

Mr Najeeb Ahsan

Home Care Service Provider

Inspection report

Date of inspection visit: 29 May 2015

310, Haydens Road, Wimbledon, London, SW19 8JZ Date of publication: 12/08/2015

Ratings

Overall rating for this service	Requires improvement	
Is the service safe?	Good	
Is the service effective?	Requires improvement	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Requires improvement	

Overall summary

This inspection took place on 29 May 2015 and was unannounced.

Home Care Service Provider is a domiciliary care service that provides personal care for older people. There were 16 people using the service when we visited.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Care workers had not received updated training in areas of their work identified as essential by the provider. They

had also not received regular or documented supervision required for them to carry out their role and responsibilities effectively. This meant there were risks that care workers might not be skilled and experienced enough to meet the needs of people who use the service. When we discussed this with the registered manager, they agreed to make arrangements for care workers to receive training and regular supervision. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

The provider's auditing systems did not check all aspects of the service. This meant there was insufficient information available to enable changes and improvements to be made to the service as a whole.

Summary of findings

Where feedback surveys had been carried out action plans had been made to address any issues raised. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have told the provider to take at the back of the full version of the report.

People and their relatives told us they felt safe with the service they received at home. There were arrangements in place to help safeguard people from the risk of abuse. The provider had appropriate policies and procedures in place to inform people who used the service, their relatives and staff about how to report suspected abuse.

People had risk assessments and risk management plans to reduce the likelihood of harm to them. Staff knew how to use the information to keep people safe.

The registered manager ensured there were safe recruitment practices to help protect people from the risks of being cared for by staff assessed to be unfit or unsuitable.

People were involved in planning their care and their views were sought when decisions needed to be made about how they were cared for. The service involved them in discussions about any changes that needed to be made to keep them safe and promote their wellbeing.

Care workers respected people's privacy and treated them with respect and dignity.

People indicated that they felt that the service responded to their needs and individual preferences. Our findings during the inspection show that care workers supported people according to their personalised care plans.

People received the support they needed to maintain good health. Care workers accompanied people to their health appointments where necessary and to meet people's needs. As part of the care package care workers helped to support people to eat a healthy diet which took account of their preferences and nutritional needs.

The provider encouraged people to raise any concerns they had and responded to them in a timely manner. People were aware of the complaints policy.

People gave positive feedback about the management of the service. They told us the registered manager and the care workers were approachable and fully engaged with providing good quality care for people who used the service.

The provider's auditing systems did not check all aspects of the service. This meant there was insufficient information available to enable changes and improvements to be made to the service as a whole. Where feedback surveys had been carried out action plans had been made to address any issues raised.

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. People told us they felt safe with the service they received at home. There were safeguarding and whistleblowing procedures in place and care workers understood these and what abuse was and knew how to report it.

There were enough care workers to care for and support people. Recruitment checks were completed on new care workers. This showed the provider had taken appropriate steps to protect people from the risks of being cared for by unfit or unsuitable staff.

Risks were identified and appropriate steps taken to keep people safe and minimise the hazards they might face.

Good



Is the service effective?

The service was not always effective. We found staff did not receive enough training, development and supervision, so they had the knowledge and skills required to support the needs of people.

The registered manager and care workers understood their responsibilities in relation to mental capacity and consent issues. This helped to ensure people's consent was gained with regards to their care and support.

People told us they had been involved in the planning of the care and support they received and were asked for their consent.

People received the support they needed to maintain good health. Care workers accompanied people to their health appointments where necessary. As part of their care package, care workers helped to support people with shopping and preparing meals to eat a healthy diet which took account of their preferences and nutritional needs.

Requires improvement



Is the service caring?

The service was caring. People told us that care workers were caring and supportive and always respected their privacy and dignity.

Care workers were aware of what mattered to people and ensured their needs were met. People were fully involved in making decisions about the care and support they received. People were supported to be independent by care workers.

Care workers respected the confidentiality of people using the service.

Good



Summary of findings

Is the service responsive?

The service was responsive. The support people received was personalised and focussed on their individual needs and wishes. People's needs were assessed and care plans developed to address their needs. They were developed and reviewed together with their involvement.

There were systems in place to deal with complaints. People felt comfortable talking to care workers or to the registered manager if they had a concern and were confident it would be addressed.

Good



Is the service well-led?

The service was not always well led. People spoke positively about the registered manager and how they ran this domiciliary care service in an inclusive and transparent way.

