

Mr Najeeb Ahsan

Home Care Service Provider

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Home Care Service Provider is a domiciliary care agency providing personal care to people in their own homes, some with a diagnosis of dementia.

At the time of the inspection, there were 15 people using the service who were receiving help with personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

The provider operated safe recruitment procedures which helped to ensure people received care from staff that had been suitability assessed before they were employed. People and their relatives told us they felt safe in the presence of care workers and said they made their care visits on time. People were kept informed if care workers were running late. The provider took steps to assess and manage risks to people which helped to keep them safe from harm. People received appropriate support with regards to their medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager had taken feedback from the previous inspection on board to improve the quality of the service. Feedback from people was that the service was well-led and communication with the office staff was good. There were systems in place to monitor the quality of service including audits of medicines records, regular reviews, telephone monitoring and unannounced spot checks. Feedback was sought from people and acted upon.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 19/04/2021) and there were breaches of regulation in relation to fit and proper persons employed and good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection enough improvement had been made and the provider was not in breach of regulations.

At our last inspection we recommended that the provider review its processes around respite/break times for live-in care workers in line with good practice. At this inspection we found the provider had acted on these recommendations and had made improvements.

Why we inspected

This inspection was carried out to look at improvements against the breaches found at the previous inspection. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Home Care Service Provider on our website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Home Care Service Provider

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience made calls to people or their relatives.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. This is help with tasks related to personal hygiene and eating.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 September 2022 and finished on 30 September 2022. We visited the office location on 29 September 2022.

What we did before the inspection

We reviewed information we had received about the service since it had registered with us.

The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used this information to plan our inspection.

During the inspection

We spoke with three people and six relatives of people who used the service. We spoke with the registered manager, care co-ordinator and three care workers.

We reviewed a range of records. This included three people's care records, three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints, incident forms, policies and procedures were reviewed.

We requested additional evidence to be sent to us after our inspection. This included records relating to governance including policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection we found the provider did not operate safe recruitment procedures and we could not be assured that care workers were vetted in an appropriate manner to verify their suitability for the role. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was not in breach of regulation 19.

- We were assured that the provider operated robust recruitment procedures. The registered manager told us they had recruited an extra staff member to deal with all HR related issues including vetting new applicants and chasing up references.
- Staff files contained evidence that appropriate checks had been made before staff were employed.
- Before starting work, prospective staff had references taken up and Disclosure and Barring service (DBS) security checks carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives did not raise any concerns about timekeeping and told us they were kept informed if care workers were running late. Comments included, "They turn up on time. If they are going to be late then I get informed", "Normally they are on time. Sometimes the care worker sends me a text or rings me to inform me if there is a delay" and "They are late sometimes because of the traffic, and they inform us. I think mum is quite relaxed what time they turn up."
- The registered manager told us they had introduced a new care worker monitoring system. At the time of the inspection, the new system was running concurrently with the old system as it was being introduced in a phased way. The new system allowed for more accurate monitoring of care worker visit times.

At our last inspection we made a recommendation for the provider to consider current guidance regarding live in care worker respite/break times and to introduce and implement a policy for live-in care workers in line with good practice.

- The registered manager confirmed that they were not providing live-in care at the time of the inspection. However, they had introduced a new policy regarding live-in care worker respite and break times.

Assessing risk, safety monitoring and management

- Risks to people were assessed and included management plans so they could be kept as safe as possible.

- Assessed risks included those in relation to maintaining a safe environment, mobility, sensory needs and specific risks in relation to the management of diabetes.
- Staff followed the risk management guidelines in place and were aware of the areas that people were at risk of.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People and their relatives told us that care was delivered with their consent or had been agreed with their relatives.
- Care plans were shared with people and they were given an opportunity to agree to their content.

Using medicines safely

- The provider operated safe medicines management systems.
- People and their relatives told us staff supported them to take their medicines.
- Staff completed medicines records when they had administered medicines which were then checked by the registered manager or care co-ordinator for any errors.
- Records showed that staff had received medicines training.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to help safeguard people from abuse.
- People and their relatives told us they felt safe and they were not worried about their safety. Comments included, "Yes of course she is very safe and happy" and "Yes we are happy, mum is very safe in their presence."
- Records showed staff had received safeguarding training and they showed a good understanding of safeguarding reporting procedures and how they would identify signs of potential abuse.

Preventing and controlling infection

- The provider managed risks in relation to infection control, including those associated with COVID-19.
- People told us that staff wore personal protective equipment (PPE).
- Records showed the provider arranged training for staff in relation to infection prevention and control and other areas such as food hygiene.

Learning lessons when things go wrong

- There were systems in place to record and follow up on any incidents or accidents that occurred.
- The registered manager confirmed there had been no incidents and accidents to follow up. However, there were other records which demonstrated a commitment to learning. These included behaviour monitoring and food/fluid charts that staff completed where risks were identified.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection we found the quality assurance systems in place were not robust enough. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was not in breach of regulation 17.

- New care plans and risk assessments had been implemented which were an improvement on the previous versions.
- The provider had acted on the breaches from the previous inspection and made improvements to its recruitment and governance processes.
- Feedback was also taken on board with respect to recommendations from the last report. This included introducing end of life care plans and improving communication with the office. Comments included, "I have got management's number. I can call them anytime I want", "The office staff is helpful. They call me back if not answered, no issue" and "9/10 for care staff and 8/10 for the office or management."
- Medicines records and daily notes that were completed by care workers were checked by managers on a regular basis for accuracy. Any issues such as gaps were followed up with the relevant care worker.
- There were robust systems in place to monitor the quality of service, including six monthly care plan reviews, unannounced spot checks on care worker competency and client satisfaction, staff supervision and telephone checks.
- The provider had made a commitment to improving the care planning and staff rostering system by introducing an electronic system so that real time information was available when care workers attended calls, supported people with personal care or administered medicines. The registered manager told us the introduction of this new system would allow them to have more robust quality assurance checks in place to monitor the quality of service.
- The registered manager was aware of the regulatory responsibilities and submitted statutory notifications such as safeguarding concerns.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider was aware of its responsibilities under duty of candour. Records showed there had been no need to act under this.
- The provider's CQC rating was on display on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- We received positive feedback from people and relatives about the provider. Comments included, "The service is great, brilliant", "They called my mum the other day to ask how things are going. If I am not happy with something I ring the company and sort things out" and "They are helpful. They did the things I requested or suggested. So yes, they are very helpful actually, quite smooth running."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems in place for engaging and gathering feedback from people, relatives and staff.
- Service user satisfaction surveys were sent out to people and their relatives in September 2022. These showed an increase in scores and positive feedback when compared to previous years.
- The registered manager provided regular updates to the staff team through individual supervision and through regular contact via a social media communication tool.

Working in partnership with others

- There was evidence that the provider worked in partnership with other stakeholders such as district nursing teams and other professionals to support people.