Managing Care Limited

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Inspection report

89 Bickersteth Road
London
SW17 9SH

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01 November 2018

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected Managing Care Limited on 24 October 2018 and 1 November 2018. This was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

At our previous inspection on 21 and 22 September 2017 we found the provider was not meeting regulations in relation to the outcomes we inspected, we found breaches of regulation in relation to Staffing and Good Governance. The service was rated Requires Improvement.

At this inspection, we found the provider continued to be in breach in relation to both Staffing and Good Governance, we also found new breaches of regulation in relation to Safe care and treatment and notifications.

The service remained Requires Improvement. You can see the action we have told the provider to take about these breaches at the back of the full version of this report.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. There were 60 people using the service at the time of the inspection.

Since the previous inspection, the service had undergone some major changes at management level. There was a new owner and new manager at the service. The manager was in the process of applying to become registered. 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.

Feedback from people and their relatives was positive. They told us that care workers were caring and friendly towards them they told us they felt safe in their presence. They also told us that the continuity of care was much better than previously experienced, although there were still some differences between care that was provided during the week and the weekends. People were happier with the quality of care they received during the week than at the weekends.

Care workers told us that the new manager had made major improvements to their rotas which they were pleased about. They said more thought had gone into allocating their rotas which meant they had reduced travelling time and were able to attend calls on time as compared to before. They also said that where they were required to 'double-up' with another care worker, this worked well also.

Although regular training was offered to staff, they did not always receive the same level of consistency with regards to supervision. New staff did not get a probationary review and experienced care workers did not get an opportunity to discuss their role.

Care plans were completed with the consent of people and their relatives. Although they were up to date, they were not always consistent in the level of information they gave to care workers. The provider was using an electronic care planning system; however this was not being utilised correctly. Care workers reported problems accessing the system which meant some records were recorded electronically and some on paper. The manager was aware of the issues with the current system and was looking at alternate solutions.

When complaints were raised, the provider investigated these. However, there were some occasions we found that agreed action points for improvement were not always followed up.

Records indicated that where safeguarding concerns were raised, the provider worked with the local authority to investigate these. However, the provider failed to meet its statutory requirements and did not always notify the Commission of these concerns.

Quality assurance checks were not being done regularly and in other cases were not thorough enough. This included auditing financial and medicine records, monitoring the quality of service through regular spot checks and monitoring the tine keeping of care workers.

The manager had only been in post since June 2018. At this time, the provider was undergoing major changes to its ownership. She had to deal with a number of staff leaving during this period, including the deputy manager and care co-ordinators. Despite this, she had made improvements to the service in relation to visit times and acknowledged that other areas as highlighted in the report needed to be improved.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service remains Requires Improvement.

Is the service effective?

Requires Improvement

The service has deteriorated to Requires Improvement.

Although staff received regular, refresher training they did not always receive regular supervision.

People were given the opportunity to decide if their support plans were appropriate and consent to them.

People's needs in relation to their diet and health were met.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Requires Improvement

The service has deteriorated to Requires Improvement.

Although complaints were investigated, agreed improvement actions were not always followed up.

We found that there were some inconsistencies in the information that was being recorded on the care planning system.

Is the service well-led?

Requires Improvement

The service remains Requires Improvement.

Managing Care Limited

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.

We gave the service 48 hours' notice of the inspection visit because it provides a domiciliary care service to people in their own homes and we needed to be sure that they would be in. Inspection site visit activity started on 24 October 2018 and ended on 1 November 2018. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures. An expert by experience contacted people and their relatives over the phone between these dates. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On this inspection, their area of expertise was care in the community.

Before the inspection, we reviewed the information we held about the service. This included notifications sent to us by the provider. Statutory notifications include information about important events which the provider is required to send us by law. We used this information to help plan and inform our inspection.

During the inspection we spoke with staff, including the owner, the registered manager, the field care supervisor, the care coordinator and five care workers. After the inspection, we contacted three people using the service and four relatives. We received feedback from four health and social care professionals about their views of the service.

