Friendly Homecare Limited

# Friendly Homecare

## Inspection report

The Vale Business Centre
Unit 51, 203-205 The Vale
London
W3 7QS

Date of inspection visit:
25 January 2017

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04 April 2017

## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Requires Improvement** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

The inspection took place on 25 January 2017 and was announced. We gave the registered manager two working days' notice of the inspection as the location provided a service to people in their own homes and we needed to confirm the registered manager would be available when we inspected.

The service registered with the Care Quality Commission (CQC) on 05 October 2015 and this was their first inspection.

Friendly Homecare is a domiciliary care agency that provides care to people in their own homes. At the time of the inspection there were 12 people using the service. Support provided included support with social activities, personal care and meal preparation. Support hours varied from 24 hours a day to one visit per week.

The service had a registered manager. 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.

At the inspection, we found people had risk assessments but these did not cover all individual risks and the risk management plans did not always provide enough information on how to mitigate the risk or guidance on how to manage it.

People were not always protected against the risks associated with the inappropriate management of medicines.

The service did not always follow safe recruitment procedures and therefore did not always ensure that they were employing suitable care workers to support people using the service.

The service had not always assessed people's capacity to consent to care and treatment and we saw care plans where family members had signed on behalf of the person using the service although there was no indication in the file that the person was unable to sign for themselves.

There were some systems in place to monitor the quality of the service delivered to ensure peoples' needs were being met and to identify where improvements to care could be made. However, the service did not always have robust management systems and there was a lack of analysis of incident and accident forms, and auditing of medicines and financial records.

People using the service told us they felt safe. The service had appropriate safeguarding policies and procedures in place and care workers were aware of how to respond to any safeguarding concerns.

Care workers had the support and training they needed including induction training, supervision, appraisals and spot checks.  There were an adequate number of care workers to meet the needs of the people who used the service.

People were involved in their day to day care decisions.

People's health and nutritional needs were recorded.

Care workers were kind and caring. People and care workers had developed good relationships.

Relatives we spoke with said the manager was accessible and responsive and care workers told us they felt supported by their manager. There was a complaints system and people felt able to raise concerns.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

Risk management plans did not provide adequate detail about how to minimise harm to people using the service.

People were not always protected against the risks associated with the inappropriate management of medicines

Processes and procedures for keeping people safe were not always followed, including safe recruitment procedures.

The service had safeguarding and whistleblowing procedures in place, care workers were trained appropriately to safeguard the people using the service and there were enough care workers to meet the needs of the people using the service.

### Is the service effective?

**Requires Improvement**

Some aspects of the service were not effective.

The service was not always working within the principles of the Mental Capacity Act (2005) because consent to care and treatment was not always being sought.

Staff were suitably trained, supervised and appraised.

People were supported with food and drink.

People's healthcare needs were met.

### Is the service caring?

**Good**

The service was caring.

People using the service and their relatives found staff to be caring and kind.

People's privacy and dignity was respected.

People and, where appropriate, their relatives were involved in their care plans.

## Is the service responsive?

Good

The service was responsive.

People's individual needs had been assessed and recorded, and were reviewed regularly.

There was a complaints procedure and people and their relatives said they would speak with the registered manager about concerns they had.

## Is the service well-led?

Requires Improvement

The service was not always well led.

The service did not always have robust management systems. There was a lack of analysis and audits. However, there were some systems in place to monitor the delivery of care, including telephone monitoring and spot checks.

People using the service and their relatives found the registered manager accessible and care workers said the registered manager was available and supportive to them in their roles.

# Friendly Homecare

**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 25 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available for the inspection. The inspection team consisted of one inspector.

Prior to the inspection the service completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Additionally we looked at all the information we held on the service including notifications of significant events and safeguarding issues or alerts. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted the local authority's Safeguarding and Commissioning Teams.

We spoke with one person who used the service, four relatives, four care workers, the registered manager and the operations manager.

