Elena Agbulos & Kelum Weerakbody

Community Home Care Provider

Inspection report

24 London Road
Morden
SM4 5BQ
Tel: 020 8685 0990
Website: www.example.com

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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

Overall summary

We undertook this announced inspection on the 16 April 2015. The last inspection of this service was on the 29 November 2013 and we found the provider was meeting the regulations we looked at.

We told the provider two days before our visit we would be inspecting the service. This was because we needed the manager to be available during the inspection so we could check certain information.

Community Home Care Providers (CHCP) provides personal care to people living in their own homes. At the time of our inspection there were 16 people using the service all of whom received funding from their local authority to choose the provider they wanted.

The service has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 were kept safe. There were appropriate numbers of care staff to meets people's needs and to provide a flexible service. Recruitment checks had been undertaken to ensure only suitable care workers were employed.

Care workers received training which was refreshed regularly. They were provided with the information they needed to assist people in their own homes.

Care workers knew the people they were supporting and in this way provided a personalised service. The service kept people with the same care worker when possible, in this way they provided continuity and consistency of care. People told us they felt that care workers looked after their needs.

In the main, people who used the service were able to make decisions about their own care. Although the provider was aware of their requirements in relation to the Mental Capacity Act 2005.

Assessments of people's needs were undertaken and regularly updated. These were recorded in people's care plans which they kept a copy of. People's health needs including food, drink and medicines were addressed.

People felt the registered manager was approachable. The manager sought feedback from people who used the service. The registered manager completed audits and made unannounced visits to monitor the quality of the service being provided. People told us they knew how to make a complaint. The service recorded any significant incidents that occurred and reviewed these so learning took place.

Summary of findings

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. Staff knew how to safeguard adults at risk. This included the provider ensuring appropriate checks were undertaken prior to staff being employed.

Risks were assessed and recorded and so as far as possible people were kept safe. Significant accidents and incidents were recorded and monitored so appropriate action could be taken.

Staffing levels were sufficient to meet the needs of people.

Care workers received training and were made aware of the medicines policy.

Is the service effective?

Good

The service was effective. Care workers were provided with appropriate information about the people they supported and through training the skills and knowledge they needed to provide care to people.

People were supported to stay healthy. This included providing support for people to eat and drink sufficient amounts to maintain a balanced diet.

Staff were aware of and received training regarding the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring. Care workers received up to date information about people they supported. The service tried to ensure the same care worker provided care as consistently as possible. In this way, people received continuity of care from care workers that knew their needs.

Care workers encouraged and promoted people's independence.

People were involved in making decisions about their care and support they received.

Is the service responsive?

Good

The service was responsive. Assessments had been completed which outlined people's care needs.

Care workers were aware of people's preferences and how best to meet those needs.

There were opportunities for people to give feedback about the service, this included how to make a complaint.

Is the service well-led?

Good

The service was well-led. There was a registered manager in post who was aware of their responsibilities.

The quality to the service was regularly checked to ensure the care provided remained at a consistent standards.

Care workers felt supported by their manager and felt they could raise issues with them. This resulted in an open and transparent service.

Community Home Care Provider

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 the 16 April 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed the registered manager to be available so we could look at certain information. One inspector undertook the inspection.

Before the inspection visit we reviewed the information we held about the service. This included checking the notifications the provider is required to send us about significant events that may have occurred.

During our inspection visit we went to the provider's head office and spoke with the registered manager and another member of the office staff. We looked at care records for four people who used the service, reviewed records for three members of staff and other records relating to the management of the service. After the inspection visit we had telephone contact with four people who used the service; two staff members who work for the agency and the brokerage team within the local authority.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. One person said, “They [care workers] know how I like things done”. Another person told us “They are very observant of my [name of condition] and make sure I’m kept safe.”

The provider ensured people were protected from harm. Staff had received training in safeguarding adults at risk. There was a policy available which outlined the procedure which care workers had been given as part of their induction process. They were knowledgeable about the procedure and knew what to do if they considered someone to be at the risk of harm. Care workers were also aware of the signs of potential abuse. The registered manager had completed the appropriate level of safeguarding adults at risk course, provided by the local authority. In this way the service was ensuring they had up to date and correct information should they need to make a referral to the local authority.

There were recruitment checks in place to make sure that only staff deemed to be suitable by the service were employed. The staff records we looked at had evidence of a number of checks including completed application forms, identity checks and criminal records checks which were renewed regularly. We also saw there were references which had been followed up with telephone calls to the referee to ensure the information provided was accurate.