The views of people and their relatives were welcomed and valued by the registered manager, although feedback from staff and other professionals had not been sought. The provider did not have a comprehensive system of audits to ensure that management information is available to enable changes and improvements to be made to the service where these are needed.

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 inspection took place on 29 May 2015 and was unannounced. It was carried out by a single inspector.

Before the inspection we reviewed the information we held about the service. We reviewed information about the service such as notifications they are required to submit to the CQC.

We gathered information by speaking with the registered manager and two staff members. We looked at five people's care records and eight staff records and reviewed records related to the management of the service.

After our visit we contacted five people who use the service, one relative and one social care professional to find out what they thought about the service being provided to people.

Is the service safe?

Our findings

The service took appropriate steps to protect people from abuse and neglect. We asked people who used the service and a relative if they found the service to be safe. All the people confirmed they felt safe. Some of the comments we received were, “I am very happy with the service. I know my carers, they come regularly and this helps me to feel safe”, and “The carers help me to get ready in the morning to get me up. They come 4 times every day; I couldn’t manage without this help. It makes me feel safer.”

The registered manager had attended training in safeguarding adult’s at risk. It was clear from comments we received from the registered manager and care workers that they knew what constituted adult abuse and neglect. They were able to describe the signs that would indicate someone may be at risk of abuse and the action they would take if they had any concerns that people were being abused or neglected.

The provider identified and managed risks appropriately. Care plans we looked at contained risk assessments that identified hazards people and care workers might face. Where risks were identified, plans were in place to provide clear guidance for care workers as to how they should support people to manage the risks and keep them safe. It was evident from discussions we had with care workers that they knew what the risks people might face and how to manage the risks. Two care workers gave us good examples of providing personal care for people and the moving and handling practices they used when supporting people.

The registered manager said that the agency provided a service for 16 people and had eighteen care workers who were responsible for the delivery of personal care to these people in their own homes. The records we saw confirmed this and we saw that wherever possible the registered manager endeavoured to deploy the same care workers to support people. This was to provide continuity for people and consistency in the care provided. We were told that this might sometimes change due to annual leave, sickness or when they had moved on to new jobs. However people told us they had enjoyed consistency in the care they received and were always informed if ever there was a change in their care worker. Our findings during the inspection confirmed there was sufficient staff capacity to meet the needs of the people using the service.

The registered manager had developed an effective recruitment and selection policy and procedure that we saw provided consistency with the recruitment processes. Files showed that the registered manager had completed the necessary checks before staff were able to work with people using the service. Among these, we found that there were application forms; interview records; a health assessment; references; disclosure and barring service checks and proofs of identity including photographs. This helped protect people against the risks of being cared for by unsuitable staff.

The registered manager told us that care workers did not administer medicines to the people they supported in their own homes. All the people we spoke with confirmed this.

Is the service effective?

Our findings

People and their relatives expressed positive views about the service. All the people we spoke with said they were pleased with the support they or their relatives received. One person said, “My carers are really good.” Another person said, “I am happy with the service and support they provide. They are flexible and they meet all my needs.”

Whilst we received positive views from people and their relatives, we had some concerns about the supervision and professional training and development of care workers. The registered manager told us that care workers had received induction training that included training in all the essential areas of their work. The care workers contract stated they would receive four days induction training. However, when we talked with staff about their induction, despite them saying this was useful, they also said they had received three hours induction training. The registered manager agreed this had been the case. As a result the provider had not ensured care workers received the necessary skills and competency levels required for their work.

Training records indicated that some care workers had received other training including food hygiene, infection control, manual handling, and first aid. However other care workers told us they had not received any subsequent training after their induction. We raised this with the registered manager who acknowledged the need to provide further training for care workers to help to ensure they continued to improve their professional development. The registered manager told us he would arrange additional training for care workers.

Two care workers told us they did not receive formal supervision but confirmed they had informal meetings with the registered manager when they needed to in the office. We asked about the frequency of these meetings and were told this could mean weekly if the need existed. The lack of formal staff supervision meant that there was no structured system in place to provide staff with opportunities to talk with their line manager about their developmental needs and any issues that affected the way they do their work. Whilst the registered manager was clear that these supervisions needed to be carried out, they told us these

meetings were informal and no records had been kept. There was also no evidence to show that care workers had received an appraisal and the registered manager said he had been unable to do these with care workers since the last inspection. He said he would arrange for all care workers to receive supervision every four to six weeks alternating between a formal meeting in the office and an unannounced spot check of their work supporting people in their homes.