We looked at the care plans for five people who used the service. We saw files for five care workers which included recruitment records, supervisions and appraisals and we looked at training records. We reviewed medicines management for people who used the service. We also looked at records for monitoring and auditing.

Requires Improvement

# Is the service safe?

## Our findings

People using the service had risk assessments and management plans in place for social activities, moving and handling, health and the environment. The assessments also considered the person's mental and physical health needs, any equipment they used and a moving and handling risk assessment. The risks to people had been assessed as part of the initial assessment. In addition to risks to people using the service, risk plans covered the potential risks to care workers providing support. All the files we viewed had up to date risk assessments that were reviewed when the care plan was reviewed. However, of the five people's files we viewed, risk was clearly identified but only one person's risk management plans were comprehensive. For example, in one file we saw guidelines in the care plan for a specific social activity, but no risk assessment. Another file indicated the person self-harmed but there was no risk management plan for how to minimise the risks, what signs to be aware of or how to manage the behaviour. A third file recorded the person had a health need but lacked a plan on how to address the need or what to do if they became unwell. One person required "constant guidance" but there were no details of how to provide the guidance. Consequently, not all individual risks were assessed and robust measures were not put in place to minimise identified risks to keep people as safe as possible.

The service had a medicines policy, and separate PRN (as required) policy, in place. We saw medicines record forms which provided general guidance for administering and recording the medicines, medicines names, dosages and administration times and medicines administration records (MAR) charts. However, the names of the medicines were on the proceeding pages and not written beside the times on the MAR chart. Furthermore, on one person's MAR chart we saw a number of gaps in care workers' initials. The registered manager explained this was because the service user had a personal assistant who did not sign the MAR chart. This was not clear on the medicines record form and meant the person was at risk of not receiving their medicines as prescribed. In another person's care plan we saw that the guidance said, "Care workers to pop medicine and leave them with (person) to take" indicating they were secondary dispensing medicines from the blister packs but without a robust risk assessment or monitoring in place. Additionally, MAR charts were not being audited by the service so there were no checks and balances in place to ensure care workers were administering medicines correctly and safely.

The above paragraphs demonstrate a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not always follow safe recruitment procedures. Care workers' files had application forms, two references, Disclosure and Barring Service (DBS) checks, proof of identity and where required proof of permission to work. However, we saw one ex-employee's file where the service had used the information from the employee's previous employer and upon following up their immigration status, had found them not to be eligible to work in the UK. They took the appropriate action and dismissed the person.

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

Incident and accident forms were kept in people's individual files. Details of the incident were described but there was no record of the follow up or analysis of trends recorded to improve future service delivery. The care workers we spoke with knew how to respond to incidents and accidents and said, "There is a form for the accident and I would tell the senior or manager." We saw from the forms that they had also contacted emergency services as required.

We saw a document for Emergency Planning but this did not have enough detail. For example it said to contact nearby domiciliary care agents in the event of an emergency but did not include the names or contact information for other services.

Relatives of people who used the service told us they felt the service was safe. One person said their relative was safe because "(Care worker) knows (relative) really well and always looks out for him", "They keep an eye on him" and "It's been very satisfactory because the same people have been. I feel he's safe." Relatives told us if they had concerns, they knew how to contact the service.

The service had up to date polices for safeguarding and whistleblowing and we saw evidence care workers had attended the relevant training. Care workers had undertaken safeguarding training and were able to identify different types of abuse and what action to take. They told us, "I would report it to the line manager and I would record it" and "If I suspect abuse then I report it to the manager. If I see any form of mark on the person, I report it to the manager."

The service had not had any safeguarding alerts but was aware they were required to record any safeguarding concerns and notify the local authority and Care Quality Commission. The local authority confirmed they were not aware of any safeguarding alerts raised for people using the service.

