A La Carte Care Limited

Care a la Carte

Inspection report

Kingston House
28 Brampton Grove
London
NW4 4AQ

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22 November 2018

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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

Summary of findings

Overall summary

This inspection took place on 5 and 22 November 2018 and was announced.

Care A La Carte is a domiciliary care service and provides the regulated activity of 'personal care' to people in their own home specifically specialising in providing care staff to people requiring live-in care and support. The service acts as a referral and support service where care staff are recruited, but are self-employed and are matched with people who require this level of support. At the time of this inspection the service was working with 34 people who were receiving care and support from care staff that the service had placed with them.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

People and their relatives told us they felt safe when receiving care and support from the care staff allocated by the service. Care staff demonstrated a good understanding of safeguarding and the steps they would take to protect people from possible abuse.

Risk assessments detailed people's individual risks associated with their health and care needs and gave clear guidance on how to reduce or mitigate the risks in order to keep people safe.

The service followed appropriate medicines management and administration processes which ensured people received their medicines safely and as prescribed.

Recruitment of staff was a rolling process as the service needed to ensure they always had sufficient numbers of staff to meet people's needs. Recruitment processes in place ensured that only those staff assessed as safe to work with vulnerable adults were recruited.

The service carried out an assessment of need for each person so that the service could determine whether they had the appropriate staff to be able to meet the person's needs effectively.

Lessons were learnt from incidents and accidents to minimise a re-occurrence. Staff were supported and trained to undertake their roles.

People were appropriately supported with their nutrition and hydration needs to ensure they maintained a healthy and balanced diet. Where people had specialist dietary requirements these had been incorporated into their care plan and delivery.

People were routinely supported to access a variety of health and social care services or where there was an identified need or concern.

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

People and their relatives confirmed that they were treated with dignity and respect and that care staff were kind and caring with whom they had developed positive relationships.

People were involved with the planning and delivery of their care and where appropriate relatives had also been involved in the process. Care plans were person centred and responsive to people's needs.

People and their relatives knew how to make a complaint and were confident their concerns would be resolved.

People, relatives and staff commented positively about the registered manager and how the service was managed.

There was an open and transparent culture at the service. People received care that was focussed on meeting their individual needs.

Regular audits and checks were carried out on the quality of care people received.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Care a la Carte

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 5 and 22 November 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that the registered manager would be available to support the process.

The inspection was carried out by one adult social care inspector and an Expert by Experience, which is a person who has personal experience of using or caring for someone who uses this type of care service. Their involvement was limited to phoning relatives to ask them their views of the service.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make. We also spoke to the main commissioning body for the service.

We reviewed the care records for seven people using the service to see if they were up-to-date and reflective of the care which people received. We also looked at records for eight members of staff, including details of their recruitment, training and supervision. We reviewed further records relating to the administration and management of medicines, audits and complaints to see how the service was run.

During the inspection, we spoke with two people and 10 relatives. We also spoke with the registered manager, care manager, client liaison manager and four care staff. In addition, we wrote to 10 members of staff to obtain their written feedback. We received seven responses.

Good

Is the service safe?

Our findings

People and their relatives told us that they felt safe with the care staff that supported them. One person told us, "The carers are trustworthy." Comments from relatives included, "We have two regular carers. This works very well. This enables [person] to stay in their own home and feel safe", "They do everything to make [person] feel safe" and "The agency provides one permanent full time carer with back up if that carer is unavailable. Consistency makes [person] feel safe."

The registered manager and all staff demonstrated a clear understanding of safeguarding procedures, recognising signs of abuse and the steps they would take to report their concerns so that people were kept safe and free from harm. One care staff told us, "If I see something I have to report it."

Risks associated with people's health and care needs were assessed, reviewed and managed to ensure the information was current and reflective of people's needs. Information and guidance was provided to care staff so that they were able to support people to reduce and minimise the risks to keep them safe and free from harm. Risks identified included the environment, mobility, behaviours that challenged and risks associated with specific health conditions such as diabetes and urinary tract infections.

The service ensured that there were always sufficient numbers of staff available to meet people's needs. This was achieved through the continuous recruitment of staff. People and their relatives confirmed that they were supported by a regular team of care staff so that when the regular care staff took a break, the replacement carer was known to the person to ensure continuity.

Recruitment processes followed by the service ensured that only staff assessed as safe to work with vulnerable adults were recruited. Checks undertaken included criminal record checks, proof of identity, right to work in the UK and performance in previous employments.

People were supported to take their medicines as prescribed, where this was an identified need. Care plans contained details of the person's prescribed medicines and the support they required with administration. We were unable to identify whether people had been prescribed any 'as and when required' (PRN) medicines. PRN medicines are medicines that are prescribed to people and given when necessary. This can include medicines that help people when they become anxious, aid constipation or inhalers for breathing difficulties. We highlighted to the registered manager that if a person was prescribed PRN medicines this should be clearly recorded with a protocol in place which details how, when and why this medicine should be administered.

