Managing Care Limited

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Inspection report

89 Bickersteth Road
London
SW17 9SH

Date of inspection visit:
21 September 2017
22 September 2017

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
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 21 and 22 September June 2017 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. This was the first inspection of the service since it registered with the Care Quality Commission (CQC), it was previously registered at a different address.

Managing Care Limited provides personal care for people in their own homes. They offer a variety of care including dementia and palliative care. At the time of our inspection there were approximately 78 people receiving personal care from the service, the majority funded by the local authority and some privately funded.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that up to date or accurate records were not always maintained. We saw examples of Medicine Administration Record (MAR) charts not being completed correctly, financial transaction logs not being signed by people using the service or their relatives and receipts not always kept. The complaints records were not completed appropriately.

People using the service told us there was inconsistency with care workers and they were not always kept informed of changes in rota. This was reflected in the provider's own feedback surveys and their on-call records. There were instances where for a double up call, the second care worker did not turn up.

Care workers received an induction based on the Care Certificate and thereafter received ongoing refresher training in the same subject areas. They told us they felt well supported by the management team who they said were approachable.

People said that care workers were caring and friendly. They were treated with dignity and respect and were offered a choice with regards to their personal care support needs. People said they received their medicines and care workers supported them appropriately in relation to their nutrition and they felt safe in the presence of care workers.

The provider was moving to new, online care plans which were accessible on smart phones. Not all of the care plans had moved to this new system. The care plans we saw identified people's support needs and any risk. They also contained person centred information such as their preferences in relation to their personal care.

The provider sought feedback from people using the service and care workers and used this to make

improvements.

We found a breach of the regulations in relation to good governance and staffing. You can see what action we have told the provider to take at the back of the full version of this report.

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 was not safe in all aspects.

People and their relatives said continuity of care workers needed to improve. Records indicated instances where care workers were late or a second care worker did not always turn up for a double up call.

People said felt safe in the presence of care workers.

Although people told us care workers supported them in relation to their medicines, we found MAR charts were not always completed correctly.

Risk assessments were completed when people first started to use the service and reviewed regularly.

Is the service effective?

Good

The service was effective.

Care workers received a thorough induction and refresher training.

People's dietary and healthcare needs were met by the provider.

People were consulted when deciding on their care and said care workers sought their consent when supporting them.

Is the service caring?

Good

The service was caring.

People said care workers were friendly and caring.

Care workers respected people's choices and understood what it meant to protect their privacy and dignity.

Care workers had received training in equality and diversity.

Is the service responsive?

Good

The service was responsive.

Care plans were written up after an assessment of people's needs.

Care plans included people's support needs and their preferences about how they liked to be cared for.

People told us they knew how to raise concerns and felt confident they would be listened to.

Is the service well-led?

Requires Improvement

The service was not well-led in some aspects.

Aspects of the record keeping was not accurate, this included MAR charts, financial record keeping and the providers response to complaints.

The provider sought feedback from people using the service, however in some cases this was not always effective in identifying some of the issues around record keeping.

People told us the registered manger was approachable and available to speak with.

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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.

We undertook this comprehensive inspection on 21 and 22 September 2017. The inspection was announced, the provider was given 24 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service.

During the inspection we spoke with the Director, registered manager, deputy manager, a care coordinator, a trainer and five care workers. We looked at seven care records, six staff records, training records, complaints and audits related to the management of the service.

After the inspection, we spoke with four people using the service and four relatives by phone.

Requires Improvement

Is the service safe?

Our findings

People using the service and their relatives told us that an area that the provider needed to improve was the time keeping and regularity of care workers. Comments included, "Sometimes there are some hiccups with them turning up, care workers turn up without the other", "Not always on time, some have difficulty getting here for 09:00", "They are nice but they don't send regular carers, it's difficult for us because we have to show them [how to care for my family member] every time" and "Punctuality could be better."

Some of the telephone monitoring feedback that formed part of the quality assurance process was related to poor timeliness and consistency of care workers. One complaint that had been received was also related to this same issue.

We looked at the on call register, a record of all the calls received by the on call staff after hours and on weekends. We saw a number of incidents recorded where care workers were running late. On the record for 15 September 2017, there were two calls where the second care worker did not turn up for a double up call, no cover was available and the person was supported by one care worker. Other calls related to confusion over rotas. there were other incidents seen where the second care worker did not turn up. Following the inspection, we received minutes from a safeguarding meeting in which it was noted that a second care worker did not always turn up for a double-up call.

