

# Capital Healthcare Management Services Limited

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### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 26 September 2018 and was announced. It was the first inspection of Capital Healthcare Management Services.

This service is a domiciliary care agency. It currently provides personal care to six people living in their own houses and flats in the community. It provides a service to older adults and people living with physical disabilities. Some people were living with dementia.

Not everyone using Capital Healthcare Services Management Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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

There were enough staff to keep people safe. People told us and records confirmed that staff were on time and there had been no missed calls to people. Staff were recruited safely. Staff had received the training they needed to provide effective support. They received regular supervision and the registered manager carried out regular spot checks to ensure staff were doing as required when in people's homes.

Staff knew how to protect people from the risk of abuse. There had been no safeguarding concerns since the service had been operational, but there were policies and procedures in place and the registered manager understood their responsibilities to report any concerns which arose.

Risks relating to people's care and support, such as mobility or dehydration had been assessed and there was guidance in place for staff regarding how to reduce these risks. There had been one incident relating to people's care needs, which the registered manager had dealt with appropriately. Staff were aware of how to reduce the chances of this incident occurring again. If there were any other accidents or incidents the registered manager told us they would analyse them to look for trends and patterns. People were protected from the spread of infection. Medicines were managed safely.

People's needs were assessed before they started using the service. There were accurate care plans in place which gave staff guidance regarding how to support people. People's cultural and spiritual needs were recorded, and staff respected these. Staff had received training in equality and diversity and told us they would challenge discrimination in any form.

People received the support they needed to eat and drink safely. If people were unwell staff encouraged them or their relative to contact a healthcare professional if needed. Staff worked with other professionals

such as district nurses to ensure people received the support they required. No one was currently receiving end of life care, but the registered manager told us they would seek support if needed.

People told us that staff were kind and caring and knew them well. People had been involved in planning their care and support. Staff treated people with dignity and they respected people's privacy when they were providing personal care. People were encouraged to be as independent as possible.

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 supported this practice. Staff had an understanding regarding the Mental Capacity Act (2005) and told us they always asked for people's consent before offering support.

There had been no complaints in the past year, but people told us they knew how to complain if needed. The registered manager sought people's views at regular review meetings, and feedback about the service had been positive. The registered manager planned to send out a survey to gather people's feedback formally and told us they would analyse the results to look for ways of improving the service.

The registered manager was knowledgeable about their responsibilities regarding providing a domiciliary care agency and completed a range of checks and audits to ensure the service was operating effectively. They understood the need to notify CQC of important events that happened within the service. There was a positive open culture and staff shared the registered manager's vision of providing a caring service that wanted to expand at a sustainable rate. The service worked in partnership with other organisations, such as the local authority commissioning team, who gave us positive feedback as part of our inspection.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People were protected from the risk of abuse and discrimination.

Risks relating to people's care and support had been assessed and mitigated. There had been one incident since the service had been operating, and this was managed appropriately.

Staff were on time and people's calls were scheduled accurately. Staff were recruited safely.

Medicines were managed safely.

Staff understood how to prevent the spread of infection.

### Is the service effective?

Good 

The service was effective.

People's needs were assessed before they started using the service.

Staff received appropriate training and support to provide effective care.

People received support to eat and drink when needed.

People were supported to manage their healthcare needs. Staff worked with a variety of health and social care professionals as needed.

Staff and the registered manager had an understanding of The Mental Capacity Act (2005) and people were asked for their consent before receiving care.

### Is the service caring?

Good 

The service was caring.

People had built up strong relationships with the staff who supported them.

People and their relatives were involved in planning their care.

Staff treated people with respect and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans were accurate and contained important information about their lives. People's cultural needs were respected.

There had been no complaints since the service had been operational.

No one was currently being supported at the end of their life, but there were systems in place if required.

### Is the service well-led?

Good ●

The service was well-led.

There was a positive, open culture and people and staff praised the registered manager's leadership.

The registered manager understood their regulatory responsibilities.

The registered manager completed regular checks and audits on the service.

People and their relatives' views were sought through regular review meetings. The registered manager was planning to send a survey to ask for these views formally.

