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# 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 effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 19 June 2017 and was announced. The last Care Quality Commission (CQC) comprehensive inspection of the service was carried out in May 2015. At that time we gave the service an overall rating of 'requires improvement' and found two breaches of regulation in relation to how the provider supported staff and good governance. In January 2016 we carried out a focussed inspection and found the provider had made improvements to meet the breaches of regulations and we changed the overall rating to good.

At this inspection we found the provider had maintained most of the improvements made at the previous inspection. In January 2016 we also found the provider had put in place quality assurance systems to assess, monitor and improve the quality of service provided to people. At this inspection these new systems were still in place but the improvements we saw were not sustained. A feedback survey was not carried out since December 2015. However people told us that recently improvements were made that they were happy with. We will be checking this again at the next inspection.

Home Care Service Provider provides personal care as well as general support to people such as meal preparation, prompting medicines, laundry and general household support. The registered manager told us the service provided care to 40 older adults at the time of this inspection.

At the time of the inspection, there was a registered manager. 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 the relatives we spoke with told us they felt safe with the care and support they received. Risks were assessed to help reduce potential problems with the provision of support and we found there was a good assessment and care planning process to address their needs. People told us they found their regular staff very supportive and reliable. We found there was an appropriate method for staff recruitment that helped to ensure people's safety. People received assistance with their medicines and the help they received was documented appropriately.

All staff received training to increase their skills and knowledge of the work. People said they felt staff were well trained and we found they were supported by staff who were supervised.

Staff showed they were aware of people's capacity to make decisions about their care and documented this in people's written records. People's care needs were recorded and reviewed regularly with senior staff and the person receiving the care or one of their relatives. Staff had comprehensive information and guidance in care plans to deliver care the way people preferred.

People were able to access health care professionals independently. Staff monitored people's health with their consent and could direct them to healthcare professionals as appropriate.

People said staff who supported them were caring, polite and friendly. They told us staff respected their privacy and dignity and people told us they felt listened to by staff. People were able to contribute to their care plans and make decisions about how they wanted their care and support to be provided for them. All the care plans we looked at were personalised and contained information that assisted staff to provide care in a way that respected people's wishes. Commissioners we spoke with said they were very happy with the service provided to people.

The agency had a complaints policy and procedure that was included in people's care records. People said they were aware of the procedure and had telephone numbers they could ring to complain. People and staff said they felt confident they could raise concerns with the registered manager and senior staff. Records showed the agency responded to concerns and complaints and learnt from the issues raised.

The provider was developing their systems to monitor the safety, and quality of care people received although these needed to be fully embedded so that improvements made were maintained.

Staff felt well supported by the registered manager and the senior team.

## 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. People were protected from the risk of harm by staff who were trained to identify signs of abuse and recognise what actions to take to keep people safe.

Risks were managed, and measures were implemented to help reduce risks.

There were safe recruitment procedures that ensured only suitable care staff were employed. People told us their regular staff met their needs.

There were safe procedures for the administration of medicines. People told us they received appropriate support from staff with their medicines when it was necessary.

### Is the service effective?

Good ●

The service was effective. People received effective care and support from staff who had the skills and knowledge to meet people's needs. The provider had a good programme of training which ensured staff had up to date guidance and information. Staff records showed they received support through supervision and monitoring of their work.

Staff ensured people had given their consent before they delivered care. People were supported to have access to healthcare professionals as appropriate to meet their healthcare needs.

### Is the service caring?

Good ●

The service was caring. People received care from staff who were kind, caring and respected people's personal likes and dislikes.

People's privacy and dignity was respected by staff. People were involved in making decisions about their care and the support they received.

### Is the service responsive?

Good ●

The service was responsive. People received care that was responsive to their needs because staff had a good knowledge of

the people they provided care and support for.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

### **Is the service well-led?**

The service was not always well led. The provider had improved systems to capture and review people's experiences and to monitor the quality of the service. However the provider's quality monitoring systems were still developing and needed to be fully embedded in practice to evidence these systems were effective in assessing, monitoring and improving the quality of the service.

People were able to approach the provider and share their views and were confident these would be listened to and changes made if needed. Staff felt well supported by the provider.

**Requires Improvement** ●

# Home Care Service 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 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.