The provider had undertaken assessments which outlined the potential risks to people who used the service and to care staff supporting them. This included a health and safety check which focused on the environment. For example, there was an assessment of accessing the building, electrical items and of lone working. Some people required specialist equipment to assist care workers supporting them; this included the use of a hoist. Training had been given by the provider to ensure the equipment was used appropriately and safely. There was also a risk assessment within care plans which outlined clearly what action was required by the care workers.

There were sufficient numbers of care staff employed to keep people safe. Staffing levels were determined by the number people using the service and their needs. For example some people required two care workers to assist them with personal care and the agency could accommodate this.

The registered managed told us they tried to get care workers to work in certain ‘batched’ areas. In this way, travelling times between calls to people were kept to a minimum. This meant that people were more likely to receive their planned service at the required time. People told us in general care workers were on time or if they were late, they would receive a telephone call to let them know.

With regard to the management of medicines. The registered manager told us care workers could only prompt individuals to take their medicines. However, the provider ensured care workers were trained and assessed annually in relation to the management of medicines to make sure they kept within guidelines set out by the agency. Care workers were also aware that any unfamiliar medicines within the home environment such as antibiotics could not be prompted unless they checked with office staff. In this way, the agency was minimising the risks to people of administering medicines incorrectly.

We saw that the service kept a record of any accidents and incidents so the information could be analysed for patterns or to help prevent future reoccurrences. This information was then cascaded to all care staff through team meetings so that lessons could be learnt.

Good

Is the service effective?

Our findings

People were supported by care workers who were knowledge and had the skills to meet their needs. One person told us "The regular carers know what they are doing." Records we looked at showed care workers had received appropriate training. Those workers employed who had little or no previous care experience had received additional training in basic care. Care workers undertook seven courses in key areas such as manual handling, infection control and dementia care. Some of these courses were provided by the registered manager who was an accredited trainer. Others were provided by an external trainer or by the local authority. The registered manager told us there was an expectation that all training would be completed within the first 12 weeks of employment. In this way the service was ensuring that care was only provided by workers who were suitably trained.

We saw the service had a training room and computers available for care workers to complete refresher courses. The records we looked at showed care workers had completed training courses in a timely manner. All the care workers currently employed by the service had completed vocational courses in health and social care. The provider also ensured staff received training to meet the specific needs of people. The registered manager showed us hand-outs they had developed for care workers providing a service to people with specific needs such as glaucoma and care of people living with dementia.

Monthly staff meetings were also an opportunity for additional training and we saw that at the last staff meeting there had been a session about Deprivation of Liberty. Care workers had all received training and were aware of the issues relating to Mental Capacity Act 2005. People said that care was provided with their consent.

People received care from care workers who could best meet their needs. At the initial assessment stage, the registered manager assessed people's communication needs and any cultural or religious needs. The example given was of someone who had no verbal communication and instead used pictorial images. The service matched the person with a care worker who had experience of using pictorial images.

People were supported to eat and drink sufficient amounts to maintain a balanced diet. Family members tended to do much of the food purchase or preparation for people. Care workers were required to make a snack, provide drinks or reheat a prepared meal. We saw that care workers had completed food hygiene training courses. When we spoke with them, they said they always ensured people they cared for had access to a drink before they left the premises.

People were assisted to maintain good health. There was evidence in the care records that the provider worked in collaboration with healthcare professionals and that care workers received specialist training to support people with complex healthcare needs. This training was provided by health professionals, often district nurses. We saw for example, a care worker had been trained in the use of PEG feeding for someone who was unable to swallow. The service kept contact details of health professionals including the GP who they would contact if there were concerns about a person's health. Care workers told us they would have no hesitation in contacting the emergency services should it be required.

Good

Is the service caring?

Our findings

People were positive about the care provided. One person said of the care workers, “They’re absolutely wonderful and friendly.” The service tried to provide consistent care workers for each person. We were told they identified three care workers for each person, so if one worker was unavailable, care could still be provided by someone familiar. This was particularly an issue when some people had very specific care needs such as the use of particular equipment. Changes were kept to a minimum. This meant people were receiving consistency which they were positive about.

A care worker told us the first time they went to a person they did not know, the registered manager would go with them. The manager would make sure the worker knew what tasks were required and how best to undertake them. In this way the service could ensure that people were only receiving care they felt comfortable with. Additionally, the care worker said they were provided with written information prior to undertaking care. This gave them clarity and a reminder about what was required. In this way, the care worker felt supported and the person receiving the service felt their views were being listened to.