The service worked in partnership with local authority commissioning teams.

# Capital Healthcare Management Services Limited

## **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.

Inspection site visit activity took place on 26 September 2018. It included visits to two people in their own homes. We spoke with an additional two relatives at our visits and one member of staff via telephone. We visited the office location on 26 September 2018 to see the manager; and to review care records and policies and procedures.

We gave the service 48 hours notice of the inspection site visit because it was domiciliary care agency and we wanted to ensure that someone would be available at the office to assist with the inspection.

The inspection was carried out by one inspector. 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 looked at any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager and the franchise quality manager. We looked at four people's care plans and the associated risk assessments and guidance. We looked at a range of other records including three staff recruitment files, staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

# Is the service safe?

## Our findings

People told us that they felt safe using the service and that staff came at their designated times. One person told us, "They all come on time, I do not worry." There was an electronic call monitoring (ECM) system in place which allowed staff to record when they had arrived to support a person. The registered manager was alerted if staff were running late or had not arrived on time and always called people to let them know if this was the case. A relative said, "They are always relatively on time and [the registered manager] calls if there are any delays. If I have asked for [my carers] to come earlier there are no problems." Staff were given enough time to travel between calls and people received consistent support from the same staff. One person said, "I know the [carers] that tend to come here. They are always [the carers] I recognise."

Risks relating to people's care and support had been assessed and there was clear guidance in place for staff regarding how to reduce these risks. For example, there were risk assessments in place regarding people's mobility, and these detailed what support people needed from staff to support them safely. Staff were knowledgeable about the risks to people and spoke with confidence regarding how they supported them. One staff member said, "[Person] requires lots of coaxing, and you have to be patient, but I know that they will get there in the end." The registered manager had also assessed the risks relating to people's home environment and what staff needed to do to ensure they were safe when supporting people in the community.

We looked at the providers records of accidents and incidents. There had been one incident, when a person had become distressed, in the past year. Staff had reported this incident and the registered manager had liaised with the person's care manager and family to take action to reduce the chances of this happening again. There was clear guidance in place for staff regarding how to support the person, to ensure they did not become distressed in the future. No further incidents had been reported. The registered manager told us that if more accidents or incidents occurred they would collate and analyse them to look for trends or patterns.

The registered manager and staff understood how to protect people from abuse. There were safeguarding policies and procedures in place. Staff told us they knew about different types of abuse and the signs to look out for. There had been no safeguarding concerns since the service had been operating, however, the registered manager understood their responsibilities regarding safeguarding and told us they would report any concerns to the local authority and to CQC.

Medicines were managed safely. All medicines records were stored electronically and were up to date and accurate. Staff recorded when they had administered people's medicines and the registered manager checked these records regularly to ensure they were completed fully. The registered manager had completed competency assessments on staff to check they knew how to administer people's medicines. No one was being supported to take as and when required medicines, but the registered manager told us they would ensure there was clear guidance in place if this was the case.

Staff were recruited safely. The registered manager had completed full employment checks before staff

started working with people, including gaining two references and a full employment history and verifying the identify of staff and their right to work in the UK. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

People were protected from the spread of infection. There was an infection prevention and control policy in place. Staff had received training in infection prevention and control and told us they used protective equipment such as gloves and aprons when supporting people with their personal care. We saw these to be in place. People using the service confirmed that this was the case.



# Is the service effective?

## Our findings

The registered manager assessed people's needs before they started using the service. Assessments covered areas such as mobility, medicines and any support people needed to manage their healthcare needs. Best practice guidance, such as those regarding supporting people with medicines when in the community was adhered to.

Staff completed a full induction before they started working with people. This included essential training such as safeguarding and involved shadowing experienced staff to allow individuals a chance to get to know the people they were working with. This was mapped to the Care Certificate. The Care Certificate is an identified set of standards that social care workers work through based on their competency. Staff had also completed training in a range of topics such as first aid, safeguarding and mental capacity. People told us they felt that staff were well trained and a relative said, "As far as I can tell they know what they are doing. They walk in and just get on with it. I find that reassuring."