We saw a policy for finances of people using the service. This was mainly around money being given to the care worker for shopping and the care worker returning the change. We saw evidence that this was recorded on finance forms and signed by the care worker and the person using the service or their relative.

We saw care workers rotas which were recorded electronically. Care worker allocation was dependant on the needs of the people using the service. At the time of the inspection there were 11 staff which included the two managers who provided cover when necessary and 12 people using the service. Some relatives commented that the service would benefit from more care workers and two care workers said sometimes they would like to have more time for calls or between calls. Another care worker told us, "They're pretty good with their care workers and they do try to accommodate everyone within their own area." The staff team was small and rotas indicated continuity of service with the same care workers providing support to the same people using the service. A relative told us, "It's been very satisfactory because the same people have been" and "(Care worker) comes earlier with (activity). They're flexible with time, especially with (activity)."

The service had a 24/7 on call system shared by the two managers. Care workers told us, "They (managers) do listen when you talk and you can get them at any time."

Requires Improvement

# Is the service effective?

## Our findings

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 service was working within the principles of the MCA.

We saw that the consent of the people who used the service was not always sought. There was no information in the files about whether or not people had capacity and if they had consented to their care. In some files, family members had signed on behalf of their relatives but there was no clear indication of why the person who used the service was unable to sign the care plan. This put people at risk of not having their wishes and preferences regarding their care respected and implemented.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Four out of the five care workers we spoke with said they had undertaken Mental Capacity Act (MCA) 2005 training, demonstrated a basic understanding of the MCA and understood the need to seek people's consent for care. Comments included, "I have to ask people questions and not take things for granted. I need to get their answers" and "Everybody makes their own decision and I will support them. They have a right to make a decision or it has to be a best interest meeting to meet their needs."

We saw evidence care workers were supported to have the skills and knowledge they required to carry out their role. Care workers' files provided evidence of inductions, training, spot checks (on site observations of the care workers caring for people), supervisions and appraisals. Induction consisted of four days training and shadowing and a three month probation period before becoming permanent. Care workers told us, "You can't do this job without an induction. I shadowed and trained" and "Of course you have to do an induction." About supervision care workers said, "We sit down and (manager) will tell me about new guidelines. We talk about what I think I need to be learning."

Care workers were supported with their professional development, had the opportunity to discuss training in supervision and completed ongoing mandatory training identified by the service. As the service had only been operating since October 2015, everyone had completed mandatory training in the last 18 months. The registered manager was also delivering refresher training that included safeguarding, health and safety, Mental Capacity Act 2005 and dementia training covered in a day. The refresher training consisted of going through handouts with the registered manager to update practice, role play and completing a workbook. Training was recorded and monitored centrally on a training matrix with dates for future training.

We saw evidence that either supervision or a spot check to observe care workers in people's homes delivering care were undertaken every two months. Appraisals were completed within the last year. A care worker told us, "What they do well is they (managers) come in and assess us and see if everything is alright. They always come and make sure everything is okay." Care workers consistently said managers were contactable if required. Additionally the service undertook telephone monitoring checks which involved feedback from the people using the service and their relatives. The form noted any actions to be taken and was signed off by the registered manager. This meant the registered manager had an overview of how care was delivered and could address any concerns highlighted through monitoring.

Care workers said that before they began providing care to a new person, they read the person's care plan and had information about the care and support they would be providing. Comments included, "If I have never been to a place before, I always read their book (care plan) and I ask the people what they require of me. I have been told or read how things should be done and I have to write (what I do) down correctly. It has to be done correctly because a lot of people don't like change" and "I have to go to the care plan and then I know what they want."

The service had undertaken one care worker team meeting in October 2016. The registered manager told us they were not having regular care worker team meetings because there were only nine care workers and as they saw each other weekly, informal information sharing was ongoing. We also saw that memos were sent out about every three months with information to keep care workers updated on service delivery.

