

Mrs Jean Chedalavada David-John

# Mrs Jean Chedalavada David-John

## Inspection report

Unit 13 Morrgate Croft Business Centre  
South Grove  
Rotherham  
South Yorkshire  
S60 2DH

Tel: 01709543361

Date of inspection visit:  
26 July 2016  
02 August 2016

Date of publication:  
12 September 2016

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection took place on 26 July and 2 August 2016 with the provider being given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The service was re-registered with the Commission in December 2015 due to a change in the address of the location, so this was the first inspection under the new registration.

The agency provides personal care to people living in their own homes in the Rotherham area. Care and support was co-ordinated from the services office which is based near the centre of Rotherham. At the time of our inspection the service was supporting people whose main needs were those associated with older people, including dementia, but other services were available.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

At the time of our inspection there were approximately 30 people receiving support with their personal care. We spoke with two people who used the service and six relatives. People we spoke with told us they were happy with the service provided and raised no concerns or complaints.

The provider had a policy in place to protect people from abuse, which told staff about the types of abuse, and how to recognise and report potential abuse. However, the system for recording any incidents lacked organisation. Staff we spoke with confirmed they had received training about protecting people from abuse, however training records did not demonstrate that all staff had received this training.

Care records identified people's needs, as well as any risks associated with their care and their preferences. People told us they had been involved in planning care, but this was not evidenced in the care files we checked. People said staff were meeting their individual needs and delivering care as they preferred. We found people were mainly supported by the same team of staff who were knowledgeable about their needs and preferences.

There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. However, this had not always been consistently followed. For example, we found five staff members did not have a second reference on file. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

We saw new staff had received an induction at the beginning of their employment, but documentation was not always up to date. Staff said they felt they had received enough training and support to enable them to carry out their job. However, training records did not demonstrate that all essential training had been

provided in a timely manner. Staff had received an appraisal of their work performance, but regular one to one support sessions had not taken place consistently.

Where people needed assistance taking their medication appropriate support was provided, but this was not always accurately documented. For example, care plans did not always fully detail the support needed from staff, and medication administration records were not always in use where staff were assisting people to take their medicines. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The provider had a quality assurance policy which detailed how they intended to gain people's options about the service they had received, but we found it had not been followed. The people we spoke with told us the registered manager telephoned or visited them to check if they were happy with the care provision. However, these conversations and visits had not been recorded, therefore there was no evidence that people's views had been sought and considered to improve the service provided.

We also found there was no audit system in place to check if staff had followed company policies. For example, we found shortfalls in recruitment procedures, staff training, care and medication records, which meant areas for improvement had been missed. The manager told us they would introduce appropriate monitoring tools to capture this information. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of 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 safe.

We found recruitment processes were in place, but these had not always been consistently followed.

Systems were in place to make sure people received their medication safely, which included all staff receiving medication training. However, care records did not always identify the medicines being taken, or correctly detail staffs involvement in administering and monitoring medication.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. However, concerns raised had not been recorded comprehensively.

**Requires Improvement** 

### Is the service effective?

The service was not always effective.

Records demonstrated people's capacity to make decisions had been taken into account. Although not all staff had completed training in this subject.

Most staff had completed a structured induction when they joined the agency and had access to a varied training programme that helped them meet the needs of the people they supported. However, records did not demonstrate that all staff had completed the required training in a timely manner.

Where people required assistance preparing food, staff had received food hygiene training to help make sure food was prepared safely. People's nutritional needs had been assessed and taken into consideration.

**Requires Improvement** 

### Is the service caring?

The service was caring.

People received appropriate care from staff who demonstrated a good understanding of the level of support they needed.

**Good** 

People told us staff respected their opinion and delivered care in an inclusive, caring manner.

Staff demonstrated a good awareness of how they should respect people's choices and ensure their privacy and dignity was maintained.

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

The service was not always responsive.

People using the service had been involved in planning their care. However, not all care plans fully identified people's needs and abilities.

There was a policy in place to tell people how to make a complaint and how it would be managed. However, concerns raised had not been recorded in sufficient detail.

**Requires Improvement** ●

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

The service was not always well led.

The provider had used telephone calls and informal face to face meetings to gain people's opinion about the service they received, but this was not always recorded.