People were supported to be as independent as possible. Records showed prompts and guidance for care workers so that people could maintain as much independence as possible. Care workers were able to tell us how they promoted privacy and dignity whilst providing care.

The service gathered information from a variety of sources before putting together their own assessment of a person’s needs. We saw they had information from social services and occupational therapists. The documentation was written in the first person and outlined the need and how it would be achieved. This wherever possible was signed by the person receiving the care. In this way people were able to express their views and be involved in how care was being provided. In one example we were given, the service used pictures to communicate with someone who could not express themselves verbally. In this way they were trying to ensure the person was involved as they could be in making decisions about their own care.

People said they had been provided with an information pack which outlined what they could expect from the service, details of the emergency contact numbers for out of hours working, some of the services’ policy’s and the how to make a complaint. We saw that care workers had identity badges and wore a company tunic. Care workers told us they were provided with protective aprons and gloves which were available for them to pick up from the office, as and when they required them. In this way the service was ensuring the risks of cross infection were minimised for the people receiving the service.

Good

Is the service responsive?

Our findings

Assessments were undertaken to identify people's needs and provide care accordingly when they first started to sue the service. We saw the service gathered information from other agencies, this included from the local authority and health professionals. The service then undertook their own assessment which was completed before care was provided. The document was written in the first person and also made numerous references to peoples' choices. For example, we saw in an assessment that one person liked particular hair products and only these were to be used; there was also someone who wanted particular toiletries. This meant that people felt there views about the care they received were being listened to.

Care workers were knowledgeable about the people they supported and were aware of their preferences. We saw people's care records were reviewed at least annually or more often if it became necessary. In this way, the service provided individualised care and ensured that a person's changing needs were also recognised and planned for.

We asked people what they would do if they have any concerns or issues about the service they received. People told us they would raise the issue with care workers, or they might contact the office staff directly. Most people were aware there was a complaints policy. They had received a copy of the policy with the folder they had received when they initially received a service. We saw there was a complaints log kept at the office outlining complaints received.

We noted the service had a complaints policy dated January 2013. Although adequate we saw the policy had out of date information. It also contained information that could cause confusion. We discussed this with the registered manager who agreed to review the policy and make it more accessible to people using the service.

People told us they had regular contact with their care worker and with office staff. They had been provided with contact details for the office and who to call during the evenings and at weekends in an emergency. However, we did have contact with one person who had been trying to resolve an issue about an invoice and had become frustrated by office staff who according to them were not responding. We raised this with the service who contacted the person immediately.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. They had significant experience and qualifications in social care and were currently undertaking a management and leadership qualification. People considered the manager to be experienced and knowledgeable.

There was a clear management structure within the organisation and staff were aware of their roles and responsibilities within that the structure. Care workers told us they felt supported by the registered manager. They said they felt comfortable raising any personal or work related issues. Care workers said the manager was approachable and if they had to raise any issues they felt their views would be listened to and acted upon.

The service continually monitored the views and experiences of people to identify if the quality of the service could be improved. We saw checks had been made with people about the quality of service they received. This included the satisfaction survey and telephone calls. In one example we saw, a person had started receiving a service a few weeks previously and they had been contacted to check they were happy with the care being provided. A date had also been booked for a follow up review of their care within six months. The registered manager told us that as a small agency they knew people well and could continually monitor, audit and update information about people.

In addition we saw the registered manager undertook a number of unannounced visits to people's homes to monitor the quality of the service. This included making sure care workers arrived on time, observing the care they provided and ensuring records were appropriately completed after people had received care. Following these visits, information was recorded on a monitoring form kept at the office and these forms were available for us to review. The registered manager told us if any issues were identified during these unannounced visits they were addressed at individual supervision sessions with the care worker.

The service used satisfaction questionnaires as an additional way of obtaining feedback from people who used the service. These could be completed anonymously and the registered manager said they acted on the comments they received. In this way the service was obtaining feedback in a number of ways so it could continually monitoring the quality of the care provided.

In discussions with the registered manager it was clear they had an understanding of the values of compassion, equality and diversity and dignity. The registered manager ensured they complied with their statutory duties. This included notifying CQC of significant events in the service, in line with their requirements of registration. This helped to ensure there was an open and transparent culture within the service.

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.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.