Medicines Administration Records (MARs) were completed by care staff each time people received their medicines. However, we did note some concerns around the format used to record medicine administration. The table used only included the name of the medicine, the dosage and the time administered. The name of the person receiving the medicines and the signature of the care staff administering the medicines were not always recorded. MARs were not always easy to follow to confirm whether people had safely received their medicines. We highlighted this to the registered manager who

following the inspection sent us copies of updated MARs which incorporated the details required to ensure safe medicine administration.

All care staff had received training to administer medicines. Medicines administration and management was checked regularly as part of spot checks at people's homes to ensure people were receiving their medicines safely and as prescribed.

Accidents and incidents were clearly recorded and included a description of the accident or incident, what actions were taken in response and any steps taken to prevent any future re-occurrences. All accidents were analysed and reviewed by the provider, registered manager, service manager and support staff to support further learning and improvements to service provision where required.

The service ensured that staff understood infection control and how to protect people from infection. Staff had been trained in infection control.

Good

Is the service effective?

Our findings

People and their relatives told us that they were aware that care staff were required to attend training to enable them to carry out their role. Everyone that we spoke with felt confident that care staff knew what they were doing and were appropriately skilled to do the job. One relative stated, "The carer is highly competent. She is intelligent and caring. We feel blessed."

A comprehensive needs assessment was completed so that the service could confirm that they had the appropriate care staff available who were able to meet the person's needs. Information gathered on assessment included the person's specific needs, their abilities, their likes, dislikes and preferences and a life biography. A detailed care plan was then compiled giving information and guidance on how the person was to be supported with their care needs. Care plans also included guidance received from health and social care professionals which ensured people's care was delivered in line with best practice and current legislation. Care plans were reviewed and updated to ensure staff supported people appropriately.

Care staff were required to attend training on all mandatory subjects in line with the Care Certificate before they were registered to work with the service. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. Care staff attended additional training where people had specific needs. As care staff were self-employed care staff were expected to attend the training as part of their recruitment and update themselves as required. However, the service kept all records and an overview of care staff training and when they were due to refresh so that care staff could be reminded as required. Care staff also received regular supervision and appraisal. This meant that staff had the opportunity to discuss their learning and development needs and their performance.

People were appropriately supported with their nutritional and hydration needs where this was an identified need. Likes and dislikes, cultural requirements as well as any specialist dietary requirements were clearly documented within the person's care plan. Where staff were helping people to prepare meals, we found that people were happy with the food staff cooked for them. One person told us, "My carer is a super cook, it is like a 5 star hotel." One relative explained, "The S/U loves food and the carer cooks everything fresh and this includes fruit and vegetables."

The service worked effectively as a team as well as with a variety of healthcare professionals to ensure that people were supported to maintain positive health and well-being. Daily diaries recorded how people had been supported, tasks undertaken and any relevant observations. In addition, all care staff provided weekly updates to the management team so that any relevant and important information requiring action could be addressed. We saw records confirming communication and partnership working with healthcare professionals including continuing health care, occupational therapists, GPs and district nurses.

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.

Care records and discussions with staff demonstrated and evidenced that people's rights to make their own decisions were respected. All staff members demonstrated a good understanding of the MCA and DoLS and the importance of obtaining consent and ensuring people were given choice and the autonomy to make their own decisions where possible. Where people lacked the capacity to make decisions, records confirmed that relatives had been consulted and involved in the care planning process.

Good

Is the service caring?

Our findings

People and their relatives were complimentary of the care staff that supported. We were told care staff were kind, caring and respectful. People and their relatives had developed positive relationships with their care team. One person said, "My carer is very experienced, I grade her as plus, plus, plus, plus!" Relatives comments included, "The carer is caring and respects [person] needs and is polite and respectful", "I am not around very much but [person] seems to have a good relationship with the carers" and "The carers are polite."

Care staff that we spoke with knew the people they supported well and had been supporting them over a period of time. Care staff were aware of people's likes and dislikes and how they wished to be supported.

People and their relatives confirmed that they had been involved in the care planning process. We were also given examples of how care staff made sure people were involved in the delivery of their own care and support which gave them autonomy and control where practicably possible. One relative told us, "The carer takes [person] to the shops to choose food. [Person] can do some cooking by themselves. Assistance is flexible to ensure that [person] maintains their social life and hobbies."

People and their relatives confirmed that their privacy and dignity was promoted and respected at all times. Staff demonstrated a good awareness on how to protect people's privacy and dignity and gave examples which included, "I always ask how they [people] are, giving them choice" and "I speak with them [people] with respect. If [person] needs to go to the toilet or during personal care, I will ask any visitors to leave."