The system to assess if the agency was operating correctly and make sure staff were working to company policies was not robust.

Staff were clear about their roles and responsibilities and there were policies and procedures available to inform and guide them.

**Requires Improvement** ●

# Mrs Jean Chedalavada David-John

## **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 was 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 included visits to the agency's office on 26 July and 2 August 2016. The provider was given short notice of the visit in line with our current methodology for inspecting domiciliary care agencies. The inspection was carried out by an adult social care inspector.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service. Before the inspection, the provider completed a Provider Information Return (PIR). 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 also obtained the views of service commissioners and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were approximately 30 people receiving personal care from the service. We spoke with two people who were using the service and six relatives to obtain their views on how the service operated. We also spoke with the registered manager, a member of the office staff and five care workers employed by the agency to deliver care.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing people's care records, medication records, staff recruitment, training and support files, as well as quality audits, policies and procedures.

# Is the service safe?

## Our findings

People we spoke with felt staff supported them, or their family member, in a safe way. When we asked one relative if staff moved their family member from their bed to the sitting room safely they told us, "They use the hoist safely, every time." Another relative discussed how staff used a key safe to gain entry to their family member's home. They added, "The house is always locked up safely [after staff visits]."

Staff we spoke with demonstrated a good understanding of people's needs and how to keep them safe. They described the arrangements in place for them to access people's homes while maintaining a good level of security. The registered manager told us staff were issued with an ID badge which they were expected to wear while on duty so people could verify who they were.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The manager was aware of the local authority's safeguarding adult's procedures which aimed to make sure incidents were reported and investigated appropriately. The local authority told us the registered manager had worked with them to look into a recent concern raised. However we found there was no safeguarding file to record each reported incident and the outcome. The registered manager said they were working on this and would ensure all future safeguarding concerns would be recorded appropriately.

Staff training records indicated that all staff had completed safeguarding e-learning, with some attending face to face training in this subject. However, this was not always evidenced in their staff files. Staff we spoke with demonstrated a satisfactory knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. Staff also knew they could report their concerns to outside agencies, such as the local authority safeguarding team or the police.

We looked at seven people's care files and found records were in place to monitor any specific areas where people were more at risk, such as how to move them safely. These explained what action staff needed to take to protect people. We also found environmental risk assessments had been completed to make sure any potential risks were taken into consideration. This helped to ensure people's homes were as safe as possible for the person living there, as well as being safe for staff to work in.

There was recruitment and selection process in place, but this had not always been consistently followed. We checked five staff files and found that each included an application form, written references and a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. However, one file only contained one written reference and another did not have a reference from the person's last employer. Although there were additional character references on file there was no explanation as to why the person's last employment reference had not been obtained. We found the provider had carried out a recent audit of staff recruitment and training records, which had identified that five staff only had one reference on file.

This was a breach of Regulation 19 (2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the second day we visited the office we saw evidence that the missing references had been applied for. The following week the registered manager provided evidence that all missing references had been obtained.

Staff told us they felt there were enough staff employed to meet the needs of the people currently being supported, but more staff was needed to ensure there was enough cover for staff absences and to allow the service to expand. Staff said they tended to work in their own areas with the same people, but sometimes had to move to other areas to provide cover. We found staff rotas were not formulated in advance. The registered manager said most staff worked with the same people each week so knew who they were visiting. She said she completed a daily rota for staff not on set 'rounds', which she text to them the night before. Information we had received from the local authority indicated that this had led to at least one visit being missed. The registered manager said she was working on having a better rota covering all staff.

People who used the service, and the relatives we spoke with, confirmed that support was provided by the same team of staff most of the time. They also told us care workers were usually on time and stayed the required length of time at each visit. One person who used the service told us, "I usually get the same carers, although there have been some changes recently. I don't like too many callers. It is important you get regular carers who know you." A relative told us, "Mum has two main carers who she is happy with." They said the agency was flexible to meet changing needs and appointments.

