

JDK Care Limited

# PerCurra Borehamwood

## Inspection report

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27 February 2018

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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 was commenced on 23 February 2018 and was announced.

PerCurra Borehamwood is a domiciliary care agency and provides personal care to people living in their own houses and flats in the community. At the time of our inspection five people were being provided with a service.

Not everyone using PerCurra Borehamwood 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.

PerCurra Borehamwood was registered with the Care Quality Commission in April 2016. This comprehensive inspection was the first inspection carried out at the service since registering.

The service had a registered manager, who was also the provider. 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.'

People told us that they felt safe and were supported by consistent, reliable staff. Staff understood their responsibilities with regards to safeguarding people and they had received effective training. There were systems in place to safeguard people from the risk of possible harm.

Staffing levels were sufficient to meet the needs of people and there was an effective system to manage the rotas and schedule people's care visits. Safe recruitment practices were followed.

Risk assessments were personalised and gave guidance to staff on how individual risks to people could be minimised. Any incidents or accidents that occurred were reported promptly and action taken to prevent reoccurrence.

There were effective systems in place for the management of medicines. People were supported to take their medicines as prescribed, where assessed as required. People were supported to maintain their health and well-being and accessed the services of health professionals.

Staff were skilled and competent in their roles and were supported by way of spot checks, supervisions and appraisals. These were consistently completed for all staff and used to improve and give feedback on performance.

People's needs had been assessed and they had been involved in planning their care and deciding in which way their care was provided. Each person had a detailed care plan which was reflective of their needs and

had been reviewed at regular intervals. Staff were knowledgeable about the people that they were supporting and provided personalised care.

Staff were kind, caring and friendly. They provided care in a respectful manner and maintained people's dignity. Staff sought people's consent before providing any care and support and involved people in decision making in relation their care. Where required, people were supported with their meals and in accessing health care services.

There was positive leadership at the service and people, staff and relatives spoke highly of the registered manager. There was an open culture and staff felt valued, motivated and were committed to providing quality care.

People, their relatives and staff knew who to raise concerns to. The provider had an effective process for handling complaints and concerns. These were recorded, investigated, responded to and included actions to prevent recurrence.

There were effective quality assurance processes. Feedback on the service provided was encouraged, with a view to continuously improve the service.

## 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 told us that they felt safe.

There were appropriate systems in place to safeguard people from the risk of harm and staff had an understanding of these processes.

There were sufficient staff to support people and meet their needs. The provider had robust recruitment processes in place.

Effective arrangements were in place for the safe management of people's medicines.

People were protected from the risk of infections.

### Is the service effective?

Good ●

The service was effective.

Staff received a comprehensive induction and ongoing training to ensure they had the skills and knowledge to provide the care and support required by people.

People were involved in decision making in relation to their care.

People were asked to give consent to the care and support they received.

People were supported to access the services of health care professionals to meet any on-going healthcare needs and to ensure their well-being.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff that were caring and kind.

Staff were aware of people's preferences and knew the people to whom they provided care.

Staff protected people's privacy and dignity and demonstrated respectful behaviour.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning of their care and received a personalised service.

Detailed care plans were in place which reflected individual needs.

The provider had an effective system to manage complaints.

### Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff spoke highly of the registered manager and their management of the service.

Staff told us they felt supported and valued by the registered manager. Staff were motivated and committed to provide quality care.

People were encouraged to give feedback on the service provided and this was used to monitor the quality of the service provided.

# PerCurra Borehamwood

## 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.

We gave the service 48 hours' notice of the inspection visit as we needed to be sure that the registered manager, or a delegated representative, would be available to support the inspection process.

Inspection activity started on 23 February 2018 and ended on 20 April 2018. It included contacting people who used the service and their relatives by telephone and email, speaking to and receiving written feedback from members of care staff and sending questionnaires to people who used the service and members of care staff.

We visited the office location on 23 February 2018 to see the manager; and to review care records, policies and procedures.

This inspection was undertaken by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 also reviewed information available to us about such as information received about the service and notifications. A notification is information about important events which the provider is required to send us. We found that no recent concerns had been raised.

As all of the people receiving a service at the time of the inspection were privately funding their own care we were unable to seek feedback from the local authority or health and social care commissioners.

