialist needs.

Staff understood people's rights to make choices about their care and to act in a person's best interest.

Where required people were supported with meal preparation so they received the nutrition they required.

Concerns about people's health were reported and people were referred to their GP if required.

Is the service caring?

Requires Improvement

Some aspects of the service were not caring. People's gender preference for carers providing care and support was not always respected.

People and relatives told us staff were kind and caring and treated people with respect.

Care records reflected people's cultural wishes and interests and staff understood the care and support people needed and treated them with respect.

Is the service responsive?

Requires Improvement

Some aspects of the service were not responsive to people's needs. Action was not always being taken to investigate and address concerns raised by people and their relatives.

Care plans had been drawn up for people's identified needs so staff had the information they needed to provide the care and support people required.

Is the service well-led?

Inadequate

The service was not well led. With the exception of periodically seeking feedback about the service provision, the provider did not implement systems for monitoring the quality of the service and shortfalls were not identified.

People and relatives said the provider was not always approachable and the service was not always being well managed.

Policies and procedures for the effective running of the service were in place but were not always being followed.

Notifications had not been completed for events that services are required to inform the Care Quality Commission about.

Availl (Harrow and Hillingdon)

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 11, 12 and 15 January 2016 and the first day was unannounced. The inspection visits and gaining feedback from staff were carried out by one inspector and a second inspector carried out telephone calls to obtain feedback from people using the service and their relatives.

Before we visited the service we checked the information that we held about it, including any notifications sent to us informing us of significant events that had occurred at the service. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection we viewed a variety of records including four people's care records, recruitment and training details for six staff, medicine administration record charts for two people using the service, risk assessments and policies and procedures.

We spoke with six people using the service, five relatives, the nominated individual who we refer to as the provider in this report, the second company director, the care coordinator and four care staff. We also spoke with the local authority quality assurance manager.

Requires Improvement

Is the service safe?

Our findings

People were at risk because medicines were not being safely managed. Care records contained a list of the medicines each person was prescribed and this included the name and strength, the dose to be given, when it was to be given and what the medicine was prescribed for so staff had information about each medicine a person was taking. For one person two medicines were prescribed on an 'as required' basis but the instructions in the care records did not include how often the medicine could be given or the maximum dose to be given in 24 hours. This meant the information was not available for staff to follow. Some of the medicine administration records (MAR) charts had been written by hand and others had been typed. When we asked staff about these we were told there was no one individual who wrote up the MAR charts and some care staff wrote them and some were typed in the office. The medicine policy clearly stated this was to be done by an authorised person so the information was fully checked and correctly recorded. The provider acknowledged they were not following the procedure. They said they would ask the dispensing chemists to provide MAR charts in future for people who needed support with taking their medicines. We saw some gaps in signing on the MARs we viewed so it was not clear whether people's medicines had been administered or not. Staff said that sometimes people refused their medicines, however there was no code for this event identified on the MARs. This had not been identified when the MARs were returned to the office so no action had been taken to increase the codes available for staff to use. For some of the gaps in signing staff had stated in the daily log that people had received their medicines, but had not signed the MAR chart.

This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had received training in medicines management and care plans identified the people who needed support with taking their medicines. People who received help with their medicines were happy with the assistance they received. One person said, "To tell you the truth I could not manage without my carers, I rely on them in particular for my medication as I have so many tablets." They said the staff encouraged them to be independent whilst overseeing the process of them taking their medicines. The provider said he would review the medicines management system to improve it.