Staff told us they felt well supported by the registered manager. The registered manager met with staff regularly to complete supervision and discuss areas of improvement within the service. Although staff had not yet been employed for a year they had all completed a 12 week appraisal, which identified any training needs.

People received support to eat and drink as required. Some people were assessed as being at risk of dehydration and there was clear guidance in place to ensure staff left out a range of drinks for people have at meal times. One relative told us, "The [carers] always make [my relative] a cup of coffee." "They make sure [my loved one] has got bottles of water. They always make sure they are there."

People received the support they needed to manage their healthcare needs. People's care plans contained information regarding their different health care needs and what support they needed from staff. A relative told us, " They [carers] are very quick telling me if they think I should call the district nurse...or doctor. They are good at giving their opinion, it's a joint thing." The registered manager had ensured that other professionals such as people's care managers had been involved when staff had required additional support, to ensure people received joined up care.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people are living in their own home these applications must be made to the Court of Protection. No one was currently subject to a Court of Protection order.

Before people started using the service they asked if they consented to receiving care. People had signed their own care plans to indicate their agreement with the contents. Some people lacked the capacity to make this decision and important people in their lives, such as their loved one or care manager had helped them to make this decision.

Staff understood the principles of the MCA and told us they always encouraged people to make as many decisions for themselves as possible. People confirmed that staff always asked for their consent before delivering care.

## Is the service caring?

### Our findings

People and their relatives told us that staff were kind and caring. One person said, "I find the [carers] very lovely and very helpful" and, "They are all nice." A relative told us, "They 'get' [my relative] and know them well. They have a laugh."

People had built up strong relationships with the staff that supported them. The same, regular staff supported people, and the registered manager covered calls and regularly visited people so also knew them well. One relative told us, "We are all on first name terms" indicating the bond which had been built between them and the staff who visited their loved one. People told us that staff were friendly and approachable and one relative said, "They always say hello when they come in."

People's care plans contained information about what was important to them, such as their family and what they had done before using the service. Staff and the registered manager were knowledgeable about people's individual needs and spoke with confidence and understanding about the different people who received support.

People and their relatives had been involved in planning their care. The registered manager met with people before they started using the service, and it was obvious when we visited people with the registered manager that people had felt listened to and included in this process. People greeted the registered manager warmly and were confident discussing their care with them. Staff confirmed they always asked people if they wanted to receive support when they arrived and offered them choices such as what they wanted to wear or drink. No one at the time of the inspection was being supported by an advocate. (An advocate helps people to make informed choices).

Staff treated people with respect and ensured that their dignity was protected. Staff described how they supported people, saying, "I always shut the door and would put a towel round them [people.] I would always ask them if they feel comfortable." One person told us, "They always close the door" and a relative said, "I have had a look up the stairs and seen the bathroom door shut, so I am sure that they give [my loved one] their privacy." We saw feedback about the service which said, 'Your aspiration to provide kind, dignified care is rare and so worth preserving.'

People were supported to be as independent as possible. People's care plans contained details about what people were able to do for themselves, such as wash their own face or clean their own teeth, for example. Staff told us they tried to encourage people to do things for themselves. One staff member said, "I do little things, like say, you do this and then I'll help you with that. That seems to work."

People received information about the service when they started receiving support, in the form of a service user guide. This contained important information and contact details about the service and information about how to complain.

Information regarding people was stored securely. All information was contained within an online,

electronic system which was stored on remote servers. Computers were password protected, and staff were able to access information via a secure application on their phone.

## Is the service responsive?

### Our findings

People and their relatives told us that staff provided person-centred care. We saw feedback which stated, 'I just wanted to say a big thank you to you and your staff for the excellent care they have provided to [my relative] ...you showed us that there are...good companies out there who really show love, care and compassion for the people they look after.'

Most people receiving support from the service had been referred by the local authority. Information they had provided was used, in conjunction with the registered manager's own assessments to draw up people's care plans. Care plans contained information regarding the support people required and how this should be provided by staff. There was clear guidance regarding how to manage risks to people and what additional support people needed with moving and handling and support with medicines. Staff were knowledgeable about people's care and people told us they knew how to support them. One relative told us, "I said to them the extra help we needed I asked if they could help with some extra walking and they have done that a bit more."