We looked at three people's care records to see if they were reflective of their current needs. We reviewed four staff recruitment files and staff training records. We also looked at further records relating to the

management of the service, including complaints and quality assurance in order to review how the service was monitored and managed to drive future improvement.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe receiving care and support from the service. They had no concerns about the conduct of staff or their ability to provide care safely. Comments included, "It's 100% safe" and "I have no concerns over the safety of the service received."

Staff we spoke with had a good understanding of safeguarding procedures and were able to confidently describe what they would do should they suspect abuse or if abuse had occurred. They told us they had received training on safeguarding procedures and were able to explain these to us, as well as explain the types of concerns they would raise. One member of staff told us, "Any one of us can raise a concern at any time. We take it very seriously. We are a close team and can raise things very openly."

We looked at staff records which confirmed that they had undergone training in safeguarding people from the possible risk of harm. There was a current safeguarding policy and information about safeguarding people was available to staff. This included guidance for staff on how to report concerns and the contact details for local agencies. The registered manager demonstrated a clear knowledge of their responsibilities in relation to safeguarding and the requirement to ensure that referrals were made to the local authority where required.

Care and support was planned and delivered in a way that ensured people's safety and welfare. An environmental risk assessment had been completed to help staff identify and reduce any potential risks in the person's home. This included assessments of possible risks from the premises, access requirements, security, equipment and infection control hazards.

Personalised risk assessments were in place for each person to monitor and give guidance to staff on any specific areas where people were at risk. These included risks in relation to specific health issues and well-being, medicines, nutrition, personal care and mobility. The risk assessments provided information about the risk, the control measure in place and the action that staff should take to reduce the risk of harm. We saw that risk assessments had been reviewed and updated regularly to reflect changes in people's needs.

A record of all incidents and accidents was held, with evidence that they had been reviewed by the registered manager, and appropriate action had been taken to reduce the risk of reoccurrence. Records showed that incidents had been reported by staff in a timely manner and where required, people's care plans and risk assessments were updated to reflect any changes needed.

People and their relatives told us that staff were reliable and that they had consistent members of staff. Comments included "I always know which staff I'll see". The service is completely reliable. I know the staff and can rely on them."

Staff we spoke with told us that they thought there were enough team members to provide the care required. One member of staff told us, "It's a small team because we don't support many people at the moment so we can easily cover the visits we have." We saw that there was an effective system to manage the



rotas and schedule people's care visits. The registered manager confirmed that staffing levels were monitored and the numbers depended on the assessed needs of each person being supported and the demands of their service.

There were robust recruitment procedures in place. We reviewed the recruitment files for four staff and found the registered manager had an effective procedure in place to complete all the relevant pre-employment checks including obtaining references from previous employers, checking the applicants' previous experience, and Disclosure and Barring Service (DBS) reports for all the staff. This procedure ensured that the applicant was suitable for the role to which they had been appointed before they were allowed to start work with the service.

Systems were in place to manage people's medicines safely. The service had a current medicine policy and, when assessed as required, people received appropriate support to assist them to take their medicines safely. Medicines were only administered by staff who had been trained and assessed as competent to do so. One member of staff told us, "All members of staff have to go through correct procedures, whether they are experienced in care or not, we still have to go through training, shadowing and supervision with medication."

A review of the daily records and Medicine Administration Records (MAR), showed that staff recorded when medicines had been given or prompted. Where issues with medicines had been identified by staff they had been reported promptly with appropriate action taken and recorded. We found that monthly audits were completed by the registered manager to check the accuracy of the administration and documentation of all medicines and that action was taken to rectify any discrepancies.

The service managed the control and prevention of infection. Staff received infection control training and told us they were provided with appropriate Personal Protective Equipment (PPE) such as disposable gloves. The provider had an up to date policy on infection control.

## Is the service effective?

### Our findings

Staff had the skills, knowledge and training to carry out their duties effectively. People and their relatives confirmed that they were satisfied with the skills and abilities of the staff who provided the care and support. Comments included, "Absolutely. They are all skilled individuals" and "They provide a high level of care so I have no doubt that they receive the training they need for the job."

A comprehensive induction was completed by all staff when they commenced employment with the service. Staff told us that all new staff completed mandatory training courses followed by a period of shadowing experienced team members during which time their competency was assessed. Records confirmed the training programme followed by each member of staff and the assessment of their performance during the induction period through observations of task completion, medicine administration and the completion of spot checks. All members of staff were provided with the opportunity to complete the Care Certificate.

