

Managing Care Limited

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Inspection report

89 Bickersteth Road
London
SW17 9SH

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21 November 2019

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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

About the service

Managing Care Limited is a domiciliary care service providing care and support to people in their own homes, the majority in Wandsworth, Tooting and Battersea. At the time of the inspection there were 35 people receiving personal care support. Not everyone who used the service received personal care. 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

At the last inspection, we found a number of areas that needed addressing. Risks to people were not being managed in a way that kept people safe. Staff supervision were not being done regularly. Some aspects of the quality assurance checks were not thorough enough and in other cases were not being done regularly. The provider had also failed to submit statutory notifications where required. We also made a recommendation about following up when complaints were made. At this inspection, we found improvements had been made in these areas.

People and their relatives were kept safe through appropriate risk management guidelines that were in place, this included the risk of infection and the safe management of medicines. People were supported by care workers who had been safely recruited. People said they felt safe in the presence of care workers. Potential safeguarding allegations were reported and managed appropriately, with any learning from incidents and accidents and complaints shared with relevant organisations.

Staff received appropriate supervision and training which meant they were able to carry out their roles effectively. People were assessed prior to care being delivered and they were fully involved in planning their care. People's consent to care was taken. Their nutritional and health care needs were being met by the provider.

People told us they were treated with care and respect. They told us that care workers respected their privacy and tried to encourage them to maintain their independence and delivered care in line with their wishes. Care workers cared for people in a person-centred manner and involved them when supporting them, making them feel at ease.

Care plans for people were reviewed regularly which meant they received care that reflected their needs. The provider engaged with people and their relatives, listening when they raised concerns and following up on any actions.

The service was managed well, this was reflected in the feedback we received from people, their relatives and staff. The registered manager was aware of her responsibilities and encouraged an open culture where people's views were heard and acted upon. Quality assurance checks were in place which helped to maintain a good level of service.

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 4 December 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Managing Care Limited

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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 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 21 November 2019 and ended on 25 November 2019. We visited the office location on 21 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four staff including the registered manager, the IT manager and three care workers.

We reviewed a range of records. This included five care records and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including complaints and incident forms.

After the inspection

The Expert by Experience spoke with seven people who used the service and two relatives about their experience of the care provided. We requested additional evidence to be sent to us after our inspection. This including the training and induction programme records and feedback survey results.

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 improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection, we found that risk management plans and steps on how potential risk could be managed were not always clear. The provider had made improvements at this inspection.

- Financial transaction records where people were being supported with finances were clear. Financial log sheets were completed and were accompanied by receipts which matched with the records seen.
- Care plans for people that needed support with mobilising included guidance notes about safe transfers, including how to use the standing hoist and sliding sheet correctly. Staff that we spoke with were familiar with these procedures. One person said, "The staff are well trained. My wife uses a standing hoist. They were shown by the OT (occupational therapist)."
- Where people had been identified at risk of malnutrition, monitoring charts, such as fluid intake and bowel movement charts were completed in a timely manner by care workers.
- Medicines risk assessments, including any control measures to manage risk were included in care plans.
- Environmental risk assessments were completed which meant the environment was safe for people to live and for care workers to work in.

Using medicines safely

At the last inspection, we found that the paper and electronic medicines charts did not always correlate. The provider had made improvements at this inspection.

- People told us they were supported to take their medicines. One person said, "I am given medication. Everything is recorded in the book."
- Care workers were completing electronic and paper medicine records where they supported people to take medicines. These were being completed correctly.
- Electronic records were being checked daily for any errors and then further checks took place when paper records were collected for auditing purposes.
- Medicines support plans included information about any allergies, how medicines support was to be delivered including details of the prescribed medicines, contact details of the pharmacist, how it was ordered and disposed of.

Staffing and recruitment

- People did not raise any concerns about time keeping and said care workers turned up on time. One person said, "I have the same staff. If she is going to be late they will ring and tell me."
- Care workers were allocated to geographical areas which meant that travelling time between visits was minimised. Care workers told us, and records seen confirmed, they were given enough time to travel

between each visit.

- Staff files included an employee checklist, verifying that all the necessary pre-employment checks had been carried to an acceptable standard. This included reference checks, confirming right to work and identity checks and criminal record checks.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. One person said, "I feel completely safe. My carer is lovely. I am so lucky."
- Staff received safeguarding training and were aware of safeguarding procedures and how to respond, reporting and escalating any concerns.
- Records showed that the provider took action to report any allegations to the local authority in a timely manner.