People's dietary requirements were recorded in the care plan. The service's involvement was predominately around heating up food and care workers said they gave people a choice. "I cook whatever they like. I will ask them." We saw in one person's care plan they had a "diabetic diet" but it was not specified what this meant. A care worker told us, "If they are on a special diet, like they are diabetic, the doctor or the dietician leave information and that will be documented (in the care plan)." However, this specific information was not incorporated into the person's care plan we saw in the office.

People's health needs were recorded in their care plans. The majority of people using the service lived with a family carer who supported people's day-to-day health needs and therefore the service had very little contact with other health professionals. However, care workers did tell us that if people were unwell, they would contact their line manager who would contact the family or GP as required.

Good

# Is the service caring?

## Our findings

When we asked people using the service and their relatives if care workers were caring, one relative said, "There are three who are pretty regular. (Care worker) is excellent, really first rate. They're cheerful and positive, (care worker) has a really good sense of humour and they get on really well. I can trust (care worker) absolutely to follow the procedure." Other relatives said, "They're a good service, very friendly people and ever so flexible as well", "They're friendly and respectful" and "They were quite friendly toward (person) and he liked that."

Care workers told us they built up positive relationships with people using the service and got to know them. One care worker said, "I show (people) respect. I talk to them and I always have a smile. If they talk to me I always listen and respond." The registered manager said that because it was such a small service there was regular communication between themselves, people using the service and their relatives.

Care workers were aware of people's likes and dislikes and tried to involve people with their care. Regarding making day-to-day decisions, a relative said, "(Person) will tell them in a roundabout way what she wants. They listen." Another relative said, "Care workers support (person) to make day to day decisions." Care workers told us, "I promote independence by talking to (people), encouraging them and praising them. I try to get them to do things for themselves. I give them an explanation and encourage them again. I do it gently" and "I encourage them to do things for themselves. If they can put their clothes on, I will help them to do it by themselves and take time so they can do it by themselves."

We heard evidence from relatives that the care workers respected people's privacy and dignity and provided choice. One relative told us that during personal care "they're very respectful and (person is) very comfortable with them." Another relative said, "They were respectful and they always spoke to (person) but were not always thorough. We highlighted it (to the service) and it was rectified." Care workers comments included that during personal care, "I try to make sure to do everything in the guidelines. I ask (people) if it is alright if I do this. I tell them when I am doing what, so they don't feel I am doing something unnecessarily", "I give them privacy and get their consent if they want me to do something. I don't force them to do what they don't want to do" and "Privacy is important. Keep them covered at all times. Curtains and things pulled. Tell them what I do each time."

People who used the service received a service user welcome pack which included service contact numbers, the complaints procedure and external contact numbers such as the local authority and the Care Quality Commission (CQC), so if people had any concerns they knew who to contact.

Good

# Is the service responsive?

## Our findings

People's individual needs and preferences were met. Some people using the service received support with personal care, for example helping them to wash or have a bath. The registered manager met with people to assess their needs before they began using the service. The assessments were fairly comprehensive tick lists that included physical and mental health needs, mobility, personal care and social needs.

Care plans were person centred, included personal profiles and preferences and provided details about the day-to-day tasks people required care workers to support them with. We discussed with the registered manager that a number of people using the service had a learning disability but it was not always clear from the original assessments or care plans whether or not the person had a mild, moderate or complex learning disability and how that impacted on their decision making and communication. The registered manager agreed to update the care plans so they were more specific in this area. Care plans were all signed by the registered manager and either the person using the service or their relative. We saw evidence that reviews were held six monthly and included the views of people using the service and their families. Relatives of people using the service told us they were involved in care plans and reviews and indicated they were happy with the level of care and support provided to their relatives. Comments included, "They know his interests", "When the care plan was drawn up, (person) was involved", "They do reviews and care plans" and "(Person) had a care plan."

Care workers ensured they read the care plan so they understood people's preferences and needs. Care workers told us, "People have care plans. "I read the book (care plan) before I go in." and "We read each daily log, every day. We do read the care plan."

