

Target Care Limited

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Inspection report

83 Upper Clapton Road
London
E5 9BU

Date of inspection visit:
11 May 2016

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07 July 2016

Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

We conducted an inspection of Target Care Ltd on 11 May 2016. The service provides care and support to people living in their own homes and also provides agency care workers to a provider of care services, although this aspect of the service is not within our scope of registration. There was one person using the service when we visited. This meant that although we were able to carry out an inspection we did not have enough information about the experiences of a sufficient number of people using the service over a consistent period of time to give a rating to each of the five questions and provide an overall rating to the service.

There was a registered manager at the service. 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.

Medicines were not administered safely. We saw two errors in the medicines section of the person's care record. The MAR chart confirmed the dosage being given to the person for one medicine and the registered manager confirmed this to be correct. We queried what the correct dosage was from the person's GP and found that the person was being administered the incorrect dosage for one medicine.

Most information in risk assessments and support plans contained clear guidance. Records were reviewed within six months or more frequently where the person's care needs had changed.

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 knowledge of their responsibilities under the Mental Capacity Act 2005.

Staff demonstrated an understanding of the life history and current circumstances of the person using the service client and demonstrated they were able to meet their individual needs in a caring way.

The person using the service confirmed they were involved in decisions about their care and how their needs were met. The person's care plan reflected their assessed needs.

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 and appraisals of their performance. There were enough staff employed to meet the person's needs.

The person using the service was supported to maintain a balanced, nutritious diet. They were supported effectively with their health needs and supported to access a range of community and hospital based healthcare professionals where needed.

The person using the service and staff told us they felt able to speak with the registered manager and provided feedback on the service. The person knew how to make complaints and there was a complaints policy and procedure in place.

The organisation had adequate systems in place to monitor the quality of the service. The registered manager reviewed the person's care records and daily notes on a regular basis. He told us and the person using the service confirmed that they were asked for their feedback regularly.

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 consistently safe. We found two errors on the medicines section of the person's care plan and upon checking with the person's GP found that the person was being given the incorrect dosage of one of their medicines.

The risks to the person using the service were identified and appropriate action was taken to manage these and keep the person 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 the person's needs and we found that recruitment processes helped to ensure that staff were suitable to work at the service.

Inspected but not rated

Is the service effective?

The service was effective. The service was meeting the requirements of the Mental Capacity Act 2005. Care staff were aware of their responsibilities under the MCA 2005.

Staff received an induction and regular supervision and appraisals of their performance. Care workers received ongoing training and demonstrated a good knowledge of the mandatory topics required to perform their role.

Inspected but not rated

Is the service caring?

The service was caring. The person using the service told us they were satisfied with the level of care and empathy shown by staff.

The person told us that care workers spoke with them and got to know them well.

Inspected but not rated

Is the service responsive?

The service was responsive. The person using the service was

Inspected but not rated

encouraged to be active and maintain their independence.

The person using the service told us they knew who to complain to and felt they would be listened to.

The person's needs were assessed before they began using the service and care was planned in response to these.

Is the service well-led?

The service was not consistently well-led.

The registered manager confirmed he checked care records, Medicines Administration Records and daily notes every four weeks. However, these checks did not identify the incorrect dosage of medicines we found.

The person using the service told us the registered manager was approachable. The registered manager reviewed all care records every four weeks.

Inspected but not rated

Target Care Limited

Detailed findings

Background to this inspection

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

The inspection took place on 11 May 2016 and was conducted by a single inspector. The inspection was announced. We gave the provider 48 hours' notice of our inspection as we wanted to be sure that someone would be available.

Prior to the inspection we reviewed the information we held about the service. We contacted a representative from the local authority safeguarding team and spoke to a representative from a large care provider who used the service to obtain their feedback.

We spoke with two care workers after our visit over the telephone. We spoke with the person using the service and the registered manager. We also looked at the person's care records, two staff records and records related to the management of the service.