Learning lessons when things go wrong

- Incidents and accidents were recorded and the registered manager notified in a timely manner. One care worker said, "If any issues are raised then I will complete it in the book but also speak with Corinne (the registered manager)."
- Records showed the registered manager carried out investigations where necessary and took action to try and prevent similar occurrences from taking place in future.

Preventing and controlling infection

- Staff confirmed they were given Personal Protective Equipment (PPE) to minimise the risk of cross contamination.
- Training records showed that staff received training in infection control, Control of Substances Hazardous to Health (COSHH) and general hygiene.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection, we found there was a lack of recorded supervisions for staff. The provider had made improvements at this inspection.

- Records showed that care workers had received regular supervision. This included shadowing, spot checks and one to one supervisions.
- New employees completed a number of shadowing visits under an experienced colleague. These visits were signed off by a line manager or the registered manager.
- Spot checks were carried out in people's homes and were done to ensure care workers were competent in carrying out their duties.
- Regular supervision and an annual appraisal took place where care workers were given the opportunity to express their views and receive feedback about their work.
- People said staff were trained and competent in carrying out their roles. One person said, "The [staff] are efficient, pleasant and well trained."
- Care workers received an induction to the service and were supported to complete the Care Certificate. This is an identified set of standards that health and social support workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new support workers.
- Refresher training in topics such as medicines, pressure care, moving and handling and care planning was delivered to staff which meant they were sufficiently trained to carry out their roles.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives said they were involved in planning their care. Comments included, "My care plan is detailed, I helped set it up", "[My relative's] care plan was set up with my [family member] and me present."
- Care records included correspondence and care and support plans and a timetable of support from the local authority where referrals had been made.

Supporting people to eat and drink enough to maintain a balanced diet

- Care workers had a good understanding of people's dietary needs and preferences.
- Records showed that care workers received training in nutrition health and food hygiene.
- Care plans included any support needs in relation to meal preparation and support, including what

people liked to eat, any health considerations that care workers needed to be aware of and people's level of independence in relation to eating.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access relevant community health services as necessary. One person, "When I came home from hospital I felt lost. They have helped me focus on a routine. She was so kind, it made my mind settle."
- Care plans included details of people's GP, pharmacy and other professionals. They also included any medical history and health diagnosis and how this affected people's day to day lives.
- Staff were familiar with people's health needs and of the need to raise any concerns about people's health in a timely manner.
- Where people were supported by community teams such as district nurses, this was documented.

Ensuring consent to care and treatment in line with law and guidance

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

- People and their relatives told us they were fully involved in the delivery of their care.
- Care plans were developed with the input of people and where appropriate, their relatives. Consent and agreement forms were signed.
- Care plans included details of people's capacity to make decisions and if they needed any support in this regard.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were happy with the care and support they received. Comments included, "She [the care worker] is very kind. It's like having a Mum again", "They have a laugh and a joke" and "She [the care worker] is a good sport, good in every way. I hope she stays with me."
- Care workers developed close relationships with the people they supported. People got regular care workers which helped with this. They said, "I know them [the care workers] very well. We play cards together", "They know my likes and dislikes. They look to see what needs to be done, as you would for a friend."
- Care workers received training in equality of care and person-centred care. They demonstrated a good understanding of these topics in our conversations with them. One care worker said, "It's important to sit with people and speak with them and find out how their day is."

Respecting and promoting people's privacy, dignity and independence

- People said that care workers supported them to promote their independence. They said, "The carer encourages [my relative] to be independent. She is asked to roll over for a bed bath and raise her legs. It helps her keep some strength", "I do the bits that I can do, but they support me in the shower" and "They encourage me to eat and see that I am dressed properly."
- People's dignity was respected. One person said, "They treat me with dignity and tell me what they are about to do."
- Care workers were aware of the importance of maintaining people's privacy when delivering personal care and gave us examples of how they did this in a respectful manner. One care worker said, "We talk to her and reassure her whilst doing personal care, try not to make her uncomfortable or uneasy."
- Staff had a clear understanding of the need to encourage people to remain independent and care plans were written in a way that promoted this practice.