The service had a medication policy which outlined the safe handling of medicines. We found most people did not require support to take their medication, or just needed to be reminded to take them. Where people needed assistance to take their medication staff told us this was recorded. However, when we asked staff to describe how they prompted people to take their medication two staff told us they removed the medicines from the monitored dose system [MDS]. They said they then put them into a receptacle and passed them to the person to take them. They told us they did not complete a medication administration record [MAR], but recorded that they had prompted the person to take their medicines in the daily notes. As their involvement was classed as administering medication rather than prompting someone to take their medication, it should have been fully recorded on a MAR.

This was a breach of Regulation 12 (2) (g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also noted that the medication people were taking was not listed in the care files so there was no current overview of what medicines the person was taking, what they were for, and any side effects staff may need to observe for.

We looked at how medicines that were only taken 'as and when required' [PRN] were recorded and administered. Where applicable care plans outlined where people took PRN medication, for example for pain relief. However, there were no PRN protocols in place to tell staff exactly what these medicines were for, when they should be given, and how the effects would be monitored. We discussed the reasoning behind this additional recording with the registered manager who said they would consider further best practice guidance on the administration and recording of PRN medication.

The registered manager told us that care staff had undertaken e-learning medication training as part of their initial induction to the agency. However we found that only nine staff were identified on the training audit as



having completed this training. Most staff we spoke with said they did not support people to take their medication or just prompted them to take them. However, as staff were expected to cover other areas it was unclear how the registered manager ensured staff had received appropriate training.

The registered manager told us they worked closely with staff so observed how they managed medication. However, we saw no evidence that appropriate competency checks had been carried out to ensure staff were putting their training into practice. The registered manager told us they would improve this process as soon as possible.

We had received information that indicated that staff did not always have access to protective clothing, such as disposable gloves and aprons. The registered manager told us these were originally kept at the home of the person being supported, but following a concern being raised staff were provided with a stock of these items to carry around with them. The staff we spoke with confirmed they had access adequate protective clothing.

## Is the service effective?

### Our findings

People who used the service said staff understood their needs and provided a good quality of care and support. This was confirmed by the relatives we spoke with who told us they felt staff were competent in their work, good communicators and appeared adequately trained for their role. One person said they received "Great care" from their staff team. A relative told us staff appeared to have the right abilities for the job. While another relative commented, "They [care workers] are absolutely brilliant. Really nice girls, I am highly satisfied." When asked if they thought staff seemed competent in their role one relative told us, "Yes, very much so."

New staff had undertaken an induction when they started to work for the agency. Staff told us this included learning about the services policies and procedures and shadowing the registered manager and experienced care workers to learn about meeting people's individual needs. A relative confirmed this took place saying, "New staff always come with a seasoned care worker."

We also saw recently recruited staff were at various stages of completing the care certificate introduced by Skills for Care. The Care Certificate looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

All the staff we spoke with said they felt they had received the training and support they needed to enable them to carry out their job roles. We found the majority of staff had received basic training to meet the needs of the people they supported. However, training records did not evidence that all staff had completed essential training in a timely manner. For example, one staff member told us they were assisting people to take their medication, but had not yet completed medication training. Another care worker said they had not yet undertaken manual handling training, but confirmed they were not responsible for hoisting anyone or assisting people who could not mobilise independently. The registered manager said they were trying to access further training in these topics via the council or other training providers.

Staff told us they had recently received an appraisal of their work performance or an appraisal had been arranged. However, we found one to one support sessions had not taken place consistently until recently. Staff told us they spoke with the manager regularly and sometimes worked alongside her, which provided them with the opportunity to discuss any concerns they had and receive support when needed. However, this was not documented. The registered manager told us this was an area they intended to improve in the future.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. The Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensure that, where someone may be deprived of their liberty, the least restrictive option is taken. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. DoLS do not apply to people living in their own homes, but we checked whether people had

given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed.

We found care records demonstrated that people's capacity to make decisions had been considered as part of the assessment and care planning process. The people we spoke with confirmed they had been involved with planning care and making decisions about how this would be carried out, but this was not always evidenced in the care files we checked. We also noted shortfalls in staff's training and knowledge regarding the Mental Capacity Act. Staff completing a nationally recognised care award told us they were covering this subject as part of that award. However, it was not clear from the training records we saw that everyone had, or was receiving this training.

Some people told us care workers were involved with food preparation, while other people did not require any assistance. We found that where staff were involved in preparing and serving food people were happy with how this took place. We saw the majority of staff had completed basic food hygiene online training as part of their induction to the agency.