We asked people and their relatives about staff attendance. Two people confirmed they had regular carers and they attended for the length of time they were allocated. Their comments included, "My carers always turn up and they have never missed a call" and "I have more or less the same team of carers." Several people and their relatives commented on the high turnover of carers they had experienced and although the majority said they received the calls they were meant to, issues with lateness, carers not staying the agreed length of time and lack of continuity of carers were raised. Comments included, "Carers are rarely on time and rarely stay the allocated time.", "We never know what carer is coming and they are never on time" and "They are often only with my relative minutes and they are gone again." People said they knew public transport caused delays and sometimes there was not enough time allotted between visits for staff to be able to attend on time. Staff also commented on travel times and told us they were unhappy when they were not able to stay the full time with someone. The provider told us they had already identified the issue with carers travelling long distances between visits and had now grouped people into geographical 'clusters'

so staff had shorter distances to travel, which they felt was improving staff punctuality and attendance. The provider said people were told to call the office if a carer was more than 15 minutes late and staff said they would either inform the office or ring the person directly if they were running late, to keep them informed.

People were protected from the risk of abuse. Policies and procedures for safeguarding and whistleblowing were in place. Staff told us they had undertaken safeguarding training and training records we saw confirmed this. Staff understood about identifying and reporting any suspicions of abuse to the provider. Staff understood whistleblowing procedures and knew they could contact the Care Quality Commission and local authority if they had any safeguarding concerns. Information on these topics was also included in the Staff Handbook which was given out to all care workers and staff said they would be confident to report any concerns.

Recruitment procedures were in place and were being followed. In the staff records we saw application forms and health questionnaires had been completed. Two references had been obtained including those from previous employers and colleges for those who had not previously worked in care. Information for proof of identity and copies of UK passports had been obtained and Disclosure and Barring Service (DBS) checks had been completed. Staff confirmed the employment checks had been carried out before they had started working with people using the service.

Risks were appropriately assessed to keep people safe. Risk assessments had been completed for the internal and external environment covering each area of a person's home, including potential hazards such as storage of cleaning products and medicines storage. The provider said any environmental risks they identified were discussed with the person and their relatives and they could also discuss them with social services if necessary, so the situation could be resolved. Risk assessments for moving and handling identified any restrictions to people's movement and the support they required. At the time of inspection the service was offering support to people who required one care worker to attend and who could mobilise with support. Staff were able to describe how as part of their work they observed their surroundings to check people's homes were safe and they knew to report any concerns they identified so they could be addressed. Staff also told us about the body map forms and said they used these to record any marks they noted on people's skin and said they would also report any concerns about the state of people's skin to the office.

There was a contingency plan in place that covered action to be taken in the event of office computers not working, disruption in public transport, staff sickness and adverse weather conditions. Staff had received training in emergency first aid and were able to describe the action they would take, for example, if someone was unwell or they found someone unconscious, including contacting the GP, the emergency services, staying with them and where needed accompanying them to hospital. Also, recording and reporting any emergency events to the office.

Requires Improvement

Is the service effective?

Our findings

Some of the staff had obtained recognised qualifications in health and social care and others were working towards these, either at college or some were student nurses. Staff records included information that staff had completed training in topics including dementia care, emergency first aid, moving and handling, adult abuse, food safety and hygiene, health and safety, infection control and nutrition and wellbeing. Staff confirmed they had completed this training, which consisted of watching a training video and then completing a questionnaire to demonstrate their learning from the session. We saw the questionnaires had been checked by the office staff and in some cases staff had not scored highly on the tests, for example, scoring sixty per cent or less. The provider said in this circumstance the training was repeated, however this was not recorded on the files we saw. Staff told us the results were discussed and said the previous office manager had gone through the training again with them to check their understanding. Staff said they had spent a day shadowing an experienced member of staff as part of their induction, attending a variety of people to learn about the care and support people needed. One of the topics for staff induction training was 'The role of the care worker', however we did not see evidence of this training having been completed in the care worker records we viewed and staff we asked were not all aware of this training.

The provider said they did not currently have an induction training course. They said five staff were registered to start the Care Certificate training on 30 January 2016. This is a recognised training in care. The majority of people felt the carers had the skills and knowledge they needed to meet their needs, however some felt they required more training. One person said, "[Staff member] is lovely and well qualified." Staff had not received training in topics to help them meet additional care needs, for example, caring for people with catheters, so they were not provided with the knowledge to provide this care. This was commented on by staff and people and needed to be addressed so specific needs could be met effectively.