Is the service safe?

Our findings

The person using the service told us they felt safe with the care workers. They told us "I feel very safe when the carers are around." However, despite this positive comment we found that people's medicines were not always managed safely.

We found there were some discrepancies within the medicines record section of one person's care plan. We found two discrepancies between the list of medicines which were recorded in the care plan and those that were listed on the medicines administration record (MAR) chart. We spoke with the registered manager about these discrepancies and he confirmed that the details in the care plan had not been updated for one medicine as this was dated January 2016 and the person's medicines had changed since this date. We queried what the correct dosage was for the other medicine as there was a discrepancy between the amount recorded in the care plan and the amount within the MAR chart. The registered manager told us what he considered to be the correct dosage and this was reflected in the amount recorded as administered within the MAR chart. When we queried the correct dosage with the person's GP, they confirmed that the correct dosage was twice the amount being administered. Therefore the person was not being administered the correct dosage for one of their medicines, which potentially impacted on their treatment.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care workers we spoke with told us they had received medicines administration training. Care workers were clear about the procedure they should be following when administering medicines.

The service had a safeguarding adult's policy and procedure in place. 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. A member of the safeguarding team at the local authority confirmed they did not have any concerns about the safety of the person using the service.

Staff received emergency 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 told us what they considered to be the biggest risks to the person they were caring for and they demonstrated an understanding of how to respond to these risks. This included precautionary measures to avoid incidents from occurring and how to respond if an accident did occur. Care workers told us they would contact the emergency services in the event of an accident or incident or take other appropriate action, which could be informing a GP and the registered manager.

We looked at the support plans and risk assessments for the person using the service. We saw an initial needs assessment had been conducted by the referring social worker and this identified risks to the person's safety and details about the type and amount of care that the person required. The registered manager then visited the client and conducted a risk assessment on the safety of the person's home environment as well as conducting a needs assessment around various possible areas of support including communication needs, eating and drinking and social and recreational needs. This information was then used to produce a

detailed care plan and risk assessments around the person's health needs. Both documents contained details about the nature of support required, explanations of any health conditions and the best outcomes or goals for the person. The information in these documents included practical guidance for care workers in how to manage risks to people. Care plans and risk assessments had been reviewed within six months.

The person using the service told us they were seen by the same care workers and they had got to know them well. The person told us and care workers confirmed they had enough time when attending to the person and did not seem rushed when working.

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 the person required. As a result the registered manager determined how many care workers were needed to assist the person and for how long. The registered manager told us that if as a result of their assessment more care workers were needed than requested by the referrer, this would be discussed and negotiated.

We looked at the recruitment records for two 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.

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, and found that the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). Care workers had received training in the MCA and we saw records of this.

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 people could demonstrate if they lacked capacity and told us they would report this to their manager.

Staff told us they felt well supported and had received regular supervisions and spot checks of their competence to carry out their work. The registered manager told us and care workers confirmed that they received supervision every two months and records supported this.

The registered manager told us annual appraisals were supposed to be conducted of care workers performance once they had worked at the service for one year. Care workers confirmed this and we saw records which demonstrated that they were taking place.

The person using the service told us staff had the appropriate skills and knowledge to meet their needs. The person told us "They're good at their jobs. I've not had any issues." The registered manager told us and care workers confirmed that they completed training as part of their induction as well as some ongoing training. Records confirmed that staff had completed mandatory training in various topics as part of their induction prior to starting work. These topics included safeguarding adults, infection control and medicines administration.

Records showed that the person using the service was encouraged to eat a healthy and balanced diet. The person's care record included information about their dietary requirements and care workers were knowledgeable about this. Care workers cooked the person's meals and daily records demonstrated this. Records detailed the person's nutritional needs and allergies. Care workers demonstrated a good knowledge of this area of people's lives.