We reviewed a range of documents and records including; seven care records for people who used the service, five staff records, as well as other records related to the management of the service such as complaints and audits.

Requires Improvement

Is the service safe?

Our findings

At our previous inspection which took place on 21 and 22 September 2017, people and their relatives said timeliness of care workers needed to improve. Records indicated instances where care workers were late, or where a second care worker did not always turn up for a double up call.

At this inspection, we found improvements had been made in relation to staffing levels. However, we found that there continued to be a breach in relation to this regulation with regards to the supervision and appraisal of staff. More details about this can be found in the section 'Is the service effective?'

People and their relatives confirmed that there had been improvements since the new manager had come in and there were a lot fewer missed visits. The general feedback was that care visits during the week were fine, although some continued to say that timekeeping during weekends was still an issue. Comments included, "Couple of times they have turned up late, but that's not too bad", "No problems now that we have regular person" and "Monday to Friday I have a regular support worker which is really good, she is amazing, fantastic but at the weekend they are so unreliable."

The manager told us they had worked to reduce the number of late and missed visits. Steps taken included assigning care workers to set geographical areas, close to their home address to minimise travelling and therefore reducing the risk of them running late. She had also introduced 'double-up rounds' so care workers that were doing double-up care travelled together. Work had also been done around the rotas, she said "I scheduled the clients so they had a team of carers that were working with them, so they knew who were coming."

Care workers confirmed with us that improvements had been made with regards to their rotas. Comments included, "Definite improvements. The rotas are more clear now, I'm now in one area. I cover Battersea and Wandsworth areas so it's easier to get around", "Most of the times, the rotas are fine. They will ask to confirm if we have received them. They are generally accurate and if there are any changes, they will contact us" and "The rosters are much better now. I had cut down my hours because of the roster issues and the day to day management but [manager] got me back and there's been no problem since then."

Risk management plans and steps on how potential risk could be managed were not always clear. Some people were supported with finances. One person with dementia who was being supported with finances had a financial support care plan which stated they did not have any 'people who help me with my finances (including advocates, solicitors, family, attorney)'. This was despite staff telling us the person was supported by their partner. In addition, the risk and control measures related to the financial support plan were not completed despite there being clear and identified risk in relation to the person's understanding of money due to their dementia. The financial support care plan said, "I am supported by the care worker to the cash point and withdraw £500." The risk and control measures about how the provider would manage this risk and safeguard both the person using the service and the care worker were not completed.

The provider's finances policies and procedures were not being followed in relation to managing financial

risk. The 'service users finances policy and procedure' included a 'finance and assets risk assessment' form which was not completed in the care records that we saw.

Another person had a history of falls and they needed a zimmer frame and rota stand. They had a personal care/moving and handling support plan advising staff of the correct moving techniques. However, there was no associated risk assessment for this person.

The provider supported people to take their medicines where required. We found inconsistency in some of the medicine records that we looked at. The manager told us that care workers were given both a paper copy of the medicine administration record (MAR) in addition to them having access to the electronic care management system on their mobile devices. They said if the electronic system was not working, care workers would complete the paper record.

We found that the paper and electronic MAR charts did not always correlate. For example, we reviewed the paper MAR chart for a person between 1 and 30 September 2018. There were some gaps in morning administration on 15, 16, 19, 22, and 27 September 2018. The paper record showed that some medicines were given on that day but not others. We checked the corresponding electronic MAR record and it was recorded as 'OTHER' but no further details about what this was. It was also not clear if the gaps were explored.

We spoke about these inconsistencies with the manager who acknowledged that many of the conflicts were down to some care workers using paper records and others using the electronic system.

The above identified issues are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had recruitment checks which helped to ensure only suitable care workers were employed. Staff files we checked had evidence of pre-employment checks such as application forms, proof of identity and address, written references and Disclosure and Barring Service (DBS) checks were completed. The DBS provides criminal record checks and barring functions to help employers make safer recruitment decisions.