## Is the service caring?

### Our findings

Each person we spoke with told us the care provided by staff was good and they understood the level of support people needed. They referred to staff as being kind and caring. Relatives gave examples of how staff had provided extra support when they were not available to support their family member. One relative told us how the registered manager had visited their family member when they were on holiday to see if they needed any additional support. Another relative said, "They look after him [the person using the service] well. I am happy and dad's happy. He always says they are good girls." A third person told us, "They are not the kind of company that just run in and out. They [staff] really care."

During our two visits to the agency's office we observed the registered manager taking telephone calls from people using the service, relatives and staff. They interacted with people warmly and with knowledge. They understood people's needs well, and spoke to people with respect.

Relatives told that they, and their family members, were involved in making decisions about the care and support provided. They said they had been involved in developing care plans and discussed exactly how people preferred care being delivered. People told us the registered manager visited or spoke to them on a fairly regular basis to ask about the care provision, and discuss any areas that may need changing. Care files sampled contained information about people's preferences, so staff had guidance about what was important to them and how to support them.

When we asked if staff respected people's privacy and dignity and encouraged them to maintain their independence, they all said they did. One relative told us, "This is one of their stronger points. They talk to her [person using the service] telling her what they are going to do and why." Another relative commented, "They [staff] do what he can't do. They will stand back and let him try while monitoring how he is managing things."

The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their wishes. In most cases they said they supported the same people on a regular basis, which meant they got to know what help they needed and how they preferred their care to be delivered. They spoke warmly about the people they supported and expressed a genuine fondness for them and a love of their job.

When we asked staff how they knew what was important to the people they supported they said they read the care plans, which they felt overall provided good information, and talked to people about their preferences. They also said the registered manager and other staff supporting the person provided information and advice.

Staff discussed with us how they preserved people's dignity, privacy and independence, while offering people choice. One care worker told us, "If someone is capable of doing something, such as washing themselves, I encourage them to do it." Another member of staff commented, "People can choose what time their visits are. I ask people what they want to wear and eat, I go through the meals in the freezer so they can choose what they fancy." A third care worker told us, "Confidentiality is important [to protect people's

privacy]. You cover people up [when washing them] and you do things just like you'd want it doing yourself [meaning offering people respect and dignity]."

## Is the service responsive?

### Our findings

All the people we spoke with told us they were happy with the care provided and indicated staff responded well to changes in their care needs. They felt involved in the planned care and said staff responded to their requests and preferences. People told us care was, "Very good," "Great" and "It all works pretty well."

Each person's needs had been assessed, and this along with the local authority's care assessment had been used to draw up a care plan. The registered manager said they visited new people in their home to discuss their needs and how they would like their care and support delivering. This was confirmed by all the people we spoke with, including staff.

Each person had a care plan at the agency's office and most people we spoke with confirmed they had a care plan in their home, so important information was easily available to them. However, one relative told us they had told the registered manager that as they were there all the time, they did not want any care records in their home. This was discussed with the registered manager who said they had respected their wishes, but staff could access the care plan at the office or seek advice directly from her.

The care files we sampled contained satisfactory information about people's care needs, their preferences and any risks associated with their care. However, we found one plan did not give comprehensive information about how the person's specific medication needs were managed by care staff. This could lead to staff who did not know the person well not having enough information to support the person correctly. The registered manager said they would review the information and add additional information.

Care workers told us they completed a record about what support they had provided each time they visited someone, and this was confirmed by the people we spoke with. The ones we sampled provided adequate information about the care given at each visit and any changes in the person's general wellbeing. However, we found where people did not wish to have care records kept in their homes there was no structured way of recording these visits. We discussed this with the registered manager who said they would consider how this could be managed. Following the inspection they told us this had been resolved as the person had agreed to have the records in their home.

The company had a complaints procedure which was included in the information given to people in the 'Welcome Pack' at the start of their care package. However, two people we spoke with told us they could not recall being given the agency's 'Welcome Pack' although they said they could be mistaken. The registered manager said they would ensure each person had a copy in their home.

