Target Care Limited

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Inspection report

83 Upper Clapton Road
London
E5 9BU

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28 April 2017

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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

We conducted an announced inspection of Target Care on 28 April 2017. We gave the provider 48 hours' notice to ensure the key people we needed to speak with were available. At our last comprehensive inspection on 9 December 2014 a breach of regulations was found in relation to medicines.

Target Care provides care and support to people living in their own homes. There were three people using the service when we visited.

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

Risk assessments and care plans contained enough information for care staff. All records were reviewed within six months or sooner if people's needs changed.

Care staff assisted people to take their medicines safely. Care workers told us they had completed medicines administration training and understood how to safely administer medicines.

Safeguarding adults from abuse procedures were robust and staff understood how to safeguard people they supported. Staff had received safeguarding adults training and were able to explain the possible signs of abuse as well as the correct procedure to follow if they had concerns.

Staff demonstrated a good level of knowledge about their responsibilities under the Mental Capacity Act 2005. People signed their care records to indicate that they consented to their care.

Staff demonstrated an understanding of people's life histories and current circumstances and supported people to meet their individual needs in a caring way. Care records contained enough information about people's needs and preferences.

Recruitment procedures ensured that only staff who were suitable, worked within the service. There was an induction programme for new staff, which prepared them for their role.

Care workers were provided with appropriate training to help them carry out their duties. Care workers received regular supervision of their performance. There were enough staff employed to meet people's needs and visits were appropriately arranged to ensure people's needs were met.

Care workers supported people to maintain a balanced nutritious diet where this formed part of the package of care being provided to them. People were supported effectively with their health needs, when needed and were supported to access a range of healthcare professionals.

Relatives and staff gave positive feedback about the registered manager and told us they provided feedback about the service. They knew how to make complaints and told us they felt listened to. There was a complaints policy and procedure in place.

The organisation had effective systems in place to monitor the quality of the service. The registered manager reviewed various areas of the service on a regular basis. Information was reported to the CQC as required.

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

We found that action had been taken to improve the safety of this service.

Medicines were administered safely and records were kept of this.

Risks to people who use the service were identified and appropriate action was taken to manage these and keep people safe.

Procedures were in place to protect people from abuse. Staff knew how to identify abuse and knew the correct procedures to follow if they suspected abuse had occurred.

There were enough staff available to meet people's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

Is the service effective?

Good

The service was effective.

The service was meeting the requirements of the Mental Capacity Act (MCA) 2005. Care workers demonstrated a good level of knowledge of their responsibilities under the act.

Staff received an induction, training and regular supervisions of their performance.

People were supported to maintain a healthy diet.

People were supported to maintain good health and were supported to access healthcare services.

Is the service caring?

Good

The service was caring.

Relatives made positive comments about the care provided by staff.

Relatives told us that care workers spoke with their family members and got to know them well. They said people's privacy and dignity was respected and care workers gave us practical examples of how they did this.

Care workers considered people's emotional needs and dealt with these in a sensitive way.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed before they began using the service and care was planned in response to these. Care records contained information about people's preferences in relation to how they wanted their care to be delivered.

Care records were updated when people's needs changed and care workers confirmed that they reported any changes to senior staff.

Care staff encouraged people to maintain their independence. Care records contained information about people's social interests and hobbies and how care staff should support people to access these.

Relatives told us they knew who to complain to and felt they would be listened to.

Is the service well-led?

Good

The service was well-led.

Relatives told us senior staff were approachable.

Quality assurance systems were adequate and information was reported to the Care Quality Commission as required.

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Detailed findings

Background to this inspection

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

The inspection took place on 28 April 2017 and was conducted by one inspector. The inspection was announced. We gave the provider 48 hours' notice of our inspection because the location provides a domiciliary care service; we wanted to be sure that someone would be available.

Prior to the inspection we reviewed the information we held about the service and we contacted a representative from the local authority safeguarding team.

We spoke with two relatives of people using the service, but were unable to speak to any people using the service. During our visit we spoke with the registered manager, a Director of the service and two care workers. We also looked at a sample of two people's care records, three staff records and records related to the management of the service.

Good

Is the service safe?

Our findings

At our previous inspection we found the provider was in breach of the requirement to safely administer medicines to people.

At this inspection we found that improvements had been made. The provider was now meeting the regulation and was safely administering medicines to people.

Care workers were responsible for administering medicines to some people and filled in medicines administration record (MAR) charts. These were collected by the registered manager every month who audited these records and queried any discrepancies.

Care workers we spoke with told us they had received medicines administration training and records confirmed this. Care workers were clear about the medicines that people should be taking and provided appropriate support that met people's individual needs.

The provider had conducted their own assessments prior to providing care. Risk assessments were completed in relation to all known areas of risk involving people's care. Initial assessments covered people's health care needs, their personal care needs, whether they required domestic support and other areas related to the person's wellbeing. This information was then used to produce a comprehensive care plan around their identified needs.

