

Independent Homecare Team Limited

Independent Home Care Team

Inspection report

405A Footscray Road
New Eltham
London
SE9 3UL

Tel: 02037748870

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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

About the service: Independent Home Care Team is a domiciliary care agency. It provides personal care to adults and older people living in their own homes. Fifty-Five people were using the service at the time of the inspection.

People's experience of using this service:

- People said they felt safe. There were safeguarding policies and procedures in place and staff had a clear understanding of these procedures.
- Appropriate recruitment checks took place before staff started work and there was enough staff available to meet people's care and support needs.
- The service had procedures in place to reduce the risk of infections.
- Assessments of people's care and support needs were carried out before they started using the service.
- Staff had received training and support relevant to people's needs.
- People were supported to maintain a balanced diet.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.
- People were treated in a caring and respectful manner.
- People had been consulted about their care and support needs.
- There were procedures in place to make sure people had access to end of life care and support if it was required.
- People knew how to make a complaint if they were unhappy with the service.
- The provider worked in partnership with health and social care providers to plan and deliver an effective service.
- The provider took people and staffs views into account through satisfaction surveys. Feedback from the surveys was used to improve the service.
- Staff enjoyed working at the service and said they received good support from the registered manager and deputy manager.

At our last inspection of the service 22 March 2018 we found improvements were required in relation to how medicines were managed, risks to some people's health and safety were not being assessed appropriately, some people's care records were not person centred and the provider's audits were not always consistently effective in identifying issues and driving improvements.

At this inspection we found that improvements had been made in these areas. The provider had taken steps to make sure medicines were managed safely, people's health and safety was being assessed appropriately, people's care records were person centred and the provider's audits were effective in identifying issues and driving improvements.

Rating at last inspection: Requires Improvement (Report was published on 23 May 2018).

Why we inspected: This was a planned inspection based on previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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 safe

Details are in our Responsive findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Responsive findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Responsive findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Independent Home Care Team

Detailed findings

Background to this inspection

The inspection: We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: A single inspector carried out this inspection.

Service and service type: Independent Home Care Team is a domiciliary care agency. It provides personal care to older people with varying needs living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was announced. We gave the service 48 hours' notice of the inspection visit to ensure the registered manager would be present and ensure people's consent was gained for us to speak with them for their feedback. The inspection site visit activity started and ended on 16 April 2019.

What we did: Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority quality monitoring team and asked them for their views about the service. We used this information to help inform our inspection planning.

During the inspection we looked at six people's care records, staff recruitment and training records and

records relating to the management of the home such as medicines, quality assurance checks and policies and procedures. We spoke with three staff members, the registered manager and deputy manager about how the service ran and what it was like to work there. We visited two people at their homes and spoke with three people and two relatives on the telephone to gain their views about the care and support they received.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection of the service on 22 March 2018 we found improvement was required in the way that medicines were managed at the service. At this inspection we found the provider had taken steps to make sure that medicines were managed safely.

Using medicines safely

- People had individual medication administration records (MAR). MAR seen confirmed that people were receiving their medicines as prescribed by health care professionals. One person told us, "The staff help me with my medicines morning and evening. I get a little bit muddled with the boxes so the staff make sure I get to take my medicines as I should."
- Medicine audits were carried out on a regular basis. We saw evidence that the outcomes from these audits had been shared with staff and areas for improvement had been identified and acted upon.
- Training records confirmed that staff had received medicines training and had been assessed as competent to administer medicines during spot checks carried out by care coordinators and managers.

At our last inspection we also found that risks to some people's health and safety was not being assessed appropriately. At this inspection we found the provider had taken steps to make sure that risks to people's health and safety was being assessed appropriately.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and reviewed regularly to ensure their needs were safely met. Assessments included the levels of risk to people in areas such as falls, moving and handling, medicines and fire safety. They included information for staff about the actions to be taken to minimise the chance of accidents occurring.
- Where people had been assessed as being at risk of falling we saw guidance had been provided to staff on the prevention of falls.
- People's care plans included guidance from health care professionals on the support they needed from staff to ensure safe moving and handling.
- Risk assessments had been carried out in people's homes relating to fire safety and health and safety and the environment. One person told us, "I have a pendant that I can use to call emergency services for help if I have a fall."

Systems and processes to safeguard people from the risk of abuse

- One person told us, "I know my carers very well and they make sure I am safe." Another person said, "I feel very safe, the carers wear uniforms and I know who they are because they carry identification."
- There were safeguarding adults' and children's procedures in place. The registered manager and staff understood these procedures. Staff told us they would report any concerns they had to the registered manager and to the local authorities safeguarding team and CQC if they needed to.

- Training records confirmed that all staff had received training on safeguarding adults and children from abuse.
- The registered manager knew they had to report abuse to the local authority and CQC; however, there had not been any concerns of abuse since our last inspection of the service.