This comprehensive inspection took place on 19 June 2017 and was announced. We gave the provider 48 hours' notice because we needed to be sure that the registered manager would be available in the office to speak with us on the day of our inspection. The location provides a domiciliary care service and the registered manager was sometimes out of the office supporting care workers or visiting people who use the service.

The inspection was carried out by one inspector. Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection.

During the inspection we went to the provider's office and spoke with the registered manager, the office administrator, the care co-ordinator and one member of staff. We reviewed the care records of five people who used the service, and looked at the records of four staff and other records relating to the management of the service. After the inspection we telephoned five people who used the service and five relatives. We also spoke with two commissioners of the service on the telephone.

# Is the service safe?

## Our findings

People and their relatives said they felt safe with this service. One person told us, "Our regular carer is very good, I know them and they know me. That helps me to feel safe." A relative said, "We are happy with the service we get, especially the support from our regular carers. They arrive on time and they do what we need them to do. Knowing them help us to feel safe."

Staff were able to describe the signs of abuse and the actions they would take to help safeguard people from abuse. One member of staff said, "I would always make sure the person was safe first and if they were in danger I would phone the police or ambulance straight away. I would also report the situation to my manager."

We saw staff had received training in safeguarding adults procedures. This was confirmed by staff we spoke with. The registered manager told us this training was updated regularly. The provider had a whistleblowing policy.

Staff understood how to raise any concerns other than safeguarding and although no one had any at the time of our inspection, the staff felt confident that they could report any concerns. This showed people were supported by staff who recognised if people were at risk of harm and understood what actions they were required to take.

People's individual support plans contained risk assessments to help staff manage and reduce the risks to people's safety. We saw risks for staff with potential hazards in the home had been assessed. Risks for people who used the service were also assessed, for example where staff were assisting to help move people, the risk assessment gave detailed information on how to reduce any risks involved in the process. We saw risk assessments included areas such as for helping with the preparation of food. They included information such as hand washing, wearing gloves and aprons, and ensuring food was safely stored and adequately cooked. The risk assessment information we saw assisted staff to help reduce identified risks. The support plans and risk assessments were reviewed six monthly and /or updated as people's needs changed.

Accidents and incidents were recorded and the registered manager explained that they ensured the required actions were taken to help reduce any potential re-occurrences.

Safe recruitment practices were in place that helped to ensure people were protected against the risk of being supported by staff who were not suitable to work for the agency. Before staff started work at the service, they were checked for any criminal convictions, and had their identities and addresses verified. Previous employment references had also been gained. Staff confirmed that these checks had been completed before they were allowed to start working with people who used the service.

People told us they thought there were enough staff to meet their needs. However people did comment that when their regular staff were not able to visit them because of their normal leave requirements such as weekends there was a lack of consistency with staff who covered their work. One person said, "Yes, the usual

carers are very good but we have had a lot of different carers when they covered for our usual ones. Things have improved recently." A relative made similar comments and said, "I think there are enough staff at the moment but cover arrangements have not always been so consistent."

People told us that regular staff usually turned up at the right time and that their support calls were not missed. One person said, "They [staff] do turn up on time. If and when they are delayed, the office usually let me know." Another person said, "They are usually punctual and time keeping is good. If they are late the office lets us know."

People who used the service told us they took responsibility for managing their own medicines or they were assisted by their relatives. Where staff assistance was required it was provided to them. We saw that training in medicines management was provided to staff and that their skills were assessed to ensure they were competent and able to support people safely in this regard. Where people were assisted to take their medicines by staff, we found that daily records and medicines administration records were completed to ensure people received their medicines as prescribed.

## Is the service effective?

### Our findings

At our comprehensive inspection of this service in May 2015 we found the provider was in breach of the regulations. The provider had not ensured people were cared for by staff who were appropriately supported in their roles. Whilst staff had received an annual appraisal of their work they had not received regular formal supervision. The provider sent us an action plan for the necessary improvements. They told us these would be completed by the end of August 2015 to ensure they met the requirements of the regulations.

We checked the provider had taken action to make improvements, during a focused inspection in January 2016. We found the provider was meeting the regulations we looked at, but we did not amend our rating at that time, as we wanted to see consistent improvements at the service in relation to the appropriate support of staff through supervision and appraisal of their work. At this inspection we found the provider had maintained the improvements made with the support provided for staff.

