

I Decide Healthcare Ltd

I Decide

Inspection report

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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?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

I Decide Domiciliary Care agency is based in Barnet. At the time of this inspection, they provided care and support to one person living in their own home with further plans to expand. I Decide currently provide care to older people to maintain and develop their independence. This includes assisting people with personal care and assisting them to maintain their wellbeing and independence.

There is a registered manager in post. At the time of our inspection the registered manager was on leave, therefore we spoke with the nominated individual who was also the director with overall responsibility for making decisions about how the service is run. We subsequently spoke with the registered manager following our inspection visit. 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.

This inspection took place on the 6 June 2016 and was announced.

Systems were in place to monitor the service, however these were not always effective in ensuring that care records for people using the service were accurate and up to date.

Staff completed an induction and said they felt supported by senior management. However, staff training was not always effective to ensure that staff understood their role in reporting suspicions of abuse. The provider did not follow their recruitment procedure before employing staff. Therefore this put people at risk of receiving care from staff who had not been subject to the necessary checks to ensure they were safe to work with people.

People were involved in their care and felt staff treated them with dignity and respect. Staff knew people and had an understanding of their individual care needs. Staff provided support as required, such as preparing meals and assisting with personal care.

Assessments were carried out to identify people's care needs before they received care. These had been agreed with people to ensure the agency provided the care and support people needed. Care plans identified people's needs, however these were not written in a person centred way and changes in people's needs were not always recorded in their care records.

Environmental risk assessments were in place and staff knew about these. Although staff knew people well, control measures for managing risks and individual risks were not documented.

People and staff felt the service was well run and found senior management approachable. We found a number of gaps in care records and policies and procedures did not reflect the way the services were delivered.

We found three breaches relating to risk management, staff training and support, records and governance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. People told us they felt safe. Risk assessments did not demonstrate how risks should be mitigated. Staff knew the signs to look for if someone was being abused. The provider did not always follow their own recruitment procedures.

Requires Improvement ●

Is the service effective?

The service was not always effective. Staff understood the importance of asking people for their consent before providing care. Senior staff had a good understanding of the Mental Capacity Act 2005 to ensure people's rights were upheld. Staff training had not been effective to ensure that staff fully understood their role.

Requires Improvement ●

Is the service caring?

The service was caring. People were treated with dignity and respect and said staff were kind and caring. People were involved in their care planning.

Good ●

Is the service responsive?

The service was not always responsive. People's independence was encouraged and felt staff knew their individual needs. However, people's preference for care was not always reflected in their plan of care. There was a complaints policy and procedure and people told us they were able to raise concerns.

Requires Improvement ●

Is the service well-led?

The service was not always well-led. People and staff felt the service was well managed. Systems were in place to monitor the quality of the service to people, however these were not effective in ensuring records for people using the service and staff were accurately maintained.

Requires Improvement ●

I Decide

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.

This inspection took place on 6 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of an adult social care inspector who visited the provider's premises and spoke by telephone to people who used the service and healthcare professionals.

At the time of our inspection there was one person using the service. We spoke on the telephone with people who used the service. We spoke with three staff members including the nominated individual, registered manager following our inspection visit and a support worker. We spent time looking at documents and records that related to people's care and the management of the service. This included care plans and risk assessments for one person using the service.

We reviewed all the information we held about this service, including all notifications received. We contacted the local authority.

Before the inspection the provider 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.

Is the service safe?

Our findings

The person using the service told us they felt safe with staff. They commented, "I feel very safe."

People were protected from the possible risk of abuse. Senior staff demonstrated appropriate awareness of safeguarding processes. They were able to tell us the signs and types of abuse they would look for that would indicate that people may be subject to abuse. These include changes in people's behaviours such as becoming withdrawn or unusually quiet. However, although care staff knew about the types of abuse they were not aware of the process for reporting concerns to relevant authorities. The nominated individual told us that staff were trained in safeguarding as part of their induction, including the signs to look for and how to report any suspicions of abuse. She also told us that she had employed a safeguarding lead in March 2016 who would lead on investigations on a case by case basis.

Risk assessments were undertaken by senior management to assess any risks to people using the service and to the staff supporting them. Risk assessments included environmental assessments of people's homes. This also included a list of people to contact should the person become unwell. Although risk assessments identified some areas of risk, guidance for staff on how these risk should be mitigated was not documented. For example, although the risk assessment indicated that staff should ensure that the person was able to move safely around the property, this did not indicate what the risks were and how the risk should be managed. For example one person was at risk of falls due to their health condition. However this was not documented in their risk assessment and did not provide any guidance for staff on how to prevent the person from falling. We noted that information recorded did not always reflect the person's current circumstances in relation to the level of risks. For example risk to safety in terms of security at the building had indicated that the person was at high risk, however the nominated individual told us that this was low risk because there were robust systems in place to ensure the person was safe. This put the person at risk of receiving care that was inappropriate or unsafe. Senior management told us that although staff had not received formal training in how to assess and analyse risks, this was explained to staff as part of their induction. In light of our findings the nominated individual told us that they would be reviewing their risk assessments with a view to making changes.