Staffing and recruitment

- One person told us, "The staff nearly always turn up on time. If they are going to be late they let me know. I have never had a missed call, so they must have plenty of staff." Another person told us, "I have never had a problem with staff being late or not turning up, they are always on time."
- Staff told us the staffing levels were meeting people's needs. One staff member said, "I am rarely late. If I am stuck in traffic and know I am going to be late I call the office and they let the person know. We have plenty of staff. If we get stuck due to anything unexpected then managers or care coordinators help us."
- The deputy manager told us staffing levels were arranged to meet people's assessed needs. They said they would increase staff numbers if people's needs changed.
- Robust recruitment procedures were in place. We looked staff recruitment records and found these included completed application forms, employment references, evidence that criminal record checks had been carried out, health declarations and proof of identification.

Preventing and controlling infection.

- The deputy manager told us that personal protective equipment (PPE) was always available for staff. They said the service provided gloves, aprons and hand gel as required. Staff told us they had access to PPE when required.
- Training records confirmed that staff had completed training on infection control and food hygiene.

Learning lessons when things go wrong.

- Staff understood the importance of reporting and recording accidents and incidents. Records showed that staff had identified concerns and accidents and had taken appropriate action to address them.
- The service learned from incidents and accidents. Where appropriate accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals when required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence. People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- The registered manager and deputy manager told us that the people they supported had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to decide they would work with the person and their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.
- Staff had completed MCA training. They told us they sought consent from people when supporting them and they respected people's decisions.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We saw initial assessments of people's care and support needs were held within their care records. These assessments were used to draw-up care plans and risk assessments.
- Care plans documented the involvement of people, their relatives and health and social care professionals where appropriate. This ensured that people's individual needs were considered and addressed.
- People's care plans and risk assessments had been kept under regular review.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. Staff told us they had completed an induction, they had shadowed experienced staff when they started working at the service and they were up to date with training and they received regular supervision and annual appraisals.
- The registered manager told us staff new to care were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Training records confirmed that staff had completed training that was relevant to people's needs. This training included dementia awareness, safeguarding adults, moving and handling, food hygiene, fluid and nutrition, health and safety, fire safety, infection control, medicines administration, pressure sore care, equality and diversity and the MCA.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people required support with eating and drinking we saw this was recorded in their care files. One person told us, "I have my main meals delivered and the staff heat them up for me. They make my breakfast, usually a bit of toast and tea. They always make sure I have plenty to drink."
- A member of staff told us they cooked meals for people when it was recorded in the persons care plan. They said, "I cook breakfast, lunch and supper for some people and heat meals up for others. I make sure people have plenty of fluids before I leave because that is really important." Another member of staff told us, "I cook simple meals for people as most have meals delivered or cooked by relatives. I would normally make people a cup of tea and scrambled eggs on toast."

Supporting people to live healthier lives, access healthcare services and support: Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in partnership with GP's and other health and social care professionals to plan and deliver an effective service. One person told us, "My family arrange my GP appointments. I am sure if I wasn't feeling well that the staff would let the GP know or call an ambulance." A member of staff told us, "If someone wasn't well I would call 111 and let the office and family members know."
- We saw that people's care records included records of health care appointments and advice and support guidance for staff to follow, for example, from occupational therapists and district nurses. One person told us, "The moving and handling is quite professional."

Adapting service, design, decoration to meet people's needs

- People had access to specialist equipment that enabled greater independence whilst ensuring their physical needs were met. For example, mobility recliner chairs and hoisting equipment.
- Care plans contained detailed guidance for staff on the use of specialist equipment which were subject to regular checks and routine servicing.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care

- People had been consulted about the care and support they received. One person told us, "In the beginning they asked me about the things I needed help with. They put it all down on a care plan and the staff follow the care plan every day." Another person said, "They found out from me what my needs were and put plans in place for staff to help me. They always do what they are supposed to and sometimes go over and above what we agreed. For example, they make me tea and put the rubbish out." A relative told us, "They have answered my prayers. They discussed my loved ones needs and put a care plan in place. They are brilliant."

Ensuring people are well treated and supported; equality and diversity

- People's care files included their life histories, preferences and their likes and dislikes. The deputy manager told us that none of the people using the service had expressed they had any diverse needs, however, if required these would be recorded in people's care plans along with the support they required from staff.
- Training records confirmed that staff had received training on equality and diversity and inclusion.
- Staff told us they were happy to support people no matter what their backgrounds were. One member of staff said, "I treat people the same way as I would treat my own friends and family. I believe everyone should be treated equally and with the upmost respect."