People's diverse cultural and spiritual needs were identified and met. We visited one person who had English as a second language. Staff and the registered manager had built up a good relationship with the person. They clearly knew the person well, listening carefully to what they were saying and responding in a way they understood. Other needs such as disability, physical and mental health or sexuality was recorded when appropriate. Staff and the registered manager had an understanding of equality and diversity. The registered manager told us, "I want this service to open and inclusive, I am proud of the work we do and the care we provide should be supportive and compassionate regardless of people's needs."

From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. The registered manager told us they were aware of the need to make information as accessible as possible. Some people using the service had sensory impairments and these had been assessed. Staff spent time explaining to these people all of the important information and ensured they had understood it fully.

No one using the service was currently at the end of their life. The registered manager told us there were systems and processes in place if people required this support, and they would seek advice from healthcare professionals as necessary. One person had passed away unexpectedly and the service had received positive feedback about the care and support they had offered from the person's relatives. They were told, 'Thank you for making [my relative's] last six months so much better than their previous one – that gives our family a lot of comfort.'

There was a complaints policy and procedure in place, however, there had been no complaints since the service had been operational. People told us they knew how to complain and would tell the registered manager if they had any concerns. A relative told us, "We have not got any complaints. If I did I would tell

[the registered manager.] I have never had to make a proper complaint though." A person said, "We have not had any problems."

## Is the service well-led?

### Our findings

People and their relatives told us that they felt the service was well-led. One person told us, "[The registered manager] lets me know if things are happening and I feel like I can talk to them. There is a rapport between us." A relative said, "I know if something unforeseen happens I could ring [the registered manager.] We have got that understanding."

The registered manager was experienced in working in the health and social care sector. They told us they regularly attended forums and events run by the local authority to increase their knowledge and stay up to date on good practice. Staff told us they had confidence in the registered manager and they were approachable and supportive. The registered manager was available out of hours to offer support to staff or cover people's care calls if staff were unexpectedly unavailable. When we visited people with the registered manager it was apparent that people knew and trusted the registered manager and felt able to speak to them about all aspects of the service.

There was an open and positive culture at the service. The registered manager told us that the ethos of the service was, "Caring, caring, caring. That is what it is about." Staff echoed this ethos telling us, "Just give them [people] their dignity and care for them." Regular staff meetings were held to give staff an opportunity to meet together and discuss any issues or matters that had arisen. We reviewed the minutes of a recent meeting which showed that staff had been involved in a discussion regarding how to grow the service in a sustainable way.

The registered manager completed a range of checks and audits on the service. The electronic call monitoring system (ECM) alerted the registered manager if a call was late or if staff had not recorded they had administered people's medicine. Due to the small number of people receiving support the registered manager was able to monitor this regularly and pick up on any anomalies as and when they occurred. They told us that as the service grew they would introduce more formal systems to monitor people's care and support. The registered manager regularly checked and reviewed people's care plans and risk assessments and ensured they were up to date and accurate. They also completed regular spot checks on staff when they were supporting people.

People and their relatives feedback was sought during regular review meetings. The registered manager regularly called or visited people in their homes to check they were happy with the service being provided. Feedback seen was positive, including comments such as, 'This was all new to us, but you have made it very easy with all the information and support you have given us.' And, 'It has been very good. I have no complaints at all and [my relative] has really adapted to [staff member] who comes in the morning. Staff are very good with them.' The registered manager told us they planned to send out a questionnaire to seek more formal feedback and this would be analysed to look for any trends or patterns or ways of improving the service.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. This ensures that CQC can then check that

appropriate action had been taken. There had been no incidents that required notification, but the registered manager told us they were aware of this requirement.

The registered manager worked in partnership with other organisations, such as the local authority commissioning team. Feedback from commissioners was positive, and we were told, 'We have been working with this company since February 2018 and to date we have not had any complaints from clients. Monitoring visits have been completed to check client files and staff files other than a few actions no real issues identified. Client visits have been carried out, all giving positive feedback.'