All the people and relatives we spoke with told us they felt safe when care workers were with them. Care workers were aware of the tell-take signs of potential abuse, what steps they would take if they suspected abuse was taking place and who they could report their concerns to. Records showed that where concerns of a safeguarding nature were raised, the provider worked with the relevant stakeholders to investigate the concerns.

Requires Improvement

Is the service effective?

Our findings

Care workers told us that although they felt supported and enjoyed working at the service they thought that some aspects of their formal training and support could be better. Comments included, "I did not get much training on [the electronic care planning system]", "I did three days theory and the fourth day was manual handling. The [induction] training was good, it prepared me well, but the shadowing was the most helpful.", "I've not had a supervision as such but spoken a lot over the phone" and "Some better support when visiting new clients would be nice. I wasn't introduced to them as a new carer - just introduced as a shadowing person."

We found there was a lack of recorded supervisions for staff. Staff that had started recently did not have any probationary reviews or supervisions to see how they had been getting along in the first few months of their role. The provider was not following its own procedures for this. In the employee handbook it stated, "You will join us on an initial probationary period of six months, during this period, your work performance and general suitability will be assessed." It continued "At the end of the probationary period you will again be assessed." Staff files we saw did not contain any evidence of probationary reviews.

One person who had started in August 2016 only had two recorded supervision records on file, one was from August 2016 and the second from July 2017. A second care worker who had started in November 2017 had only one recorded supervision in February 2018 in their file. A third care worker who had started in July 2017 had two recorded supervisions in February and July 2018. A fourth did not have any recorded supervisions on file. Other care workers did not have any recorded supervisions at all. One had started in November 2017, another in July 2018 and a third had been working for two months.

The above identified issues are a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager said that morale was low when she first started, and she had worked on making things better for the staff. "When I started, I had 1:1 with all the carers because I wanted to find out how they were getting on, what the problems were. I increased their pay rates, put them in areas close to where they live." The hard work the manager had put in was acknowledged by all the staff we spoke with.

Records showed that training was delivered to care workers which helped them to carry out their roles. The providers training matrix showed that care workers received yearly refresher training in mandatory areas, this included privacy and dignity, fluid and nutrition, dementia, mental health and learning disabilities, safeguarding adults, health and safety, infection control, medication and moving and handling. New care workers were supported to obtain a nationally recognised qualification called the Diploma in Health and Social Care level 2 in preparing to work in adult social care which was integrated with the Care Certificate. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers.

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 were able to consent to their support plans during the initial assessment. This took place in their homes; their support options were presented to them and they were able to agree on what support they needed. Family members or those with Power of Attorney (POA) were often present at these meetings so any decisions could be mutually agreed between all parties. A staff member said, "If there are concerns around capacity I would feedback to their social worker. Usually people have a next of kin, so they are always invited to meetings." Copies of agreement and support plans were left in the homes for them to review the content, consider their options and to consent to the support agreement in place. Details of next of kin or POA were included in care records so they could be consulted in any future decisions.

A supervisor carried out assessments for people that had been referred to the service. They told us that assessments took place in people's homes during which they carried out a full assessment of their needs including what outcomes they wanted, their support needs and any areas of risk. A member of staff said, "I do an initial assessment and check if it matches what the social worker has told us. If there any additional needs such as mobility equipment needed or an Occupational Therapist (OT) involvement, I would get in touch with the social worker."

People's needs in relation to their diet and nutrition were met. People told us that care workers usually warmed up prepared food in the microwave to warm it or prepared simple meals for them. A relative said "They now puree or mash the food before they feed my [relative] and feed them very slowly."

Dietary information sheets were included in care records, so care workers had access to recommended guidance from health professionals about the most appropriate types of food for people they supported. Nutrition and hydration care plans were in place where nutritional support was needed. This included information about allergies, preferences, and the type of support needed whether it was just preparing or cooking and serving and the level of independence. Care workers we spoke with told us that where they had to support people to eat or drink, meals were either prepared by family members or they prepared simple meals from ingredients they found in people's homes.