Staff told us the registered manager had a positive attitude towards training and they were kept up to date with the skills relating to their roles and responsibilities. One member of staff told us, "We go through all the training, shadowing and supervision for the job including the Care Certificate." Another member of staff told us, "We are encouraged to do all the training to make sure we are all up to date. [registered manager] ensures that all staff are well trained and can deliver the high standard of care that people deserve from us."

Records showed that staff had completed the required training identified by the provider and further courses were available to develop staff skills and knowledge. The registered manager monitored the training needs of the staff team and when refresher courses were required.

Staff received formal supervision at regular intervals and told us that they had regular contact with the registered manager. One member of staff told us, "The support from [registered manager] is really good. We are all supervised regularly and have spot checks and you can always just call if you need anything." Another member of staff said, "Management are always responsive and communicate very well. We are well supported." All of the staff we spoke with expressed that they could speak to the registered manager or a senior member of staff if they needed support. We saw evidence of meetings in the records we looked at and saw that they were used as opportunities to discuss performance, training requirements, staff well-being and any other support measures that the member of staff may require.

In addition to formal supervision, the registered manager undertook spot checks which ensured that staff were competent in their roles and that they met the needs of people appropriately. These checks included an evaluation of the care workers' performance with regards to task completion, the skills used, attitude shown and the timeliness at care visits. We noted that these records were discussed with members of staff and an action plan completed to address any issues found in the assessment.

People and their relatives told us that support was provided to make their own decisions and confirmed that staff would always ask them for consent before they provided them with care or support. Comments included, "Permission is always sought for everything" and we are fully involved in the decision-making

process regarding the care and support. I have no concerns that any care is provided without expressed consent." We saw that consent forms were present in people's care records which they or a relative had signed on their behalf to show they agreed with the care and support package provided.

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.

Staff told us that they had received training on the requirements of the Act and understood their roles and responsibilities in ensuring that people consented to their care and how to provide support to people in making choices and decisions. Staff told us they would always seek consent from people prior to providing care and support.

People's needs in relation to food and fluids were documented in their care plan and they were supported with the preparation of meals by the care staff, when they needed help. A member of staff told us, "We know what support or help people need with their meals and eating. We (staff) are involved one way or another with most people we visit and know their favourites and what they like." Records we viewed showed that staff recorded the meals that they prepared for people and, where required, they recorded the dietary intake of people for monitoring purposes.

People were supported to maintain good health because staff were able to identify health concerns and report them appropriately. One member of staff told us, "You get to know people and can tell when there is something not right. I will always contact relatives and let [registered manager] know what is happening." All members of staff we spoke with told us that they sought advice from senior staff if they had concerns over a person's well-being, called the person's GP or contacted emergency services if required. We noted from the care records that people had accessed the care of other health care professionals, such as the district nurse team, occupational therapists and physiotherapists. This had occurred either during their assessment or when required in managing an ongoing health concern.

## Is the service caring?

### Our findings

People and their relatives spoke positively about the caring attitudes of staff. Comments included, "They are all wonderful", "They are trusted and kind" and "There is a high calibre of staff." All of the responses from the questionnaires received as part of the inspection were positive; all respondents stated that care staff were caring and kind.

All of the staff spoke passionately about working at the service and the relationships that they had developed with people. One member of staff told us, "I love my job and really enjoy working with the people." Another member of staff told us, "It's our passion to provide a really good service to people who entrust their care to us. I have strong connections with the people and their families, it's a joy to work with them."

Staff knew the care preferences of people they supported. All the staff we spoke to were able to explain the care needs of the people they visited and how they preferred to be supported. Through the care plans, and visiting people frequently, staff were aware of people's life histories and backgrounds.

People and their relatives told us that care workers were respectful and treated them with privacy and dignity. Comments included, "The service is very respectful of me and my relatives" and respect is evident from staff and management." Staff we spoke with gave examples of how they promoted privacy and dignity when supporting people. One member of staff said, "We know people well and spend a lot of time with them but we always maintain professionalism and treat people with dignity. [registered manager] treats us staff with respect and leads by example."

Staff were aware of the need to maintain confidentiality. They described the importance of not sharing information with anyone else without permission, safe storage data, keeping key-safe numbers confidential and the safe transporting of records.

People were asked their views and were involved in making decisions about their care and support, where possible. Relatives also confirmed that they had been involved in developing the care plans and support package provided by the service, where appropriate. Records showed that people had been involved in the assessment of their care needs and deciding the care they wished to receive and had been provided with a range of information to enable them to decide if the service was right for them.