This was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

We saw staff had each had a one to one meeting with the previous office manager or the provider since they had started working at the service and most staff had started at the service within the last six months. The provider said they intended to carry out further supervision sessions with staff and then appraisals when staff had been employed for 12 months. Although some staff had not received regular supervision, they did not express any concerns in this regard and felt able to provide the care and support people needed.

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. Confirmation regarding people's capacity to make decisions was recorded in the care plans, which also identified if a person had someone who held Power of Attorney for them and therefore had the authority to make decisions on their behalf in certain areas, for example, with people's finances or their health and welfare. We discussed this with the provider and asked about the different types of Power of

Attorney people had in place. The provider said he would check this information and update the care plans to accurately reflect this. The provider confirmed that the people using the service were able to make decisions for themselves about the support they wanted to receive and staff we asked understood people's right to make decisions for themselves and encouraged people to do so. People and relatives we spoke with were able to make decisions and did not raise any concerns in this respect.

When people needed assistance with meals the staff provided this. Two people told us, "They make me a cup of tea" and "The carers get my food and do anything I ask them to do." Staff said if people were unable to prepare a meal for themselves they would usually have frozen or chilled meals that could then be heated up in the microwave. Several of the people using the service had relatives who assisted with meals. Staff said if they noted someone's appetite had changed or they saw they were losing weight they would inform the next of kin and the office. Where care staff were responsible for preparing meals this had been identified in the care plans, so this need could be met.

Information about people's medical conditions was contained in the care plans and the provider told us about people who also had input from the community nurse. We discussed ensuring this information was also included so the care records contained details about the healthcare input people were receiving. Staff said if someone told them they were feeling unwell they would inform the GP and also inform the office.

Requires Improvement

Is the service caring?

Our findings

We received comments from people and staff that there had been occasions when a male carer had turned up to people who only wished to receive care from a female carer. The provider told us he had not been made aware that some people did not want a male carer. We viewed the care records and saw information about the people's wishes in respect of the gender of their carers was not recorded, so this had not been discussed with people. The provider said in future they would ensure people's carer gender preferences were identified and met.

This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People and relatives were complimentary about the regular care staff. Comments from people included, "They are very kind and I am very happy with them.", "They do care about me and are very good, I am quite happy thank you.", "The carers are ok, I am quite happy with them."
We also received positive feedback from relatives about the care staff, and their comments included, "The carers are very caring.", "[Carer] was wonderful and hundred and ten thousand per cent. [Carer] will not rush my relative.", "They are all very nice and kind, they always ask if I need anything as well as my relative. They are very respectful, always say hello and goodbye" and "The carers are all ok, they talk to [relative] and do their job. The carers are all kind to my relative."

People and their relatives said the care staff treated them in a respectful way. Care staff were aware of people's wishes in respect of gender care and where this was related to religious needs this was being identified and met. Information about how people wished to be addressed was included in the care records and staff were aware of people's wishes.

The service had taken action to find out people's cultural and religious needs and people confirmed these were respected. The provider and care coordinator said they only offered services to people with cultural needs they could meet and they had not taken on packages of care where people had specific requirements, for example, needing a carer who could speak their language, unless they had the appropriate staff to offer care. We discussed with the provider finding out people's preferences for all aspects of their care and support, so these were recorded and could be met, which they said they would do.

We saw information about people's lives and interests was included in the care records and staff said they read this and it provided them with information they could talk with people about. Care staff confirmed they enjoyed providing care and support to people. One care worker said, "I'm very happy and enjoy working with the clients." We asked staff what was important in the way they supported people and comments included, "I treat people like I would like to be treated" and "To be calm and give people privacy and dignity, to introduce yourself and be polite." People confirmed the majority of staff who attended to them provided the care and support they needed and they liked their regular care staff.

Requires Improvement

Is the service responsive?

