

Home Care Preferred Ltd

# Home Care Preferred Limited

## Inspection report

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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 unannounced inspection on 30 July 2015. Home Care Preferred Limited provides a range of domiciliary care services which include live-in and hourly support, administration of medication, food preparation and housework

At our last inspection on 12 June 2014 the service was found to be meeting the regulations we looked at. The service has a registered manager. Like registered

providers, registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People who used the service and their relatives informed us that they were satisfied with the care and services provided. They said that people were treated with respect and people were safe when cared for by the service.

People's needs were carefully assessed. Risk assessments had been carried out and these contained guidance for staff on protecting people. Staff prepared appropriate

# Summary of findings

and detailed care plans with the involvement of people and their representatives. When needed or agreed with people or their representatives, people's healthcare needs were monitored. The arrangements for the recording, storage, administration and disposal of medicines were satisfactory. The service had an infection control policy and staff were aware of good hygiene practices.

Staff had been carefully recruited and provided with training to enable them to care effectively for people. Staff had the necessary support and supervision from their managers. They knew how to recognise and report any concerns or allegations of abuse. There were enough staff to meet people's.

People's preferences were recorded and arrangements were in place to ensure that these were responded to. Staff were knowledgeable regarding the individual care

needs and preferences of people. Reviews of care had been carried out so that people could express their views and experiences regarding the care provided. Where agreed in care arrangements, staff supported people with their meals and ensured that that people's dietary needs were met.

The service was responsive to the needs of people. Concerns or complaints were promptly responded to. There were comprehensive arrangements for quality assurance. Regular audits and checks had been carried out by senior staff and the director. We saw a record of compliments received and these indicated that people concerned were satisfied with the quality of care provided. The service had received several awards in recognition of efficient management and the good performance of staff.

# 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?

The service was safe. The service had a safeguarding procedure and staff had received training and knew how to recognise and report any concerns or allegation of abuse.

Risk assessments contained action for minimising potential risks to people. There were suitable arrangements for the management of medicines. There were arrangements to ensure that the service had sufficient staff to meet people's needs.

The service had an infection control policy and staff were aware of good hygiene practices.

Good



### Is the service effective?

The service was effective. People who used the service were supported by staff who were knowledgeable and understood their care needs.

Where agreed, people's healthcare needs had been monitored and their nutritional needs and preferences were met.

Staff were well trained and supported to do their work. There were arrangements for supervision and appraisals.

Good



### Is the service caring?

The service was caring. Arrangements were in place to ensure that staff treat people with respect and dignity. The service had a policy on ensuring equality and valuing diversity. People's privacy were protected.

Staff supported people in a friendly manner and were responsive to their needs. Feedback from people, their relatives and healthcare professionals indicated that staff made effort to support people and develop positive relationships.

People and their representatives, were involved in decisions about their care and support.

Good



### Is the service responsive?

The service was responsive. Care plans were comprehensive and addressed people's individual needs and choices. People and their representatives were satisfied with the services provided.

The service carried out regular reviews of care to enable people to express their views and make suggestions. People and their relatives knew how to make a complaint if they needed to. Complaints and concerns were promptly responded to.

Good



### Is the service well-led?

The service was well-led. The quality of the service was carefully monitored by the registered manager and the managing director.

The results of a recent satisfaction survey and feedback from people and relatives indicated that there was a high level of satisfaction with the services provided.

Good



# Summary of findings

Staff were aware of the values and aims of the service and this included delivering a high quality, ensuring that people were treated with dignity and promoting their independence. Social and healthcare professionals told us that the service worked well with them and people were well cared for.

The service made effort to ensure that staff were valued and also recorded staff likes and dislikes.

# Home Care Preferred 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 checked 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 30 July 2015 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. One inspector carried out this inspection. Before our

inspection, we reviewed information we held about the service. This included notifications and reports provided by the service. We contacted three health and social care professionals to obtain their views about the care provided by the service

We spoke with six people who used the service and three of their relatives. We also spoke with eight staff, the registered manager and managing director of the service.

We reviewed a range of records about people's care and how the service was managed. These included the care records for four people, four recent recruitment records, staff training and induction records. We checked the policies and procedures and monitoring records of the service.

# Is the service safe?

## Our findings

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. One person said, "I feel safe with my carer. I would recommend them to my neighbour." Another person said, "They are excellent. They treat me well. I feel safe with them."

The registered manager and her staff knew the importance of safeguarding people they cared for. They had received training in safeguarding people. When asked, they could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they would report their concerns to their manager or managing director. They were also aware that they could report it to the local authority safeguarding department and the Care Quality Commission.

Staff were aware of the provider's safeguarding policy. The service also had a whistleblowing policy and staff said if needed they would report any concerns they may have to external agencies such as the Police or the safeguarding team.

People's needs had been carefully assessed prior to services being provided. Risk assessments had been prepared with the help of people and their representatives. These contained action for minimising potential risks such as risks associated with burns and scalds, falling, pressure sores and medical conditions. We however, noted that risk assessments of people's environment were not always carried out. This is needed to ensure the safety of staff and people who used the service. The registered manager explained that this was only done when required and she provided evidence that some had these risk assessments. She agreed that in future this would be carried out routinely for all people.