People told us they thought their regular staff were appropriately trained and knew how to support them to meet their needs effectively. People commented positively about their regular staff. One person said, "Our main carers know what they are doing, they are very good. Our replacement carers are often late and not so well organised." Another person said, "Yes they are fine, they look after me well." A relative said, "Yes the regular carers are good but the carers who cover for them on the odd occasions are more of a problem, they are often late and there has been confusion about who is supposed to be covering." The registered manager told us they were aware of these problems and explained to us they arose where unplanned leave was taken by staff. He told us he had put in place measures such as improving staff recruitment and staff training and supervision to ensure they did not arise again. We understand these are recent developments and we will be checking on this at the next inspection.

We saw the staff training matrix and other certificated training evidence that showed staff received appropriate training that provided them with the skills and a good understanding of how to meet people's needs. One member of staff said, "Training is good here and there is the opportunity to go on a number of varied training courses that help me with my work such as manual handling, safeguarding, infection control, food hygiene and first aid." Another member of staff told us they had attended training over the last two years that they had found useful helping with their work.

People we spoke with confirmed senior staff visited them at home to observe how staff worked with them. Staff told us they had regular supervision meetings. These were either through one to one meetings, team meetings or spot checks carried out by senior staff. This support enabled staff to discuss working practices, training needs and to make suggestions with regards to ways they might improve the service they provided. One staff member said, "We get supervision through spot checks when we are in people's homes, as well as in the office." They said they had found this very helpful. Staff told us they had an appraisal every year and we saw evidence of this on their staff files.

All the care plans we inspected were signed off by people to confirm they had agreed to their plan of care. All of the people we spoke with were able to make their own decisions about their care. Staff had an

understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves, have their legal rights protected. 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.

Some people told us they needed support with their meals and their medicines as part of their care package and we saw care plans were clear about how they should be supported in this way. Care plans explained how people liked their food to be prepared for them. Staff told us they prepared meals of the person's choice. We noted that food charts were maintained for people who needed this support. One person said, "They do know what I like and what I need. I like a cup of tea and they always offer me one." Another person said, "They are helpful and supportive, they ask me what I would like and they get it for me."

People's religious and cultural needs were met by staff when preparing food, an example of this was where one person only ate halal meat. Staff told us they always ensured the person had food and drinks available to them when they were on their own. Records showed that staff were trained in nutrition and food safety.

Staff supported people to meet their health needs as set out in their support plans. Staff assisted people to contact their GP or other healthcare professionals as necessary. Staff told us they contacted the emergency services if needed and informed relatives of the person and the office. This knowledge of people and the training and support staff received had helped to ensure an efficient service that was person centred.

## Is the service caring?

### Our findings

People told us the staff who supported them were kind and caring towards them. One person said, "My carers are very good and they are reliable. They are caring, polite and friendly." Another person said, "There's no problem with the care I receive from my regular carers." A relative told us, "We are happy with the care they provide for my [family member]. They usually do what's asked of them."

People said that when the care and support they received was provided by a regular staff group they felt well supported. People were positive about these staff. They said they had developed good relationships with them. They felt listened to by these staff and understood by them. This was clearly important to all those people and relatives we spoke with. Some people were less positive about some weekend staff and those staff who covered for the regular staff. The registered manager told us they recognised the importance of the continuity in care that people had expressed and they told us they were working to improve this wherever possible. One way they described to us involved the introduction of an improved induction training scheme and a renewed recruitment drive to engage more experienced staff with this work. This they said had been implemented recently and had already provided some positive benefits such as improvements in the continuity of care to people.

In the discussions we had with staff they showed us they had a good understanding of the people they were supporting. Staff told us they took time to read people's care plans so that they were fully aware of the person's needs. Staff also said they always asked people how they wanted their care to be given and if there was anything else they needed to do for them. They told us they recorded all the things they had done on people's diary sheets so that there was good information for staff who came subsequently to visit the person concerned. This helped to enable continuity of care given to people.

People told us they were able to contribute to their care plans and make decisions about their care. They said this was essential to them to ensure they received the care they needed. All the people we spoke with told us they had a copy of their care plan in their home and that they felt they were central to any reviews when their needs changed. Commissioners told us staff were professional in their attitude to delivering care to people. They said staff delivered the care to people they had commissioned, staff were caring and kind.

Relatives told us that staff respected people's privacy and dignity when giving support to their family members. One relative said, "The carers ask my [family member] how they would like their personal care to be given. They seem to me to be very polite and caring." Another relative said, "They do respect people's dignity from my experience of the care they provide my [family member]."