Care records contained information about the person's health needs, including up to date explanations of the signs and symptoms of the person's condition. When questioned, care workers demonstrated they understood people's health needs.

Is the service caring?

Our findings

The person using the service gave good feedback about the care workers. The person told us, "I'm happy with the carers. They are nice people. They are very caring." The person told us they were treated with kindness and compassion and the care workers supported them.

Our discussions with the registered manager and care workers showed they had a good knowledge and understanding of the person they were supporting. Care workers gave details about the personal preferences of the person they were supporting as well as details of their personal history. They were well acquainted with people's habits and daily routines and the relatives we spoke with confirmed this. However, the person's care record did not always record their preferences. We saw records to confirm the person's preferences in relation to social activities, but not in relation to the type of food they liked to eat.

Care workers demonstrated an understanding of the person's emotional state and moods and how they could sensitively deal with this. The person's care record also included details about this area including practical guidance of how care workers could help the person to improve their mood and deal with things that often made them anxious.

Care workers explained how they promoted the person's privacy and dignity and gave many practical examples of how they did this. Comments included, "I always let them know what I am doing while I am giving personal care" and "I am very mindful of the person's confidentiality and will keep our conversations private." The person also confirmed their privacy and dignity was maintained. The person told us "They respect me and my home very much. They are nice and polite."

Care records demonstrated that people's cultural and religious requirements were considered when people first started using the service and this formed part of the initial needs assessment.

Is the service responsive?

Our findings

The person using the service told us they were involved in decisions about the care provided and staff supported them when required. The person told us "They do whatever I ask."

Care workers told us they offered the person choices as a means of promoting their independence. One care worker told us "I always encourage [the person] to be independent and will only help when needed."

The person'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 person confirmed that they had been involved in the formulation of their care plan and that they were provided with the care that they wanted. Care records provided information about how the person's needs and preferences should be met. We saw details of the person's preferred routine and their preferred activities.

The person using the service confirmed they had been involved in the assessment process and had regular discussions with care staff about their needs. We saw care staff kept daily records of the care provided and these were available for the person to see.

The person's care record showed details of their involvement in activities. As part of the initial needs assessment, the registered manager spoke with the person about activities they were already involved with so they could continue to encourage these. Care records included a section on the person's recreational pursuits and this included specific advice for care workers in promoting these. Care workers were knowledgeable about what the person enjoyed doing and told us they encouraged this.

The provider had a complaints policy which outlined how formal complaints were to be dealt with. The person who used the service told us they had never had any complaints, but told us they would speak with the registered manager if they had reason to complain. The registered manager told us how they handled complaints and we saw records to demonstrate this. Care workers confirmed they discussed people's care needs with the registered manager and would approach him immediately if there were any concerns.

Is the service well-led?

Our findings

The organisation did not have consistently adequate systems in place to monitor the quality of the service. The registered manager confirmed that he reviewed medicines administration record (MAR) charts, care records and daily notes every four weeks. However, these checks did not identify the incorrect dosage of medicines we found. He confirmed that he visited the person using the service and spoke with them regularly over the telephone and the person confirmed this.

Care workers confirmed they maintained a good relationship with their manager and felt comfortable raising concerns with him. One care worker said, "He's a very good manager. I feel comfortable talking to him" and another said "The manager is good. He listens to me."

The provider had a clear process for dealing with accidents and incidents. Forms were available which included a space to fill in what had occurred, and what could be done to prevent a reoccurrence. Forms included further actions which were to be carried out following an incident.

The registered manager told us that any safeguarding concerns or complaints would be discussed in a similar way so that all staff could discuss and learn from these and improve the service. The registered manager told us they would check every concern individually and devise an action plan as well as monitor for trends. We saw a record of complaints and saw these were being dealt with appropriately.

The service had team meetings every six months and we saw minutes of these. Care workers told us they found these meetings useful and felt comfortable speaking in them.

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>The provider was not ensuring the proper and safe management of medicines.</p>