We looked at the staff records and discussed staffing levels with the registered manager. She stated that the service had enough staff to meet the needs of people. This was reiterated by staff we spoke with. People and their relatives informed us that staff were able to attend to the needs of people and staff usually arrived on time.

We examined a sample of four staff records. We noted that staff had been carefully recruited. Safe recruitment processes were in place, and the required checks were undertaken prior to staff starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure that staff were suitable to care for people.

There were suitable arrangements for the administration and recording of medicines. Where agreed, people told us that they had received their medicines from staff. Records indicated that staff had received training on the administration of medicines and knew the importance of ensuring that administration records were signed and medicines were administered. We noted that there were no gaps in the medicines administration charts examined. There was a comprehensive policy and procedure for the administration of medicines. Training records indicated that staff had received training on the administration of medicines. The home had a system for auditing medicines. This was carried out internally by the registered manager and senior staff.

The service had an infection control policy which included guidance on the management of infectious diseases. Staff were aware of infection control measures and said they had access to gloves, aprons other protective clothing. People informed us that staff observed hygienic practices when attending to them or when preparing meals. One person said, "They are hygienic when preparing my meals. They wash their hands."

# Is the service effective?

## Our findings

People who used the service indicated to us that they were satisfied with the care provided. One person said, "I am satisfied with the care provided. My carer knows about my medical issues and also accompany me to medical appointments." Another person said, "My carer reminds me to take my medication."

The care records of people were well maintained and contained important information regarding medical conditions and any allergies people may have. Where agreed with people or their representatives, the healthcare needs of people were monitored by staff. There was evidence of recent appointments with healthcare professionals such as people's GP and the community nurse.

One person who had a medical condition required a special diet. We noted that this was recorded in their care plan and staff were aware of this diet. Another person sometimes experienced fits. Staff were aware of action to take when a fit occurred. This ensured that people were protected from harm. A person who spoke with us stated that their carer was aware of their medical condition and knew what to do should they encounter difficulties as a result of their medical condition.

Some carers prepared meals for people. Two people told us that they were happy with the arrangements for meals and their carer cooked food they liked and sometimes assisted with their shopping. Care staff were aware of what to do if a person lost a significant amount of weight.

Staff had been provided with appropriate training and support. They stated that there was good team work. One staff said, "I am happy with the care and support. My supervisor visited me two weeks ago." Another staff member said, "Management is supportive. The induction was good. We have staff meetings and we can make suggestions." Records we saw indicated that staff had been provided with essential training to ensure they had the skills and knowledge to meet people's needs. A training matrix was available and contained the names of all staff currently working for the service together with relevant training they had completed. Training included essential areas such as moving and handling and the care of people with dementia.

The registered manager carried out regular supervision and annual appraisals. Staff we spoke with confirmed that this took place and we saw evidence of this in the staff records.

# Is the service caring?

## Our findings

People who used the service indicated that staff were caring and supportive towards them. They stated that staff were helpful and took good care of them. With one exception, their comments indicated that staff were able to form good relationships with them. One person said, "I get on very well with my carers. We have a laugh and a joke." A second person said, "They are respectful, never had any problems with them." They ring if they are going to be late." A professional stated that care staff were always respectful and their clients were well treated.

One person stated that they had difficulty with a carer who made little effort to form a relationship with them and they did not feel happy with this carer. This person did not wish to be anonymous and was happy for us to discuss the matter with the registered manager. We were informed by the registered manager that they were aware of this and had already taken action and this carer was no longer attending to the person concerned. This was also confirmed by the person concerned. The registered manager stated that further retraining would be discussed with the carer concerned.

One relative said, "quite happy with the service, feel staff do the best they can". A professional stated, ". I have witnessed excellent interactions between client and staff and staff always appear happy and welcoming despite how busy they are."

Staff made effort to form positive relationships with people. We were informed by the registered manager that a person who liked flower arranging had been assisted by a carer who shared that interest so that they could relate better to each other. In another instance, a carer had accompanied a person to the library in order to encourage the person concerned develop his interest.

The registered manager informed us that where possible, staff were matched with people who shared similar

interests so that they can form good relationships with people. She added that if necessary, staff were also matched with people who came from the same culture so that they could better understand the needs of people.

Staff were aware that all people who used the service should be treated with respect and dignity. They were also aware of the importance of protecting people's privacy. Staff said that if needed, they would close the curtains, shut doors and ensure that people were not exposed when providing personal care.

The service had a policy on ensuring equality and valuing diversity and staff had received training in this topic. It included ensuring that the personal needs and preferences of all people were respected regardless of their background. These values were included in the induction of new staff. The care records of people contained information regarding their personal history, background and any special needs they may have.