Respecting and promoting people's privacy, dignity and independence

- Staff said they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their homes. One person told us, "The staff knock on my door, open it and ask me if it's alright for them to come in. I appreciate that as it shows they respect me and my home." Another person said, "The staff are very respectful towards me. They take their time and never rush. They make sure everything is kept private."
- A member of staff told us, "If family members are around I ask them to leave the room before I start providing personal care. I try to maintain people's independence as much as possible by supporting them to manage as many aspects of their own care that they can."
- Another member of staff told us when they provided people with personal care they explained to the person what they were doing as they went along and asked if they were happy to continue.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

At our last inspection of the service on 22 March 2018 we found improvement was required because people's care records were not person centred. Some people's care plans contained information about the tasks staff needed to complete, however, it was not always clear how these tasks should be carried out. At this inspection we found that people's care records were personalised and descriptive of their care and support needs and kept up to date.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care plans that described their health care and support needs and included guidelines for staff on how to best support them. For example, there was information for staff for supporting people with moving and handling and administering medicines.
- People told us their needs were kept under regular review. One person said, "They [staff] asked me about my needs when I started using the service. They ask me regularly if everything is the same and they sometimes change things in the care plan to suit my needs."
- Staff understood people's needs and they were able to describe people's care and support needs in detail. For example, one member of staff explained how they supported a person with a specific medical condition and another member of staff told us how they supported a person with moving and handling.
- A member of staff told us, "Care plans are easy to follow, I make sure I read them in case the persons needs have changed."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. The complaints procedure was available in formats that people and their relatives could understand.
- One person told us, "I am perfectly happy with the service and I have never needed to complain. If I had to complain I am absolutely certain they would deal with it the right way." A relative said, "I have no concerns about this service at all. I know how to complain if I want to and I am sure they would sort it out for me."
- Complaints records showed that when concerns had been raised, these were investigated and responded to appropriately. Where necessary discussions were held with the complainant to ensure they were satisfied with how their complaint was handled.
- The registered manager and deputy manager understood the Accessible Information Standard. The Accessible Information Standard is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. They told us information could be provided in different formats to meet people's needs for example, different written languages or in large print.

End of life care and support

- Peoples care records included a section relating to their wishes and needs for end of life care.

- The deputy manager told us that none of the people using the service required support with end of life care. They said would liaise with the GP and the local hospice to provide people with end of life care and support when it was required.
- The deputy manager told us, and records confirmed, that some staff had previously received training on end of life care when it was required to support people at the end of their lives.
- We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) forms in some of the care files we looked at. Where people did not want to be resuscitated, we found DNACPR forms had been completed and signed by people, their relatives [where appropriate] and their GP to ensure people's end of life care wishes would be respected.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. □

At our last inspection of the service on 22 March 2018 we found that improvement was required because the providers audits were not always effective in identifying issues and driving improvements. At this inspection we found that the providers audits had identified issues that required improvement and action had been taken to make these improvements.

Continuous learning and improving care

- There were effective systems in place to regularly assess and monitor the quality of service that people received. The provider used a computer system for monitoring medicines, incidents and accidents, complaints, care plans, risk assessments and telephone reviews, planning staff rota's and for recording staff recruitment, training, supervision and appraisals information. The system also alerted managers when, for example, spot checks were due or when care plans and risk assessments were due to be reviewed.
- Unannounced spot checks were carried out with staff to make sure they supported people on time, they administered medicines and completed medicine records correctly and they had completed all the tasks recorded on people's care plans.
- The computer system was used for monitoring late or missed calls. These were monitored throughout the day by the registered manager, deputy manager and care coordinators and out of hours by an on-call manager. When a late call alert was received the manager contacted staff to enquire on their whereabouts and they informed the person of the reason for any delay.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and they demonstrated good knowledge of people's needs and the needs of the staffing team. They were also aware of the legal requirement to display their current CQC rating which we saw was displayed at the office and on the providers website.
- The registered manager understood the need be open and transparent with people and their relatives when something went wrong with their care.
- There was an organisational structure in place and staff understood their individual responsibilities and contributions to the service delivery. Staff knew of the provider's values and we saw they upheld these values when supporting people.
- Staff told us management support was always available for them out of hours when they needed it. One told us, "We have an all call system so staff can contact a manager or senior member of staff if they need to."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider carried out satisfaction surveys with people using the service and staff. The surveys identified some areas where improvement was required. We saw action had been taken to make those improvements. For example, where one person had expressed dissatisfaction about timekeeping at weekends, their service was reviewed, and suitable adjustments had been made to their care package. Some staff had requested training on falls awareness and prevention which we saw had been arranged.
- Records showed that regular team meetings were held to discuss the running of the service with staff. Areas for discussion at the most recent meetings [January and March 2019] included quality assurance and double handed care provision. A member of staff told us, "The regular team meetings are useful for discussing people's needs and sharing good practice."

Working in partnership with others

- The registered manager and deputy manager worked effectively with other organisations to ensure staff followed best practice. They said they had regular contact with the local authority that commissioned the service and health and social care professionals, and they welcomed their views on service delivery.
- An officer from the local authority commissioning team told us that they valued the provider's person-centred approach to the delivery of care. The provider had been providing services for people discharged from hospital. They had helped vulnerable people to get home, so they could start their recovery process, they had liaised well with hospital teams and ensured that people's needs were being met.
- The registered manager and deputy manager attended provider forums run by the local authority. Recent forums included advice from the fall's prevention team, a CQC inspection manager and the London fire brigade. The deputy manager told us that the London fire brigade provided attendees with a fire safety check list which they now used in people's care plans and fire risk assessments. The fire brigade provided staff with training on fire prevention. They also arranged to visit some people at their homes and installed smoke-detectors in three people's houses.