People's healthcare needs were monitored by care workers. A relative said, "They check my [relative] regularly for bedsores and physical wellbeing. They make sure they rotate them and if they notice anything they report it to me straight away." Care plans contained people's medical history and details healthcare professionals involved in their care such as the GP or pharmacist.

Good

Is the service caring?

Our findings

We received positive feedback from all the people and relatives we spoke with about the caring nature of staff. One person said "Support workers are courteous, kind and respectable, they never rush me. They sometimes play cards with me." Another said, "Support workers are respectful and kind, they write everything in the management book." A relative said "Support workers are very caring and energised, it's like they want to do this job, and they take pride in what they do: they are very caring, kind, gentle, soothing to my [relative]."

Care records contained person-centred information such as 'what is important to me, what you need to do to respect my lifestyle choices and how I like to live my life.' People's preferences in relation to their care such as what they liked to eat, how they liked their personal care to be delivered were included. This information enabled care workers to support them how they wanted to be supported. Care workers demonstrated a good understanding of the people they supported, they were familiar with their preferences and how they liked to be supported which reflected the information that was in their care plans.

Care workers were aware of the importance of respecting people's religious and cultural needs. The care plans in place supported this practice by including details of any religious or cultural needs of people. Staff understood the importance of offering people choices and respecting their wishes. They told us that people often directed their own care and were happy to follow their lead. For example, one care worker told us, "If someone refuses personal care, then I would try to encourage them but respect their wishes and write it down in the notes." Another said, "[Person] tells me what they would like to eat, and I prepare it for them." A relative said, "My [relative] is nonverbal, and has deteriorated quite a lot since last year. Support workers are pro-active, they spot and adjust according." Another said, "They let [relative] take the lead and they follow her accordingly." Care plans also included a section on social inclusion and how people could be supported to maintain an active social life.

People told us that care workers respected their privacy and dignity. One person said, "My support worker respects my privacy and dignity by placing a towel on me when they wash." A relative said, "Staff close doors and curtains when they change my [relative]."

Requires Improvement

Is the service responsive?

Our findings

A relative said "I have no concerns or complaints what so ever." Another said, "I complained about six months ago regarding support workers. This is much better, no problems now that we have a regular person, he is very nice and very flexible. Care management is much better now." The provider's records showed that where complaints were raised, these were investigated and acted upon to the satisfaction of the complainant. For example, we saw complaints raised regarding rotas not being received and care workers running late. In response to this, the provider made changes and adjusted rota's and we saw emails from complainants expressing their satisfaction.

We found that there were occasions where some agreed improvement actions were not always followed up. For example, following one complaint regarding a care worker not turning up for double up call and out of hours not being notified. The complainant was advised the correct policies and procedures would be reinforced to the care worker. We checked this person's supervision record, and this had not taken place. In another complaint regarding wrong medicine being prompted, one of the identified actions was for the care worker to record on the electronic monitoring system when medicines were given so this could be monitored. We checked this person's medicines records and saw there were still some unexplained gaps.

We recommend the provider implements a system in place to ensure agreed improvement actions following complaints are monitored.

The manager said that they were using an electronic system for their care plans, however, they were considering other systems as the current one was not being utilised fully or correctly. Although the assessments and care records were being recorded via the system, we found that there were some inconsistencies in the information that was being recorded. Some records had important information that was not completed. In some records, people's medical histories and outcomes were left blank. In other cases, the care plan said they were not required to prompt/administer medicines so there was no medication support plan in place. However, the person was being supported with medicines and medicines records were being completed for this person.

Care workers told us that the current system was not reliable. Comments included, "I'm not using [the electronic system], I write all my notes in the book" and "I used to have the [electronic] system but the information on it was never correct and the phone is not working. I'm using the paper record." In one care record, there was guidance from the local authority community neuro team physiotherapist about correct moving and handling technique, however this had not been incorporated into the moving and handling plan. This would have made it more visible for care workers to access.