Supporting people to express their views and be involved in making decisions about their care

- People said they were consulted about their care. One person said, "A lady came to check on my care. I have also had a questionnaire asking if I need anything changed." Another said, "There was one I didn't like. I rang up the office and she didn't come again."
- People's preferences in relation to how they wished to be supported were included in their care records. This included how they liked their personal care to be delivered, what they liked to eat and any medicines support.
- People and their relatives were involved in regular reviews of their care. Care plans were updated

accordingly if any needs changed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

At the last inspection, we made a recommendation about following up and ensuring agreed improvement actions following complaints are acted upon. The provider had made improvements at this inspection.

- People and their relatives told us the provider listened when they had concerns. One person said, "I did ring the office when my [staff member] didn't come any more. They put her back."
- People and their relatives were encouraged to raise any concerns through regular reviews of their care and during spot checks.
- We reviewed the formal complaints that had been received which showed the provider acted appropriately and followed up on any actions. For example, following one complaint regarding pressure care the registered manager arranged for all care workers to undergo refresher training and carried out supervisions for particular care workers.
- There had been three recorded complaints in the past year, these were all investigated in a timely manner and response provided to complainant and the local authority, this demonstrated an open culture.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The provider was still transitioning to a new electronic care planning system. Care records were being transferred onto this system in a phased manner which was not adversely affecting the delivery of care.
- Care workers had access to the system via a secure application on their mobile devices. This included people's details, their medicines records and the tasks that needed to be completed.
- Daily care notes were completed on paper in a timely manner which showed details of the support provided. Daily notes were collected every month and checked by field care supervisors.
- Individual care plans were in place for people, these were focussed on achieving positive outcomes for people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the AIS. People's care records detailed any support that they required with their communication needs, for example the tone of language and how to speak to people.

- At the time of the inspection, nobody had any specific communication needs.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care. The registered manager told us they were planning to deliver training in end of life care to all their care workers.
- Where they were in place, copies of Do Not Resuscitate (DNR) forms were kept in care records for care workers to be aware of if necessary.

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 now 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.

Continuous learning and improving care

At the last inspection, we found that some aspects of the quality assurance checks were not thorough enough and in other cases were not being done regularly. The provider had made improvements at this inspection.

- The registered manager had implemented a system where more robust quality assurance checks were in place.
- Records showed that regular reviews took place, this included both telephone monitoring and reviews in people's homes.
- The care plan system was monitored to check the timekeeping of care workers. Although not all care workers were using the system to clock in and out, they were expected to call the office when they arrived for a visit. The system also flagged an alert, so the office staff were able to monitor this on a daily basis.
- Medicines records were audited to confirm they were that were legible, and all entries completed.
- Spot checks and supervisions were being carried out more regularly.
- Care records were current and were promptly reviewed where people's needs changed.
- People said the service was well managed and they had no concerns about the quality of care they received. Comments included, "I have found them above and beyond. I was dreading them coming, now I don't think about it", "I would recommend them, they are the best" and "They have been professional right from the beginning."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection, we found the provider had failed to submit statutory notifications to the Commission. The provider had made improvements at this inspection.

- Records showed that statutory notifications were being submitted by the provider. The registered manager told us she had signed up to the online reporting portal which meant she was able to submit these in a timely manner.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- One person said, "The [registered] manager came to see if I am happy. They know that what I say is the

most important thing."

- People's views and their opinions about the delivery of care were explored during telephone monitoring and formal reviews. They were also given an opportunity to feedback during unannounced spot checks that took place.
- Care workers told us the registered manager was approachable and they were able to talk with her in an open manner. Regular staff supervisions took place which gave them a platform to feedback about their work-related issues in a more formal manner. One care worker said, "Corinne [Registered manager] is a life saver, if there's any problem she knows how to talk to you and support you in any way she can."
- Feedback surveys were completed for both people and staff. At the time of the inspection, the results of the client's survey were still being analysed. The staff survey showed high levels of satisfaction with how staff were feeling and how the service was being managed.
- Care records demonstrated evidence of partnership working with community healthcare teams.
- Our ongoing monitoring of the service indicated the registered manager had a good relationship with the local authority quality assurance teams and provided regular feedback to them in relation to any complaints and safeguardings.

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

- People praised the open culture. One person said, "I have found them so easy to be with. I am quite relaxed with them. They are so caring. We talk about everything."
- Records showed the registered manager was open to feedback and improvement. For example, action was taken in response to any complaints that were raised. These were shared with the quality assurance team at the local authority which demonstrated an open culture.