## Is the service responsive?

### Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. All the care plans we looked at were personalised and contained information that assisted staff to provide care in a way that respected people's wishes.

Care plans were clear about the support people required. The records we saw showed staff provided the care and support that was set out in people's care plans. These were reviewed to ensure they remained appropriate to meeting people's needs. We saw people's care plans were reviewed regularly and at least every six months together with the people concerned.

Staff had a good understanding of what was important to people with regards to their social and cultural values. Everybody said staff respected them as individuals with their own lifestyles and preferences. One relative said, "They respond to any changes we need to make in the care of my [family member] very well and they are flexible with changes."

We saw from the records we inspected that initial assessments were carried out with people who wished to use the service. People were encouraged to express their wishes and views. It also allowed the agency to decide if they were able to provide the care requested. The registered manager told us if they felt they were unable to meet the needs of the person they would not take the referral because they would not want to provide any care that fell short of meeting people's needs. This meant people were supported to receive a personal care package that was appropriate to meet their needs.

Commissioners we spoke with said they were very happy with the service provided for the people they referred to this agency for care and support. They said the staff responded very well and quickly to meet people's needs. They told us they thought the agency's staff delivered what was asked of them.

People said they felt they could complain if they needed to and the agency would respond to their concerns. We were provided with a copy of the agency's complaints procedure and people told us it was available in the care plan folder kept in their homes.

We looked at the complaints records kept by the agency, they had clear documentation to show a complaint or concern had been received and how it had been managed. We saw all complaints had been dealt with promptly and included outcomes for the person as well as a record of what could be learnt.

## Is the service well-led?

### Our findings

At our comprehensive inspection of this service in May 2015 we found the provider was in breach of the regulations. The provider had not put in place effective quality assurance systems to assess monitor and improve the quality of service provided to people. In January 2016 we found the provider had put in place new quality assurance systems to address the issues identified previously. At this inspection these new systems were still in place but the improvements we saw were not sustained.

As part of the provider's quality assurance systems to monitor care and plan on going improvements, they had identified that an annual satisfaction survey of people's and other stakeholders' views about the quality of the service was needed. However, the last such feedback survey was in December 2015. This meant the provider had not implemented their quality assurance processes. The registered manager acknowledged that the next survey was overdue. He agreed to carry out a new survey forthwith.

Some people commented there had been problems in the recent past with the care and support they received from staff who were not their regular carers. They told us they often experienced late calls and a variety of different staff attending their homes to cover for their regular carers. They said office staff did not appear to understand the travel time required to go between calls. One person said, "We are completely happy with our regular carers but the replacement carers when our regular ones were off, were not so good. We had a lot of different carers, they were often late and they said it was often due to traffic problems or not having enough time to travel between calls. We complained and it's much better now." A relative made similar comments and said, "The office responded to our concerns and they seem to be better organised now." Another person said, "They often used to come late due to traffic problems, it's getting better now."

The registered manager told us that there were other audits and checks in place to monitor the safety and quality of care, such as telephone calls and "spot checks". We saw evidence of these checks and we saw that where feedback was given and where shortfalls in the service had been identified, action had been taken to improve practice. An example of this [mentioned above] was to do with the concerns some people had fed back about staff who covered unexpected leave and weekends.

In response to this feedback the registered manager put in place a new induction training programme. They also reviewed and revised the staff recruitment procedures to ensure more experienced staff were recruited to carry out this work. People told us the quality assurance systems the agency had in place had started to improve their experience of the service. However we did not see evidence that they were yet fully embedded or that progress was sustained over a longer period of time. We will be checking on this at the next inspection.

We saw there was a clear staffing structure in place and the registered manager was supported by a team of staff who told us there were clear lines of responsibility in the agency. We were supplied with an organisational chart that demonstrated this. Staff told us they had access to senior staff for support as necessary.

People, relatives and staff told us the management team was open and approachable. They all said they felt they could talk with the care co-ordinator or the registered manager when they needed to do so. One person said, "There's always someone in the office we can discuss things with." All the staff spoken with said they could come into the office at any time and the registered manager was prepared to meet with them.

The registered manager said their philosophy was to ensure they provided the best possible care to meet people's needs safely, recognising their preferences and choices. We saw evidence that they looked for ways to continually improve the service and keep up to date with current trends.

The registered manager notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.