The care plans that were fully completed were comprehensive in scope and included an assessment of people's needs, important contacts and people's support network. They also included information relation to people's communication needs. Support plans were completed with the agreement of people and recorded their views on how they wanted to be supported. Care records did contain daily diary sheets and other information such as bowel/urine output sheets and food intake records which were completed well.

Requires Improvement

Is the service well-led?

Our findings

At our previous inspection which took place on 21 and 22 September 2017, we found that record keeping in the service was not accurate.

At this inspection, we found that concerns remained in relation to the governance procedures in place. We found that some aspects of the quality assurance checks were not thorough enough and in other cases were not being done regularly.

Audits of financial records were not accurate. We checked the financial transaction log for one person. Even though the provider retained the receipts, there was one receipt found that was not recorded in the financial transaction log. There was another record on the financial transaction log that was recorded as a cash transaction with money received and change given, however the corresponding receipt showed the transaction was paid by card with no cash exchanged. In addition, the finance transaction log was not signed by the person or their next of kin to indicate the record was accurate. The financial support plan for this person stated that 'care workers to record on the financial transaction charts, in the communication book.' The financial transaction charts were not being completed correctly and were also not in line with the provider's own policy. A staff member had signed to confirm the financial transaction log was audited and signed off as correct, despite these errors.

Some medicine administration record (MAR) charts were completed electronically and others on paper. Although, the provider did have a system in place to audit MAR charts or to reconcile electronic and paper records, we found some discrepancies when we checked these records.

Spot checks were not being carried out consistently. One care worker who had started in August 2016 had two recorded spot checks in August 2016 and May 2017. Another care worker who had been working for two months did not have any spot checks, including any probationary checks and a third care worker who had been working for one year did not have any recorded spot checks. There was no consistency with regards to the frequency of spot checks care workers were receiving.

There was no formal method for checking the timekeeping of care workers. Although the electronic care plan system allowed for this, this was not being implemented fully and care workers told us they were not using this system due to technical issues. The manager said that these care workers completed competed daily notes which were brought back into the office after a month. However, there were no formal checks that took place to monitor whether care workers were attending their calls on time.

The above identified issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was not meeting its regulatory requirements with respect to submitting statutory notifications to the Care Quality Commission (CQC). There were a number of records seen in the provider's 'complaints and safeguarding' folder for which we did not receive the appropriate notification. For example, we saw

incidents where internal investigations had taken place, referrals made to the safeguarding team and safeguarding meetings had taken place that we were not aware of and no notifications had been received.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 Care Quality Commission (Registration) Regulations 2009.

There had been some major changes to the provider since the last inspection. The previous director and owner had sold the company and the registered manager had left. During this period, the deputy manager and some care co-ordinators had also left. There was a new owner and a new manager in place, the manager was in the process of applying to become registered. The new manager spoke about the challenges she faced during this period, including having to recruit new care co-ordinators and supervisors in addition to having to work through and rectify some areas of poor practice that she had identified. The manager acknowledged the challenges but was determined to put things right. Care workers that we spoke with were all unanimous that there had been improvements to the service since the new manager and owner had come on board. Feedback from people and their relatives was also generally positive. We were assured that given sufficient time, the manager would be able to improve the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person did notify the Commission without delay of some incidents related to abuse or allegation of abuse in relation to a service user; whilst services were being provided in the carrying on of a regulated activity. Regulation 18 (1) (2) (e).

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not do all that is reasonably practicable to assess and mitigate risks. Regulation 12 (2) (b). The management of medicine was not proper. Regulation 12 (2) (g).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems or processes to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity were not established and operated effectively. Regulation 17 (2) (a).

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Persons employed by the service provider in the provision of a regulated activity did not

receive appropriate support, supervision and appraisal as is necessary to enable them to carry out their duties. Regulation 18 (2) (a).