We concluded that the above amounted to a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

Staff were aware of the reporting process for any accidents or incidents that occurred. Although there had been no incidents or accidents there was a procedure for logging and recording of incidents and accidents. Staff told us that any incidents would be reported to the manager or office immediately and the emergency services should the situation warrant this.

There were sufficient numbers of staff available to keep people safe. Staffing levels were allocated based on the care package agreed between the provider and the person receiving care.

There were suitable arrangements the management of medicines in the home. At the time of this inspection

the person receiving care was self-medicating. The person told us that they were fully responsible for their medicines and staff did not assist them in this area.

We found that the service was not always operating in line with their recruitment policies and procedures in respect of obtaining references for new staff. The policy states that a 'minimum of two references to be requested in writing.' References for one staff member were not available on the day of our inspection. The nominated individual told us that she had obtained verbal references but these were not documented. Following our visit the nominated individual submitted copies of written references, however, these were dated in June 2016, five months after the staff member was employed by the agency. Additionally, we found conflicting information pertaining to the employment start date for this staff member. For instance the Disclosure and Barring Service (DBS) criminal checks for this staff member was completed in September 2014 yet records showed that the staff member started working for the agency in January 2016 15 months after the DBS check was completed. Therefore the above showed that the provider failed to operate effective recruitment procedures to reduce the risk of unsuitable staff being deployed at the service.

We concluded that the above amounted to a breach of Regulation 19 of the Health and Social care Act 2008 (Regulated Activities) Regulation 2014.

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. At the time of our inspection we found the person using the service had capacity and was able to make decisions about their care. The person told us that staff supporting them asked their consent before providing care.

The nominated individual told us where people lacked capacity they would involve the relevant professionals and family to ensure that any decisions were made in the person's best decision. This would involve ensuring that a mental capacity assessment was completed. Staff we spoke with understood the importance of asking for consent before providing care and how this related to their role. One staff member told us, "[service user] tells us what they want, they have full capacity."

The nominated individual told us that staff induction involved on the job training. For example the current staff member shadowed senior staff for two weeks. The nominated individual also told us that staff were required to complete five days mandatory training provided by an external company in areas such as, moving and handling, induction to care, basic food preparations, medicines handling and safeguarding adults. Staff completed cleaning and catering training as part of other services delivered by the provider.

Staff confirmed that they had completed a five day induction before working with people. This covered basic training in areas such as, health and safety, food, nutrition and hygiene, communication and valuing diversity. This also involved staff shadowing the nominated individual during their induction. Staff told us that this enabled them to have a better understanding of the person's needs. The nominated individual told us that refresher training in areas such as safeguarding and moving and handling, MCA and DoLs were planned for this year. However, staff training had not been effective in ensuring that staff understood risk management and knew the process to follow when reporting abuse to the relevant authorities.

The service had a supervision policy which stated that new staff should receive supervision three months following commencement of their employment and thereafter quarterly. The nominated individual told us that staff appraisals were not due to take place as the staff member had worked for less than a year. The staff member we spoke with told us that they had received recent supervision and this had been helpful. They said they felt supported by the nominated individual who was also very approachable. The nominated individual told us that although staff had not yet received formal supervision this was planned for the end of June 2016. She also told us that there were opportunities for her to speak informally with the staff member a daily basis by phone and through her regular visits to the person receiving a service.

We asked staff what action they would take if a person's health was deteriorating. They told us that

depending on the situation they would call for an ambulance and then inform senior management. We spoke with the registered manager following our visit who confirmed that staff and people who used the service were given his personal mobile to contact him if they had any concerns. We saw that the person using the service had access to other healthcare professionals, such as an occupational therapist to assist them with mobility. This was confirmed by a healthcare professional who told us that they had worked with the person to increase their mobility and made recommendations for them to access outside services. The person using the service told us that an appointment had been arranged.

We asked the person about the support they received from staff around food and drink. One person told us, "Care staff prepare my breakfast and make sure I have an evening meal." "I have meals delivered, but I am able to prepare some meals myself."

Is the service caring?

Our findings

The person who used the service told us that staff were caring and kind. They told us staff were, "Very caring and very friendly and treat me with respect."

The person using the service told us that staff treated them with dignity and respect. Staff were respectful of the person's privacy and maintained their dignity. Staff told us they gave the person privacy whilst they undertook aspects of personal care, such as asking the person their choice for personal care and ensuring doors were kept closed and allowing time for them to have their privacy.

The person using the service had their needs assessed before they started to receive a service from the agency. This was confirmed by the person using the service who told us that they had completed a needs assessment before the service was delivered.