Additionally, care workers kept written daily records of the care they had provided. Care workers wrote daily logs and we saw these varied in quality. One person's entries were almost identical each day but other people had entries that recorded tasks but were also more person centred and described the person's mood and how they felt about the care they received.

We saw from telephone monitoring forms, that time keeping was generally good. Feedback from relatives also indicated that care workers were flexible in the time they spent with people and had at times stayed for longer to complete a task.

The service's complaint procedure was available to people using the service. There had been no recorded complaints since the service registered. However people using the service and their relatives told us they knew how to make a complaint. They said that "It would be (the registered manager) if I needed to complain. Absolutely he listens" and "If I've got a complaint, I will tell them." The service had received a number of compliments which were passed onto care workers.

Requires Improvement

# Is the service well-led?

## Our findings

The service had some systems in place to monitor the quality of service delivery. However, they did not always record outcomes or analyse service information such as incidents and accidents, nor did they have written audits for medicines or finance. Additionally, care records and care workers' files lacked audits to ensure files contained evidence that systems were being followed. The lack of robust records and data management systems meant the service could not ensure a consistent quality of care. Not having a comprehensive overview of the service impacted on the service's ability to improve service delivery and keep people safe.

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

Monitoring and audit systems that were in place to monitor the quality of the service delivered to ensure peoples' needs were being met and to identify where improvements to care could be made included telephone surveys, reviews and unannounced spot checks. This provided managers with an overview of the care provided and meant they could address any issues directly with the care workers. Additionally, each person's care was reviewed six monthly and we saw the people using the service or their relative contributed how they experienced the service. Changes to needs or wishes were recorded.

This was the first inspection since the service registered with the Care Quality Commission in October 2015. The service had a registered manager and an operations manager who ran the service and provided practical support when needed. The registered manager and operations manager had a good knowledge of the people they provided a service to and had regular contact with them and their relatives.

The relatives of people using the service generally considered the service to be well led and said the registered manager was approachable. One relative said, "Overall the service is well managed but could do with more care workers." Two relatives said they had informally raised concerns and felt the manager had responded appropriately.

Care workers told us the managers were accessible and they felt supported by them. Comments included, "My manager is the best manager I ever had because you can talk to them about anything" and "They (managers) do listen when you talk and you can get them at any time."

People using the service, their relatives and care workers had the opportunity to complete service satisfaction surveys. Comments on the service user survey included, "I have always found that they will try to provide a good service and are only too willing to help with extra care and time", "Very satisfied with the service I received" and "Friendly and professional. An excellent service." As the feedback was all positive and the service had not had any complaints since it registered in October 2015, the registered manager explained that they had not made any changes as a result of the survey or complaints but would do so if they had any negative feedback.

The service kept up to date with current best practice and legislation through the registered manager attending the local authority's provider forums and from information provided by the United Kingdom Homecare Association (UKHCA), which is the national professional and representative association for organisations who provide care, including nursing care, to people in their own homes.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 11 HSCA RA Regulations 2014 Need for consent<br><br>The registered provider did not always seek consent for care and treatment from the relevant person.<br><br>Regulation 11(1) |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>The registered provider did not do all that was reasonably practical to mitigate risk.<br><br>Regulation 12(2) (b) and (g)<br><br>The registered provider did not ensure the proper and safe management of medicines.<br><br>Regulation 12(2) (g) |

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The registered provider did not always have systems to assess, monitor and improve the quality and safety of the service.<br><br>Regulation 17(2) (a)<br><br>The registered provider did not always assess, monitor or mitigate the risks relating to the health, safety and welfare of people using the |

service.

Regulation 17(2) (b)

| Regulated activity | Regulation |
| --- | --- |
| Personal care | Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed<br><br>The registered provider did not operate effective systems to ensure employees were suitable to work with people using the service.<br><br>Regulation 19(2) |