The registered manager told us no formal complaints had been received from people using the service, but when minor concerns had been raised they had addressed them straight away. On our first visit the agency's office we found there was no formal system in place to record any complaints or concerns received, and the outcomes. When we revisited the office the following week the registered manager had introduced a designated book to record all future concerns and complaints.

People we spoke with told us they had no complaints, but said they would feel comfortable raising concerns with their care worker or the registered manager. One person said, "I would just call the manager." Another person commented, "I raised a concern at one point, but the manager sorted it straight away." A third person told us, "I have had the odd grumble now and then, but no formal complaints. I just ring the manager and say [their grumble] and she takes note and sorts it."

## Is the service well-led?

### Our findings

The service was re-registered with the Commission in December 2015 due to a change in the address of the location, so this was the first inspection under the new registration. At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission.

People we consulted spoke highly of the registered manager and described her close involvement with their care. One person using the service explained how the registered manager was always available. They added, "She [registered manager] is fantastic. I ring her and she comes out and sorts things out." However, another person said they sometimes called the registered manager and she did not get back to them in a timely manner.

The registered manager told us there was no formal system in place to gain people's opinions about the care provision although we did see occasional 'mini reviews' had taken place which included asking people if they were happy with the service provided. The registered manager also said that as they worked alongside staff they spoke with people on a fairly regular basis, which gave them the opportunity to share their opinions. The registered manager said she also called people on the telephone and attended periodic social worker care reviews. The people we spoke with confirmed that the registered manager spoke with them periodically, with many saying she visited them to provide care or 'popped in for a chat'. However, these interactions were not documented. Following our inspection the registered manager sent us a questionnaire they said they would use in the future to formally gain people's views.

People we spoke with told us they were very happy with the service provided and raised no concerns. One person said, "I am highly satisfied with the service we receive." Another relative described the agency staff as "Very professional" adding, "I don't know how I've managed without them." When we asked people if there was anything the agency could change to improve the service it provided, most people could not think of anything they would alter. One relative commented, "Now I have regular carers I am happy." Another person told us, "It is better than the last care company we used, it's excellent."

However, we found the service was not always operating efficiently. For example, information we requested when we visited the office, such as how many staff provided personal care, was not readily available [the service also provides social care, which is not regulated by the Commission]. We also found there were no pre-arranged staff rotas, so some staff only found out what visits they were scheduled to make on the day they were to occur, and care records did not provide enough information about supporting people to take their medication. The registered manager told us they were aware that 'the office side of the service' could operate better. They said they had employed someone to assist them with this side of the business. On the second day we visited the office we met the person who was assisting the registered manager and saw they had begun to check staff recruitment and training files for missing documentation.

We found there was no structured quality auditing system in place to ensure that staff were working to the company policies and procedures. The registered manager said she worked with the staff regularly so could assess how they worked. However, the outcome of these assessments was not documented. We also found



there was no evidence that care records returned to the office had been checked to make sure staff had completed them correctly and any shortfalls identified and addressed. Therefore, there was no evidence to demonstrate the provider was monitoring how the service was operating, or how shortfalls were addressed to improve the service provision.

This was a breach of Regulation 17 (1) (2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered manager sent information to demonstrate that they had begun to take action to address the shortfalls we had highlighted. For example, all outstanding staff references had been acquired and the quality assurance policy had been reviewed and updated to reflect what action the service would take in future to monitor the service provision.

Staff told us staff meetings did not take place and support sessions had not been consistent in the past. However, they confirmed they had regular discussions with the registered manager, which provided support and guidance. They also told us that support meetings had begun to take place on a more regular basis. Staff said the registered manager was very approachable, they felt they could raise concerns with her and they would be listened to.

When we asked staff if there was anything they felt could be improved, most staff said there was nothing they would change. They told us they enjoyed working for the agency and were happy with how it operated. However, two staff said they would like to have work rotas in advance and also mentioned that pay slips were not always provided in a timely manner. We spoke with the registered manager about these topics. They said they were working on a rota and "Just forgot to print payslips off." The registered manager told us they would be addressing these issues as soon as possible.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  People were not fully protected against the risks associated with medicines because accurate records were not being maintained.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The system to assess and monitor the quality of service provided was not robust, so did not always identify and address shortfalls in a timely manner.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Appropriate background checks were not consistently undertaken before staff began working for the service.