The nominated individual told us that a package of care was agreed between the agency and the person receiving care. We reviewed the care plan and noted that this contained information about people's health history and listed the care to be provided. People were encouraged to be as independent as possible. This was reflected in the care plan, which stated that staff were to encourage the person to do as much as possible and "Allow [service user] to set the pace." We saw from the person's care plan that this involved staff carrying out tasks, such as preparing breakfast and assisting with personal care. The person told us that they felt staff understood their needs and were not concerned about whether they had seen the care plan. They commented, "As long as they deliver the care, I don't mind about the paperwork."

Staff we spoke with understood people's individual needs and preferences. Staff gave us examples of how they would ensure they treated people with kindness and compassion. Comments from staff included, "When I arrive in the morning I always say good morning and ask how was last night." Staff told us that the person is able to tell us what they like and what they want to wear and this is respected.

Is the service responsive?

Our findings

The person using the service told us that the service provided care that was specific to them and based on their needs. The person told us, "Staff seem to know exactly what my needs are and I will tell them if I need extra help."

Most staff were knowledgeable about the person they supported. They were aware of their preferences and interests, as well as their health and personal care needs, which enabled them to provide a personalised care.

However, we found some inconsistencies in relation to the person's preference relating to their personal care needs. We noted that the care plan did not reflect the person's preference for a female carer when providing personal care. The registered manager told us that the person did not have a preference. When we spoke with the person they told us that they would not want a male carer to provide personal care. Therefore this person could receive care that did not meet their individual needs.

The person using the service was contacted and informed if staff were running late. They commented, "If staff are going to be late they let me know." Where staff were unexpectedly absent, the registered manager told us that either they or the nominated individual would cover. Both have experience in care and are able to deliver care as needed. Staff told us they would inform the manager four hours before a visit that they were unable to attend to allow time for an alternative arrangement to be made so that the person received the support they required.

Staff used a dairy to record daily activities, including staff time of arrival. This was confirmed by the person using the service who told us, "They [staff] write down what they have done in a diary." This ensured that senior staff carrying out checks were able to review the records to ensure that staff had completed the tasks expected of them. This also ensured that staff coming on duty had information about any changes or instructions for them to complete.

The person felt involved in how the service was run and gave their feedback about the service. The person told us that they were asked their views about the care they received and whether they were happy with care staff.

The person using the service was not aware of the complaints policy, but told us that they would feel confident to approach the manager knowing that their concerns would be acted upon. The person told us, "If I wasn't happy I would approach the manager." We saw that a complaint from a relative which stated that care staff were not staying long enough had been addressed by the provider. The complaints policy gave a time frame for resolving complaints, but required updating to include information about the Local Government Ombudsman; an independent government body who investigates complaints if people are not happy with the outcome of a complaint made about adult social care services.

Is the service well-led?

Our findings

We asked the person using the service and staff whether they felt the service was well run. The person using the service told us, "I do, I don't worry because I know staff will be there." They talked about previous experiences of being let down by other agencies but this was not the case with this agency. Staff told us that the service was well run and felt supported by senior management and that they were able to approach them at any time with any concerns.

The person using the service was asked their views about the service and told us that they had completed a questionnaire. The nominated individual told us that questionnaires were completed twice a year. We saw that questionnaires were last completed in March 2016 and showed that they had received positive feedback.

A 'service user guide' detailed information about what people could expect if they decided to use the service. This allowed people to make an informed decision as to whether the service was right for them. Although this covers key aspects of the service, such as people's rights and aims and objectives of the service further improvements were required to ensure that the information reflected service delivery and accurately reflected the role of external agencies. This would ensure that people have accurate information before deciding whether to use the service. .

At the time of our inspection the registered manager was on leave. We met with the nominated individual who told us that they were responsible for overall decisions about the service. The registered manager was responsible for the day to day running of the service. We spoke with the registered manager following the inspection.

Although systems were in place for monitoring the quality of the service, these were not effective to ensure that care records were accurate and up to date. The nominated individual told us that they planned to introduce file audits in July 2016. This would involve an external person to ensure that these were in line with CQC standards. She also told us of her plans to make further improvements to the service, including the introduction of an app that would be used for staff to log in and out to ensure that staff arrived on time.

We reviewed a number of policies and procedures and found that most of these were generic and did not reflect the process followed by the service, such as the supervision and appraisal policy and recruitment procedures. The nominated individual told us that she had purchased the policies but would review these to ensure they reflected the actions taken by the service. We saw that this process had started.

We concluded that the above amounted to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment must be provided in a safe way for service users. The provider failed to ensure that risks were accurately identified and doing all that is reasonably practicable to mitigate any such risks.</p> <p>Regulation 12 (1)(2)(a)(b)(c)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems or processes must be established and operated effectively to ensure compliance with the requirements in this part. Systems were not effective in ensuring that complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user.</p> <p>Regulation 17 (1)(2)(b)(c)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider failed to ensure that recruitment procedures were established and operated effectively to ensure that persons employed met the conditions specified in Schedule 3 (4) Satisfactory evidence of conduct in previous employment concerned with the provision of</p>

services relating to health or social care of vulnerable adults.

Regulation 19(1)(a)(2)(3)(b)