The lack of appropriate training and consistent supervision for staff meant that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were able to make decisions about the care and support they received and were asked for their consent. It was clear from speaking with people and their relatives that they were actively involved in making decisions about their care and support needs. Records showed that people were involved in making decisions about their care and support and their consent was sought and documented. Care workers displayed a good understanding of how and why consent must be sought to make decisions about specific aspects of people’s care and support.

People were helped to get access to healthcare services as required. Where people were found to have a medical or health problem the service advised them or their relatives who to seek help from. As an example one person told us their care worker accompanied them to hospital when necessary.

People told us that when it was part of their agreed care plan their care workers shopped and prepared food for them. We saw care plans that specified this and people told us that this was a very important part of the care provided for them. One person told us, “They come in the mornings and get my breakfast. Then they come at lunch time and again at supper time and get these meals for me. It really is a blessing as without this help I’d be in a home I expect, not here where I want to be.” Another person who needed help to ensure they ate a balanced diet told us they were “getting the support they needed.” Care workers told us they used the daily care notes to record this support and to provide a daily record for food monitoring purposes.

Is the service caring?

Our findings

People were supported by caring staff. People spoke positively about their care workers and typically described them as “kind and caring”. This view was endorsed by the relatives of people who we spoke with. One person’s commented: “I like the carer who helps me, they are very caring and helpful”, another said: “Very kind and caring” and “They have never let me down, very good care, no problems.”

In the conversations we had with people, their relatives and professionals we were told that the relationships between care workers and people who used the service was friendly and relaxed. Care workers talked with us about the people they supported in their homes with respect, warmth and compassion. People we spoke with told us they were at ease and comfortable with their care workers.

People’s privacy and dignity was respected. People told us the care workers provided good levels of support and were “always ready to do that little bit more for them” and that they were able to share their views about the care and support they received with their care worker. People also said their care workers respected their wishes with regards to their personal care and relatives confirmed this. Care workers told us if they had the time they always asked people if they needed any other help and would always try to accommodate these requests if they could. One care worker told us they sometimes stayed over their time if a person had asked them for something specific they needed to be done. Care workers told us that because they worked with the same people on a regular basis they knew how

people liked to receive their personal care, for instance with bathing and washing. Also what their preferences were for other aspects of their support, as for example with their choice of meals and food. We saw that care plans contained good assessment information that helped care workers understand what people’s preferences were and how they wanted their personal care to be provided for them.

People were supported to maintain relationships with their families. A relative told us, “I could not give the personal care that my [family member] receives from the carer. So this means they would not be able to live at home without that support. It’s been a blessing and has helped us all keep happy.” Another person said, “I like to do as much as I can. I want to live at home, so with this help I can and that helps me get on with my family because I don’t have to rely on them so much.”

Relatives of people told us the registered manager and care workers responded quickly to their requests for assistance. One person said, “I know I can call the office 24/7 if there’s ever a problem and staff will always respond quickly if I call them.” A care worker said, “I always ask people if there’s anything else they need me to do for them over and above what’s on the care plan.”

The service respects the confidentiality of people using the service. People told us that their care workers did not share information about them inappropriately with other people and thereby respected their confidentiality. Care workers confirmed this with us. We saw confidential personal information about people and care workers was securely stored.

Is the service responsive?

Our findings

People were involved in discussions about their care. One person told us they and their relatives were central to the needs and risks assessment that were carried out by the registered manager when they first contacted the service. Another person said, "I like the fact that they respond to my needs on the day. Because of my illness my needs often change and their ability to be flexible really helps me." The registered manager confirmed that before a person received a service, they carried out an assessment of their abilities and needs. We were told this was used to develop individualised care plans for each person using the service.

Care plans we looked at reflected people's needs, abilities, preferences and goals and the level of support they should receive from care workers to stay safe and have their needs met. Care plans also included people's daily routines, their food preferences and how they could stay healthy, well and safe. It was clear from discussions we had with care workers that they were familiar with people's life histories and preferences. One care worker told us about the daily routine of the people they supported, what those people liked to be done every morning and evening. They told us if they had time they always asked people what else they would like done for them. One care worker told us they sometimes escorted one of the people they supported to go to their healthcare appointments.

The service took account of people's changing needs by ensuring care plans were reviewed and amended where required. People and their relatives told us they were encouraged to be involved in reviewing their care plan. One person said, "I do have a copy of my care plan. It was reviewed with me." A relative said, "The review happened here in our home. My [family member's] needs had changed and so we had a review and now we get more care hours." We saw care plans had been regularly updated to reflect any changes in people's needs which helped to ensure they remained accurate and current.