Care plans were regularly reviewed and updated whenever there was an identified change. We looked at care plans and saw they were individualised to meet people's specific needs. There was evidence of people's, and their relatives, involvement in the assessment and planning of their care and signatures of people to confirm that they agreed with the content. Regular meetings were held with people and the registered manager to monitor and evaluate the care being provided and to review the care package in place. We saw any changes agreed at these meetings were reflected in the care plans and signatures of people to evidence their involvement and agreement were present.

## Is the service responsive?

### Our findings

People confirmed that they were involved in planning their care. One person said, "All my decision. I asked for the care."

Assessments were completed prior to people receiving a service. The registered manager told us that comprehensive assessments were completed prior to a care package being provided to a person and information gathered from people, relatives and any health professionals involved. Information from the assessments was used to ensure that the service could meet the needs of the person and, once a package was agreed, used to develop the care plan. A copy of the care plan was held in the office and at the person's home.

Staff were knowledgeable about people they supported. During our conversations it was evident that they were aware of people's hobbies and interests, family backgrounds as well as their health and support needs. One member of staff told us, "We visit the same people so really get to know them. The initial care plan will state who they are, what service they are looking for, their background and family situation and then we build on that knowledge." Staff told us that they were kept informed of changes in people's needs via messages, during team meetings or through direct communication from the registered manager. Staff confirmed there was always a senior member of staff available to ask for clarification if they were unclear about any changes in people's needs or the information within people's records.

People who used the service and their relatives were aware of the complaints procedure or who to contact in the service if they had concerns. Comments included, "I can always call the number and speak to someone. I have no complaints though and every member of staff is responsive. I wouldn't hesitate to speak to anyone." A copy of the complaints procedure was issued in the information pack when a person began using the service and available in the office.

There was an effective system that managed concerns and complaints. We saw that where issues had been raised and had been identified as a concern these were recorded within daily records along with the action taken to resolve them. Where a formal complaint had been made it was logged and an investigation completed. The service had received one formal complaint in the past 12 months and we saw there was a response to the complainant and the action that had been taken to prevent the concern occurring again and the learning achieved from the investigation recorded.

People were also asked about their views on the service through care plan review meetings and via an annual survey. The registered manager explained how people, and their relatives, were offered at the time of a review the opportunity to give feedback specific to their care they received.

The annual survey was conducted by sending questionnaires to each person who used the service to determine how the service was performing. All of the responses seen were positive with many complimentary comments with regards to the staff, the care received and the quality of the service provided. Comments included, "Compassionate and caring", "Skilfully done", "Staff are sociable and encouraging and

the management is very supportive and works in the best interests of the company." The positive results did not result in a formal action plan being completed however we saw that a response had been compiled and shared.

## Is the service well-led?

### Our findings

There was a registered manager at the time of this inspection who was also the provider. Staff told us that the registered manager provided them with consistent support and guidance and was actively involved in the running of the service.

People and their relatives had confidence in the registered manager. All of the people and relatives we spoke with said they would be comfortable about approaching the registered manager with any questions, concerns or issues they may have and knew that they would be listened to.

Staff told us there was positive leadership in place from the registered manager. One member of staff told us, "The manager is supportive. [They are] easy to talk to and provided me with an excellent support." Another member of staff told us, "Management are always responsive and communicate very well. Management are equal to all members." None of the staff we spoke with had any concerns about how the service was being run and told us they felt valued by the registered manager. We found staff to be motivated and committed to providing the best possible care.

Staff told us that they were provided with the opportunity to discuss their work and share information within the workplace. One member of staff told us, "Meetings are always held with all members of staff where we discuss issues." Another member of staff told us, "It's just an open and honest service. We communicate with each other for the good of the people and the service we provide." Opportunities were provided formally, in team meetings and supervision, and informally through discussions during visits to the office or via phone. Records that we viewed confirmed that regular staff meetings were held and staff were able to discuss issues relating to their work and the running of the service.

There were effective quality assurance processes in place. Senior staff undertook spot checks to review the quality of the service provided and these were consistently completed for all staff. The registered manager also carried out regular audits of care records to ensure that all relevant documentation had been completed and kept up to date. This included the review of medicine administration records (MAR) and daily visit records. Where gaps were found in records or errors noted, an explanation was given and the actions taken recorded.

Services that provide health and social care are required to inform the CQC of important events that happen in the service. The provider had informed us of significant events in a timely way and this meant we could check that appropriate action had been taken.