Risk assessments viewed contained practical guidance for care workers on how to support people to manage risks. Risk assessments were updated at least every six months or sooner if people's needs had changed.

Care workers demonstrated that they knew the risks to people well. One care worker gave us a detailed description of the specific risks related to one person's care. They told us the person "is on a very specific diet and you have to get this right otherwise it could be dangerous. I had one to one training before I cared for the person and knew their needs well before I started caring for [them]."

Relatives told us people were safe when using the service. One relative told us, "They are safe with the carers."

Staff told us they received training in safeguarding adults as part of their initial induction and demonstrated a good understanding of how to recognise abuse, and what to do to protect people if they suspected abuse was taking place. The provider had a safeguarding adult's policy and procedure in place. A member of the safeguarding team at the local authority confirmed they did not have any concerns about the safety of people using the service.

Staff received first aid awareness training as part of their initial induction and this covered what to do in the event of an accident, incident or medical emergency. Care workers understood the procedure to follow in

the case of an incident occurring. They explained they would contact the emergency services or GP first if necessary after conducting an initial assessment of the situation and would then report the matter to the office and other parties afterwards.

People's relatives told us they were seen by the same care workers and this ensured they could develop a relationship and get to know one another well. One relative told us their family member "Gets the same carers and they're really comfortable with them."

We spoke with the registered manager about how they assessed staffing levels. They explained that the initial needs assessment was used to consider the amount of support each person required. As a result senior staff determined how many care workers were required per person and for how long.

Care workers confirmed that they kept the office informed about whether they needed more time to conduct their work. They told us the timings of their visits could be extended if this was required. The director of the service confirmed that the contract could be renegotiated with the referrer if considered necessary and gave us an example of when this had happened.

We looked at the recruitment records for three staff members and saw they contained the necessary information and documentation which was required to recruit staff safely. Files contained photographic identification, evidence of criminal record checks, references including one from previous employers and application forms detailing their employment history.

Good

Is the service effective?

Our findings

People's rights were protected as staff understood their responsibilities in relation to consent.

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 when this is in their best interests and legally authorised under the MCA.

We checked whether the provider was working within the principles of the MCA, and found that the provider was meeting the requirements of the Act. People signed specific service agreements which demonstrated that they consented to their care. Where people had representatives to act on their behalf, the necessary documentation was in place to demonstrate that their representatives had the legal right to do so.

We spoke with care workers about their understanding of the issues surrounding consent and the MCA. Care workers explained what they would do if they suspected a person lacked the capacity to make a specific decision. They described possible signs that may indicate that a person lacked the capacity to make a specific decision and told us they would report this to their manager. One care worker told us, "I would tell my manager if I had any concerns."

Relatives told us people were encouraged to eat a healthy and balanced diet where this was part of the package of care they received. People's care records included sufficient information about their dietary requirements, their likes and dislikes and whether they had any cultural or religious needs in relation to their nutrition. Care workers told us they prepared people's meals in accordance with the instructions they were given at each visit and they were aware of people's preferences.

Care records contained up to date information about people's health needs. Details about people's health needs were included in their care plan. This included a description of people's known health conditions as well as information about how this manifested itself. Care plans also included instructions for care staff if they were required to assist people with their health needs. For example, care workers were required to escort one person to regular hospital appointments.

Relatives told us staff had the appropriate skills and knowledge to meet their needs. Relatives told us, "They're really good. They know what they're doing" and "I've been quite impressed with the carers. They know my [family member's] needs."

Staff told us they felt well supported and received regular supervision and spot checks of their competence to carry out their work and we saw evidence of this. The registered manager told us supervisions took place every two months and care workers confirmed this. One care worker told us "They're really good. The manager asks us what training we want and how we want to develop our career."

The registered manager told us and care workers confirmed that they completed the Care Certificate training as part of their induction and this included training in 15 separate modules as well as regular ongoing training thereafter. The registered manager also confirmed that where care staff were providing support to people in care homes, they arranged for them to attend any additional training organised by the care home. One care worker told us, "The induction was good. You got to shadow and the manager made sure I was ready to go out before I did anything." Records confirmed that staff had completed mandatory training in various topics as part of their induction prior to starting work and on an ongoing basis. These topics included safeguarding adults, first aid and moving and handling.

Good

Is the service caring?

Our findings

People's relatives gave good feedback about the care workers. One relative told us the care workers were, "very caring" and another told us, "They seem very nice." Relatives told us their family members were treated with kindness and compassion by the care workers who supported them and said that positive relationships had developed.

Our discussions with the registered manager and care workers showed they had a good knowledge and understanding of the people they were supporting. Care workers told us they usually worked with the same people so they had got to know each other well. One care worker told us they had developed a close relationship with one person. They said "We get along really well. When I don't see [the person] I worry about [them]."