In a care workers' feedback survey, 54% said they were not consulted about changes in rota and 55% were not informed about cancelled visits.

Similarly, in a survey for people using the service 35% of people said that care workers did not turn up on time and 68% said they were not always informed about changes.

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

Although people using the service and their relatives told us they received their medicines, we found that Medicine Administration Record (MAR) charts were not always filled in correctly. The provider told us they were moving to a new system for recording MAR charts electronically which they hoped would reduce errors in recording in future. A list of prescribed medicines was recorded in people's care plans.

Staff files included an employee checklist confirming that all relevant recruitment checks had been carried out. Files contained people's application forms, evidence of identity, address and right to work. They also contained Disclosure Barring Service (DBS) checks. The DBS provides criminal record checks and barring functions to help employers make safer recruitment decisions. References from previous employers or character references were also sought.

People using the service and their relatives told us they felt safe in the presence of care workers. They said, "Yes I feel safe", "I don't have any worries about that, the carers are friendly" and "Absolutely, I think [family

member] is safe and looked after."

Care workers were able to identify the different types of abuse that people could be at risk of and were aware of the correct reporting procedures. One care worker said, "Safeguarding is caring for people properly, keeping them safe from harm." Another said, "If I was worried about someone, I would speak with them and then call the office."

Safeguarding training was delivered as part of induction training and was refreshed every year.

Risks to people were assessed during their initial assessment and reviewed on a regular basis which ensured they were up to date. The deputy manager explained they usually carried out two risk assessments during the initial assessment, a client risk and a premises risk assessment. The client risk assessment was mainly based around mobility and each manoeuvre was risk assessed and an overall rating given. The premises risk assessments were signed by the people using the service, indicating their consent.

A summary of 'risk factors' were documented in peoples care records. These typically included potential side effects of medicines, risks due to falls and other factors. Moving and handling risk assessments contained a good level of detail about the types of hoists used, how to operate them in a safe manner. In some cases, reports and guidelines from Occupational Therapists (OT's) were included which provided a greater level of detail about how people were to be supported appropriately.

Good

Is the service effective?

Our findings

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.

Although some care workers were not familiar with the MCA, others were and knew how to make decisions in people's best interest where they did not have the capacity to make decisions. A care worker said, "If people live with relatives, I will speak with them. But some people with dementia can still tell you their preferences."

There was a section in the care plans called mental health and cognition. We found that this section did not always contain sufficient detail about the person's capacity to make a decision. In one care plan, this simply stated 'mild cognitive impairment.' In another example, it stated the person was 'anxious and under a lot of stress.' In both these examples, there was no further information whether this affected their decision making. One person's care plan said 'can be confused at times, also suffers from memory loss.' The financial transaction logs for this person were not signed by the person or their representative. The registered manager told us, a set amount of money was left for this person by their family to be spent on everyday items but this was not documented and there was no explanation why the financial records were not signed.

We found the provider was meeting the requirements in relation to consent, however the record keeping was not clear.

People and their relatives told us that care workers asked for their consent before supporting them. Comments included, "Yes, they ask me what I would like to eat", "They do offer a choice, ask [family member] if they would like this" and "We talk about the care plan, we have a copy at home. We agreed the care plan together."

People's dietary preferences were included in their care plans, these included what they liked to eat and drink and their dislikes. One relative said, "They make what [my family member] likes." Care workers were aware of people's preferences as recorded in their care plans but told us they were always careful to offer them a choice. People told us that care workers usually prepared ready meals for them or prepared food that was available in their homes.

People told us that care workers looked after their general health. Care plans included people's medical history, contact details of their GP, other health professionals and also a list of their prescribed medicines.

On the day of the inspection, new care workers were undergoing their induction training. We spoke with the trainer who told us that all new care workers completed the Care Certificate as part of their induction. The

Care Certificate is an identified set of 15 standards that health and social care 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 and was developed jointly by Skills for Care, Health Education England and Skills for Health.

The trainer told us the training was delivered over five days during which care workers completed their workbooks. The books were then marked by the trainer who then passed them onto an assessor who checked the quality of the workbooks and sent them onto the awarding body to issue the certificates. This flow helped to ensure that the workbooks were completed appropriately.