People could express their views and participate in the deciding their care arrangements. One person wanted their bedding changed frequently and another wanted to be accompanied to a club meeting. The registered manager stated that staff had responded to these requests. Senior staff visited people and carried out reviews of their care. We noted from the record of reviews examined, people were mostly satisfied with the care provided and their choices and preferences had been responded to.

Staff we spoke with informed us that they respected the choices people and where possible, they could be flexible to accommodate the wishes of people. Care plans were up to date and been signed by either people or their representatives to indicate they approved of them.

The service organised various events for people and members of the public. These included events where legal and financial professionals were invited to speak and provide information on care related topics. This meant that people could have access to information in areas which affected their care.



# Is the service responsive?

## Our findings

The service provided care which was individually planned and met the needs and preferences of people. This was confirmed by those we spoke with. People said staff performed tasks as agreed in their care plans. One person stated “I am satisfied with my carer. I have no complaints. I am aware of the office telephone number to ring if I need to complain. A second person said, “My carers do a good job. I have no complaints.” A relative stated that staff responded well to their concerns. Another relative said, “I am very pleased with service, very satisfied with the care to my relative.” A healthcare professional informed us that people who used the service were most certainly encouraged to be as independent as possible. This professional added that care staff assisted them to improve people’s mobility

The registered manager stated that before providing care, she assessed each person and discussed their care with them and their representatives. We noted in the care records that these assessments were detailed and comprehensive. They contained information regarding peoples’ social background, what their care needs were, what abilities and disabilities they had, how many staff were needed, their preferences and choices.

Individual care plans were then prepared and they addressed areas such as people’s personal care, what tasks needed to be done each day, time of visits, people’s nutritional needs and how these needs were to be met. The registered manager stated that new people who used the service were reviewed after a few weeks to ensure that the care provided met their requirements. Thereafter they were reviewed six monthly to ensure that people’s changing needs were noted and any necessary adjustments made. The care package was then reviewed regularly with people and their representatives and these reviews were recorded and kept in people’s files. This was evidenced in the records we examined and confirmed by people we spoke with.

Concerns were taken seriously by the service and we noted that when a complaint had previously been brought to their attention they responded without delay. The service had a complaints procedure. This was included in the service user handbook. There was a record of complaints received. We examined a sample of recent complaints received since the last inspection. We noted that complaints we examined had all been promptly responded to. Staff knew what action to take if they received a complaint. They said they would inform their manager so that it could be responded to. Administration staff in the office were aware that complaints needed to be recorded.

# Is the service well-led?

## Our findings

People and their relatives indicated that the service was well managed and checks had been made by senior staff to ensure that they received a high quality for care. One person said, "I am satisfied with the service. The supervisor has been to see me. They sometimes come and have a chat with me." Another person said, "They treat me well. They are a well-run firm. The supervisor visited me a few months ago."

Spot checks had been carried out on each staff to ensure they provided care as agreed. These checks were done at least once a year. This was confirmed by staff and people we spoke with. Records of these checks were also provided. We however, noted that there was no spreadsheet detailing these checks and providing information on what percentage of spot checks had been done and what was still outstanding. This would be useful when auditing the checks done. The registered manager and director stated that they would prepare such a spreadsheet.

Audits and checks of the service had been carried out by the registered manager and the managing director of the company. These included checks on care documentation, administration of medicines and complaints received. The punctuality of staff had been monitored and checked by administration staff and a printout of these was seen by us. We noted that there was a low rate of late attendance. This was also confirmed by people we spoke with who said that late attendance was not a problem.

The managing director informed us that the service had grown over the past year and they had more contracts with people. The company had a system for improving the quality of care provided. This included an annual satisfaction survey of people and their representatives. A survey had been carried out this year. We saw that the feedback was overwhelmingly positive.

Records necessary for the running of the service were well maintained. Care documentation was up to date and comprehensive. The service had a range of policies and

procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding and whistleblowing. Staff we spoke with were knowledgeable regarding these procedures.

The service worked well with professionals involved in the care of people and maintained good liaison with them. One healthcare professional stated that they had an excellent rapport with the service and their care documentation was clear and available. In addition, this professional said their clients had made progress.

The service had received several awards in recognition of efficient management and the good performance of the registered manager and their staff. The awards received by staff included being the Runner Up for "Best Boss Award 2015", a finalist for "The Homecare Registered Manager's Award" and a finalist in the "Care Newcomer Award" which were organised by both private and local authority organisations.

The service held monthly meetings for administration and care staff to ensure that staff were updated regarding management and care issues. Management and care staff were aware of their roles and responsibilities. Staff knew the values and aims of the service which included delivering a high quality service, ensuring that people were treated with dignity and promoting their independence.

The service had a record of compliments received. These compliments included, "As always thank you for taking excellent care of my relative." and, "I want to end on a positive note and stress how amazing your staff and your personal support has been to my relative this year and you must take personal credit that my relative is much happier than this time last year."

We noted an example of good practice. The service made effort to ensure that staff were valued and also recorded staff likes and dislikes so that they could better understand staff and also match them to people who use the service. A birthday card and present was also given to staff on the birthdays.