The registered manager, director and care workers spoke passionately about their motivations in working at the service. Two staff members told us they had relatives who required care and this had motivated them in providing care for people. One staff member told us "I always think about how I would want someone to treat [my relative]. I'm not in this for the money."

Care workers gave details about the personal preferences of people they were supporting as well as details of their personal histories. They were well acquainted with people's habits and daily routines and the relatives we spoke with confirmed this. One relative told us, "They get along really well. They're more like friends."

Care staff were mindful of people's emotional needs and moods and were aware of how to respond to these when necessary. One care worker gave us specific details about what activities put one person in a good mood and how they best responded to one person when they felt low. Another care worker told us they had a specific interest in people's psychological needs and told us it was very important that they were aware of these. They told us, "It's really important to be aware of people's moods. I make sure I give them the space they need to express themselves."

Relatives we spoke with confirmed that their family member's privacy was respected. One relative told us "The carers show respect." Care workers explained how they promoted people's privacy and dignity and gave many practical examples of how they did this. One care worker commented, "Making sure that people are clean and are wearing clean pads, that's part of maintaining a person's dignity. I wouldn't want my relative to be in a dirty pad and I wouldn't want that for anyone else. It's about being mindful of people's feelings."

Care records gave some details about people's cultural and religious requirements, and the registered manager confirmed that these were identified when people first started using the service and records included this. When we spoke with care workers they had a good level of knowledge about people's culture and spiritual beliefs and how this influenced and contributed to the support they provided.

Good

Is the service responsive?

Our findings

People's care was planned in a way that took account of their individual needs and preferences. Care plans provided detailed information about how a person's needs and preferences should be met. This included information about theirs routines, people important to them and their individual preferences in relation to many aspects of their daily living. For example, we saw details of when people liked to bathe, how many pillows they used when they slept and whether they liked to be woken up in the morning.

Care records contained information about people's interests and hobbies. The registered manager told us and care workers confirmed they worked with people to keep them active by encouraging them to participate in activities where this formed part of their package of care. One care worker told us one person, "loves to be around lots of people and hates to stay indoors. So I make sure that we do things like bowling, going to the pub and tonight we're going to a disco."

Relatives confirmed they had been involved in the assessment process and had regular discussions with staff about the needs of their family member. Relatives also confirmed care staff kept daily records of the care provided and these were available for them to see. These were collected by the registered manager on a monthly basis and we saw detailed daily records which demonstrated what care had been provided to people.

Relatives told us they were involved in decisions about the care provided and staff supported them when required. One relative told us, "They always keep me involved and ask for my views."

Care workers told us they offered people choices as a means of promoting their independence. One care worker told us, "If we're going somewhere, I always ask [the person] for directions and let [them] lead the way. Things like that make a difference." We saw some written examples within care records of suggestions to care workers in how they could involve people in the care being provided in order to promote their independence. For example, we saw reminders for care workers to offer people choices in relation to the clothes they wanted to wear and food they wanted to eat in order to involve them in their daily decisions.

People's needs were assessed before they began using the service and care was planned in response to these. Assessments included physical health, dietary requirements and mobilising.

The service had a complaints policy which outlined how formal complaints were to be dealt with. Relatives confirmed they knew who to complain to where needed.

Good

Is the service well-led?

Our findings

The provider reported concerns to the Care Quality Commission (CQC) as required.

The provider had adequate systems in place to monitor the quality of the care and support people received. We saw evidence of monthly audits in medicines administration as well as ongoing monitoring in other areas.

There was a clear process for reporting and managing accidents and incidents, but to date, not one had occurred. The registered manager told us they intended to review accidents and incidents individually to identify any further actions or learning points if any occurred.

Relatives told us they were asked for their feedback every month when the registered manager visited them. One relative told us the registered manager "Always knocks on my door and asks me if everything is going ok." Feedback was sought during monthly spot checks when the registered manager also obtained visit records and MAR charts. The registered manager told us that if issues were identified, these would be dealt with individually. We saw recorded details of this monitoring within the daily notes we viewed.

Care workers confirmed they maintained a good relationship with the management team and felt comfortable raising concerns with both the registered manager and director of the service. One care worker told us, "I feel very comfortable talking to him. He's a very open person." Team meetings took place every six months and care workers told us they found these useful and felt comfortable speaking in them.

Staff demonstrated that they were aware of their roles and responsibilities in relation to people using the service and their position within the organisation in general. They explained that their responsibilities were made clear to them when they were first employed. Staff provided us with detailed explanations about what their roles involved and what they were expected to achieve as a result. We saw copies of people's job descriptions and saw that the explanations provided reflected these.

The registered manager worked with members of the multidisciplinary team in providing care to people. This included the local pharmacist and the GP.