People's cultural, religious and diverse needs were clearly recorded in their care plan so that care staff had the relevant information to enable them to support people in ways that respected their choices and wishes. One care staff explained, "I treat everyone like my family. I go with the flow. I respect people's needs and requirements."

Good

Is the service responsive?

Our findings

Care plans were person centred and detailed so that care and support could be delivered in ways which were responsive to people's needs. Care plans detailed people's support needs and requirements in areas which included personal care, medication, mobility, eating and drinking. People's likes, dislikes and preferences in each of these areas were recorded. Where people's needs had changed, the service took an active approach to ensure people were reviewed and care plans updated to reflect and support people's changing needs. For example, for one person whose needs had changed in relation to their mobility; their care plan had been updated to reflect the change.

A one-page profile was also compiled which gave an immediate and clear overview of the person's support needs, their relationships and key significant information about them which would enable staff to support them with a person-centred approach.

Some of the people receiving support had noted behaviours that challenged. Care plans contained behavioural management plans for each person which detailed trigger behaviours, early warning signs that challenging behaviour was likely to occur, what the behaviours looked like and the strategies to de-escalate and calm the person that worked and strategies that should be avoided.

People's interests and hobbies were also clearly documented so that care staff could support them to take part in these enabling people to enjoy and maintain their lifestyle which promoted their health and well-being. We saw people were supported to participate in activities such as outings, dining out, shopping, theatre visits and visits to the hairdressers.

People and their relatives confirmed that they and their relative received care and support that was responsive to their need. One relative explained, "[Person] didn't have many physical activities but now enjoys outings on the bus and walking with the carers. If the carers weren't there, life would be impossible."

People and their relatives knew who to speak with if they had any concerns or complaints and were confident their concerns would be appropriately dealt with. The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. During the inspection the service was dealing with a complaint, which had been clearly documented. After the inspection the registered manager sent us confirmation that they had resolved the concern.

The registered manager confirmed that end of life support was only provided by their care staff where they were confident they would be able to appropriately meet the person's needs safely. The registered manager told us, "We would not specifically support people at end of life as we don't specialise in this. However, we will provide care and support as a natural progression of a person's journey with the service." The service was currently supporting one person with palliative care needs, whose health had deteriorated quite suddenly. The service was working in partnership with the palliative care nurse team in response to the person's needs.

Good

Is the service well-led?

Our findings

There was a registered manager for this 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.

People and their relatives were complimentary of the registered manager and other assisting managers, the support that they received and the way in which the service was run. People told us, "This is the best agency I have been to, they are first class at responding" and "[Name of managers] are all very good." Feedback from relatives included, "The manager/owner and staff are caring, professional and provide a bespoke service", "They are very capable, professional and have respect for the clients" and "I am very impressed with the agency. They look at what is the best type of person to care for the person. The agency tries hard to give a personal service. They try their very best to accommodate the personality as well as needs."

There was a clear vision and culture that was shared by managers and staff. The culture was person centred and staff knew how to empower people to achieve the best outcomes. The registered manager told us, "Our philosophy is there is no place like home. With a positive attitude everyone can stay in their own home. Our goal is to keep people at home" and "We are only as good as our care staff they are our ambassadors." This was echoed by what care staff told us which included, "Care A La Carte provides an excellent service by applying person centred care to all the service users in the comfort of their own homes."

Care staff spoke highly of the service and the way in which they were supported. They confirmed that managers were available at all times to guide them and support them especially in emergent situations. Although the service did not hold formal team meetings, the service ensured they spoke with all care staff on a daily and weekly basis to obtain updates about the person they were supporting and provide information exchange, guidance and direction where required. One care staff told us, "Every week I have to call the office to give an update. I can also call them at any time 24 hours a day. They are always available even at night."

The registered manager had clear oversight of the provision, delivery and quality of care people received. The service carried out regular spot checks by attending people's homes on an unannounced basis. As part of this managers observed care practices and checked medicine records and other care related documentation completed by care staff. In addition, the registered manager always checked each assessment, care plan and other related documents before they were finalised to ensure they were reflective of the person's needs and requirements. This enabled the service to identify issues and concerns so that improvements and further learning could be implemented. However, checks completed were not always formally recorded. The registered manager confirmed that going forward audits and checks would be documented.

People and their relatives were regularly encouraged to give feedback about the care and support that they received. Satisfaction surveys were last sent to people and their relatives to complete in November 2017. Responses seen were positive. The registered manager explained that as part of the process, where negative

comment or feedback was received these would be analysed and a discussion with the person or their relative would take place to resolve the issue. People and their relatives had also provided written compliments which were kept so that the service could show case the positive experiences of the service.

Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.