Our findings

We asked people if they would feel happy to raise concerns. We received a mixed response, and comments included, "I ring the office to find out what is happening, they tell you they will look into it, but they never let you know." "I do not need to ring the office now, I am very happy with the support I am getting." "I feel they are dictating my life for me and I do not like their tone" and "I know all the staff now, I really rely on them and I have no complaints."

The service had a complaints procedure in place and documentation contained contact details for the provider, the local authority and other useful numbers including the Care Quality Commission. There had been nine complaints since the provider took over the company which people had raised with social services. These had been investigated either by the provider or, if this was not appropriate, by the franchiser for the company. Several people and relatives commented that they had raised concerns about timekeeping directly with the provider as care staff had turned up very late and on some occasions more than two hours late. Apart from the complaints that had been referred by social services there was no other complaint documentation in the complaints file and the provider said there were no other complaints. This meant when people raised concerns directly with the provider these were not being investigated. We discussed this with the provider who accepted they had not been addressing verbal concerns using the complaints procedure, but said they would address this in the future.

This was in breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The service received copies of the local authority assessment for people before they started using the service. The care coordinator explained they also visited people so they could get any additional information they needed and see the person's home environment and carry out the risk assessments. The local authority assessment was clear and together with the care plan the documents provided a comprehensive picture of the person, their needs and how these were to be met. People reported staff were not rigid in their approach and would do other things if asked which were not on the care plan. Staff said if people's conditions changed they would request a further assessment so the care package could be adjusted to meet people's changing needs. We saw where the local authority had carried out reviews of people's care and adjusted their care package. This could mean adding or extending a visit, or, in some cases where people's conditions had improved, stopping a visit where it was identified that the person no longer required one. Someone who had experienced some problems with their care package was able to tell us that following reviews they were happy with the care they were now receiving and they had the staff they needed to respond to their needs appropriately.

Inadequate

Is the service well-led?

Our findings

We asked people and their relatives for feedback about the management of the service. The majority expressed their dissatisfaction with the way the service was managed and comments included, "I do not think the office are up to it really, they do not employ enough staff and are not very organized.", "I am not overwhelmed with them, put it that way.", "I am not enamored with them, some of the staff do not seem to have a clue.", "They [provider] need looking into, they are not really geared up for this job" and "They [provider] are not very good quality. The organisation in the office is not good." One relative was positive and said, "If I need to ring the office, the staff are always polite and help me."

The provider had recently become registered as the nominated individual and had applied to be the registered manager for the service. This had happened following contact from the CQC to enquire why the service did not have a person registered for either of these two positions rather than the provider having been proactive by putting themselves forward for registration with CQC.

We saw that all the care staff had been on leave during Christmas week and the provider told us that he, his wife and the second company director had covered the calls. When we enquired further we discovered the second company director had not been working since 21 December 2015 and had not been involved with covering the calls. The previous office manager had contacted the people using the service to find out when they wanted a service over Christmas and New Year and we saw this had been recorded. People confirmed they had been asked about the calls they wanted, although we did receive comment that they had not all received all the calls they expected. The provider supplied us with a hand written rota for each day over this period that identified that from 24th to 30th December the provider and his wife had covered the calls. People had not all found this satisfactory and appropriate planning had not taken place to ensure care staff were available to work over the festive period.

People said they did not always know who would be attending to them each day, carers could be late and no explanation was given when this occurred. Some people were unhappy with the frequent changes of care staff they had experienced and the lack of continuity of care. They also felt staff were not allocated enough time to travel between visits and we also identified that if staff contacted the office to say they were running late the message had not always been passed onto the person. Comments included, "The care is done at high speed and can be slap dash at times.", "The trouble is they cannot get the staff to stay and there is not enough time for them to travel in between people" and "The office will never ring you to let you know."

We received feedback that some staff did not stay for the full time they were meant to but did not always accurately reflect this in the daily log or the timesheets. The daily log sheets had a small box marked 'office audit completed by' on them. These boxes were also seen on the medicine administration records (MARs) we viewed. None of the boxes had been signed and when we asked the provider about the monitoring of daily records and MARs they said they had not done this. This meant the provider was not auditing and monitoring the records and so any shortfalls were not being identified and addressed.