The service responded to complaints appropriately. People told us they were given a copy of the complaints procedure when the service started. People also felt comfortable raising any issues or concerns they might have with the registered manager or other staff. One relative told us, "I have no complaints about the service but if I did I know the manager would listen to what I had to say and get something sorted out for us." We were provided with a copy of the complaints procedure and we saw that it clearly outlined how people could make a complaint and the process for dealing with this. We noted all complaints received by the provider were logged by the registered provider and the actions taken to resolve them had been well documented.

Is the service well-led?

Our findings

We asked people who used the service and their relatives if they found the service was well managed. Comments we received from people included: “We are very happy with the service. We have never had any concerns with it”; “I’m happy with it and so is my [family member] happy with it”; “As they [family member] said it’s really good because they are flexible, they understand her special requirements to do with her disability. Her needs change and the help is there for her.”

Despite the positive comments from people who used the service and relatives, we found that people were not protected against the risks of unsafe and inappropriate care. This was because the provider did not have effective quality assurance systems.

There were some governance systems to assess, monitor and improve the quality and safety of the service people received. As an example the registered manager had developed on the computer a useful management system that could be used to monitor the review of care plans, needs and risk assessments, setting out the dates when reviews were due.

However, the systems had not identified that the provider’s own policies and procedures in regards to training and supervision were not being followed. The registered manager told us they would be introducing spot checks as an additional way of monitoring the quality of the service provision. Spot checks entail a senior member of staff visiting the house of a person receiving care unannounced to check on the care and support being delivered by care workers. They therefore offer a good method of gaining information about service delivery. However, we found that no spot checks had been carried out to check on the care and support people received in their homes and to monitor the performance of care workers.

We saw that records held in the office had not always been maintained consistently. As an example there were two staff recruitment checklists in place. One was held on staff files in the office the other on the office computer. They had not been synchronised and did not contain up to date information. Although at the time of this inspection all the recruitment checks we inspected had been carried out

appropriately, there is a potential that where a single system is not being used and had not been consistently maintained, this could lead to a situation where not all the necessary recruitment checks are carried out.

Care workers said they felt the service had an effective management structure in place. One care worker told us they “enjoyed the work”, and “there’s always someone in the office to help us and support us if we need it.” They were confident the services’ management listened to what they had to say and would always take seriously any concerns they might raise with them about the service.

However, the provider did not have a formal system to ask care workers for their views about their work and the quality of the service. They also told us they had not had any team meetings recently. One care worker told us they thought team meetings would be useful because it would “give them with a chance to discuss what they did well as well as what could be improved.” The registered manager told us that arranging team meetings where sufficient numbers of care workers attended was difficult because of their working patterns and other commitments. The registered manager recognised it would be helpful to have regular team meetings so that they could gain staff views about the service and offer then an opportunity to contribute to the development of the service.

The above shows that the provider was in breach of Regulation 17 HSCA (RA) Regulations 2014 Good governance. People were not protected from risks of inappropriate or unsafe care because there were not effective systems in place to regularly assess, monitor and improve the service provided.

People told us they were invited to share their views about their domiciliary care as part of last years’ annual satisfaction survey. The registered manager showed us the result of the satisfaction survey that was sent out to people and their relatives last year. It was clear from the feedback information received, people were happy with the standard of care they and their relatives received. The registered manager showed us the analysis of the feedback from the last survey and told us this enabled them to make improvements where they had been identified. As an example one point raised by people suggested that communication from the office needed to be improved

Is the service well-led?

when a change of care worker was necessary due to illness. The registered manager showed us evidence that regular telephone calls were now made to people and communication was improved.

The registered provider demonstrated a reasonable understanding and awareness of their role and responsibilities particularly with regard to CQC registration requirements and their legal obligation to notify us about

important events that affect the people using the service. It was evident from CQC records we looked at that the service had notified us in a timely manner about all the incidents and events that had affected the health and welfare of people using the service. A notification form provides details about important events which the service is required to send us by law.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Regulation

Personal care

Regulation 18 HSCA (RA) Regulations 2014 Staffing

People were not protected against the risks associated with the unsafe care and support as staff had not received all necessary training and support to carry out their role and responsibilities.

Regulated activity

Regulation

Personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People were not protected from risks of inappropriate or unsafe care because there were not effective systems in place to regularly assess, monitor and improve the service provided.