Basic life support, manual handling and medicines training was not done by the trainer but completed by the provider. A training room was available with a range of equipment such as a hoist, beds and other equipment for care workers to practice on. One care worker told us, "The training was good but I found the shadowing most useful, practical experience is better."

Once care workers had been fully inducted, ongoing refresher training was completed annually by the provider which helped to ensure care workers were fully up to date with their training requirements. The annual refresher trainer included moving and handling, medication and topics covered as part of the induction training.

Training certificates were included in care worker's files. We saw evidence of medicines training which included a medicines competency test.

Care workers told us they received regular supervision with either the registered or deputy manager and there was evidence of staff supervision in the staff files that we saw. Some staff supervision records were not signed by care workers. Care workers also received supervision through on site supervision in people's homes during unannounced spot checks.

Good

Is the service caring?

Our findings

People using the service and their relatives told us that they were happy with the attitude shown by the care workers. Comments included, "The carers are good, no complaints", "Yes they are very nice, caring", "the regular ones are good", "Carers are friendly and caring" and "They do their job well, respectfully."

People said care workers respected their privacy and dignity, telling us "They are careful when helping me to shower", "Yes they respect my personal space" and "I feel safe with them." Care workers gave us examples of how they respected people's privacy and dignity when delivering personal care. One care worker said, "I call them by their name, before I start to wash them I always ask their permission." Another said, "You have to be careful that no one else is around when helping them, you keep the doors and windows closed."

The care plans contained a good level of detail about people's support needs in relation to their personal care. In one example, there were specific personal care guidelines as the person had particular preferences about how they liked their personal care to be done. Other examples we noted were preferences in relation to eating and drinking, how they liked their food prepared and their morning and evening routine. Care workers with demonstrated a good understanding of people's support needs and their preferences. One care worker said, "Although the care plans have information about what people like, I always ask them anyway." Another said, "I always offer a choice, either show them their clothes in the wardrobe or offer them a choice from the fridge."

Care workers received training in equality and diversity as part of their induction and ongoing training. A care worker said, "I treat people equally, you have to respect people's views. We are just there to provide care for them and not judge them." Another said, "Respecting people is not talking about them to other carers, or passing confidential information to them."

Good

Is the service responsive?

Our findings

People using the service told us the provider listened to their concerns and acted upon them. They told us they knew who to contact if they had concerns or complaints. Comments included, "At the moment I'm very satisfied, in the past had issues with the carers but the manager always listened to us and responded." People told us they knew who to speak with if they had a complaint or wanted to provide feedback.

People and their relatives were given detail about the provider's complaints procedure in the 'client guide' that was given to all people when they first started to use the service.

Concerns and complaints were picked up in the telephone and client reviews that took place. We saw a record of complaints since the past year. According to the record, the last resolved complaint with a recorded action was 28 September 2016. Since 21 March 2017 there had been nine recorded complaints and although the registered manager said they had been resolved there was no action or no outcome recorded against either of these.

We found the concerns related to the way the provider maintained their records in relation to complaints rather than how they responded to concerns and complaints raised.

The registered manager or deputy manager were responsible for carrying out assessments following an enquiry or a referral. They told us, "When we get a referral, the information is usually sent in an email and we then have to look at the needs of the client and also our capacity and whether we can meet their needs."

The initial visit consisted of carrying out an assessment of people's needs, identifying any areas of risk such as falls, moving and handling or risks to environment. The deputy manager told us it was also an opportunity to find out people's preferences and their likes and dislikes. Care plans were written up and a copy left at the person's home. The deputy manager said, "We try and update the care plans every six months."

A new care coordinator had been recently recruited, they told us their main duties involved allocating care workers to people once a care plan had been agreed and ensuring all the rotas and schedules were complete.

The provider was in the process of changing their care planning system to a new online system on which care workers were able to access on their mobile devices. The registered manager told us that all the plans had been uploaded to the new system, however, they had not fully transferred over to the new system but were doing a gradual crossover. Some people still had their old care plans in their records, whilst others had the new. All the care plans we saw had been reviewed recently to ensure the information in them was current before transferring to the new system.