The medicines policy for 'as required' (PRN) medicines stated that care staff were not permitted to assist

with these medicines unless there were specific instructions which clarified the minimum interval between doses and the maximum number of doses in 24 hours. This information had not been recorded in the list of medicines seen for one person. Therefore the provider was not following their own policy.

The Staff Handbook stated that staff must wear uniform and carry identity badges when providing care and support. We received comments from people and relatives that staff did not always wear a uniform and one person said, "They do have a uniform, but some do not wear it." We also received feedback that identity badges and uniforms had not been provided for all staff. This was another example of where the provider was not following their own policies and procedures.

During our inspection visits we asked the provider about spot checks for staff, to review the care they provided in people's own homes and they said these had not yet been done. We asked about staff meetings and they said they had not had any staff meetings yet. We saw surveys had been sent out to people, staff and stakeholders in July 2015 and the provider said these were done every six months. The surveys contained positive feedback and people surveyed had expressed satisfaction with the care provision. Our findings at this inspection indicated that elements of the service had deteriorated since the surveys had been completed. One person told us, "The office staff have not visited to review since the first time they came." We did see questionnaires in the care records, indicating a visit or telephone call had been made to some people to ask their opinion about the service they were receiving, however where issues had been raised there was no evidence these had been looked into. In one file we saw that a member of the office staff had contacted a person to get feedback about the member of care staff providing care and support, and this had been positive.

When we asked people and relatives if their concerns regarding timekeeping and staff not staying their full time had been raised with the provider, some expressed their reluctance to do so as they did not find the provider approachable and had not felt they had been listened to when they had raised issues in the past. This indicated the provider had not been receptive to people's concerns. One person told us the care coordinator had told them if staff did not stay the full time then they should ring the office to let them know, and the person had been reassured by this.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The provider had taken over the service in April 2015. They had not notified CQC that the directors of the company had changed or again, at a later date, when the registered address for the provider had changed, so the information held by CQC was not accurate. The Availl policies and procedures included a page entitled 'Table of Statutory notifications under HSCA 2008' and this listed the events to be notified to CQC, so the provider was not following their own procedures. Following the inspection, notifications were received to inform CQC of the changes that had taken place. We discussed the need to ensure CQC was notified of all events that are notifiable under the Care Quality Commission (Registration) Regulations 2009 and the provider said he would take action to do so. The provider confirmed there had not been any other incidents that should have been reported to CQC since he took over the service.

This was in breach of Regulation 15 of the Care Quality Commission (Registration) Regulations 2009

We saw publications for health and social care in the office and the provider said they also subscribed to online newsletters and updates from care organisations to keep their knowledge up to date.

Following the inspection we gave feedback to the provider. He was receptive to our comments and said he

understood the improvements that needed to be made to 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 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 15 Registration Regulations 2009 Notifications – notices of change The registered person did not give notice in writing to the Care Quality Commission of changes to the service provider of the change of registered address, the change of directors and the change of nominated individual. Regulation 15(1)(i)(ii)(iii)

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person did not always carry out an assessment of the needs and preferences for care and treatment of the service user. Regulation 9(3)(a)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person did not ensure the proper and safe management of medicines. Regulation 12(2)(g)

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints

	The registered person did not ensure any complaint received was investigated and necessary and proportionate action taken in response to any failure identified by the complaint or investigation. Regulation 16(1)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People employed by the service had not always received appropriate training to enable them to carry out the duties they were employed to perform. Regulation 18(2)(a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not: 1. Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. (including the quality of the experience of service users in receiving those services). 2. Maintain an accurate, complete and contemporaneous record in respect of each service user. 3. Act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity. Regulation 17(2)(a)(c)(e)

The enforcement action we took:

We have issued a warning notice telling the provider they must make the required improvements by 1 March 2016.