Care plans contained information about people, their next of kin and GP details. They also contained their medical history and any potential impact this would have when supporting people. Details of the task to be

included and the level of support required was recorded in the care plans including support with medicines, food, personal care and other areas. Some parts of the care plans did not contain sufficient detail. For example, in one record the section called sight/hearing and communications had information about the person's eyesight but not about their hearing or communication. Other areas such as mental health and cognition did not contain sufficient information either on the potential impact of this when supporting people. We highlighted this to the registered manager on the day of the inspection to ensure the information was fully complete on the new care planning system.

Care workers completed a daily diary sheet with details of the support tasks carried out, these were bought back to the office periodically and filed monthly. They also completed separate food and fluid intake charts where they were needed to support people in these areas.

Requires Improvement

Is the service well-led?

Our findings

We found that up to date records were not always maintained.

We checked the MAR chart for one person between 23 July 2017 and 30 July 2017. The chart for 25 and 26 July for some of the medicines were left blank. We checked the daily diary records the care workers completed for these date and the notes stated 'placed night medication near the bed', which meant that the MAR charts should have been recorded as self-administered. For this same person, on 23 July 2017, the MAR chart was not signed but the daily diary notes stated 'medicines taken in the morning.'

There were other examples of MAR charts not being completed correctly.

Care workers sometimes purchased items and shopping for people using the service. In two examples we saw that the financial transaction logs were not completed correctly, the signature of the person using the service was not always sought to confirm the items purchased were as recorded. Receipts were attached to some of the financial transaction logs but not all of them. We asked the registered manager about one of these people and she told us they liked to keep their receipts; however this was not recorded anywhere. The provider's finances policies and procedures were not being followed. The 'service users finances policy and procedure' stated 'the organisation will keep full, individual, receipted records of its financial transaction with or on behalf of the service user. There was also a 'finance and assets risk assessment' form which was not completed in the care records that we saw.

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

Although there was evidence that reviews of people's care took place, in the examples we saw these were not always effective in identifying concerns. For example one of the areas looked at was medicines and if the person's Medicine Administration Record (MAR) charts were filled out correctly. These did not identify the gaps in the MAR charts we saw in the inspection. In other examples, the client review stated the MAR charts were being filled correctly, however when we checked the MAR charts there were gaps.

People and their relatives told us they were happy with the service but highlighted some areas where it could be managed better. They told us, "Generally satisfied. It took time to get into routine, we had a few teething problems but things are better now", "There were some hiccups during weekends which took time to iron out", "The regular carers are good but communication over the weekends can be improved if carers are running late or timings", "You get different people on Saturday and Sunday. They send the rota sometimes, not every time."

The provider sought feedback from people using the service and care workers. There were aspects of the service that were rated well and other areas where improvement was needed. 35% of people had responded to a survey that had been sent out recently. 100% of those who responded felt their independence was maintained, and care workers treated them with respect and dignity. 100% felt that care workers were kind

and 95% felt they received good quality care and the provider was responsive. However, 35% of people said that care workers did not turn up on time and 32% said they were not always informed about changes to the rota.

The provider had pledged to take action into some of the concerns identified including making more use of taxis, strengthening the management team and rolling out the new care plan system.

12 care workers returned the care workers questionnaire, 54% of the respondents said they were not consulted about changes in the rotas and 55% were not informed about cancelled visits. In response to the feedback, the provider said they had recruited a new care coordinator and the roll out of the new electronic care plan system which they hoped would reduce these concerns.

The majority of people we spoke with said that the registered manager listened to their concerns and was approachable, "You can talk directly to [the registered manager], she gets back to you", "The service is OK, it could be better but I've seen worse." Staff felt the registered manager was good, comments included "[The registered manager] will solve any problem", "She put things right straight away."

A team leader was responsible for carrying out spot checks. Care worker spot checks included whether they arrived on time, displayed their badge, demonstrated good personal hygiene, showed respect to the person using the service, followed the care plan and if they completed their tasks.

Face to face and telephone monitoring took place which focussed on the experience of people using the service. This involved asking people if the care worker arrived on time, their general time keeping, if all the tasks were completed, if they had any complaints and if they felt safe.

The provider submitted notifications to the CQC for certain incidents that took place as required by law. We reviewed notifications that had been submitted by the provider and found evidence that they took appropriated action in response to these.

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 17 HSCA RA Regulations 2014 Good governance Accurate, complete and contemporaneous records in respect of each service user were not maintained. Regulation 17 (1) and (2) (c).

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not always deployed. Regulation 18 (1).