

Carpenders Care Limited

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Inspection report

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Date of inspection visit:
18 December 2018

Date of publication:
06 February 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

We undertook an announced inspection of Carpenders Care Limited on 18 December 2018. Carpenders Care Limited is a domiciliary care agency registered to provide personal care to people in their own homes. The agency provides personal care support to elderly people in North West London. At the time of the inspection the service provided care for 14 people. CQC only inspect the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post. 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.

During our last inspection in June 2016 we rated the service as overall Good.

Some people who used the service were unable to verbally communicate with us due to their mental capacity and we therefore spoke with their relatives. People who used the service and relatives told us they were satisfied with the care and services provided and raised no concerns. People told us they were treated with respect and dignity by care support staff and said they felt safe when care support staff were in their homes. Relatives spoke positively about care support staff and said that the service was well-managed.

Systems were in place to help ensure people were protected from the risk of abuse. Staff records indicated that staff had received safeguarding training and staff confirmed this. Staff were aware of the process for identifying concerns and said that they would report their concerns to management.

Risks to people had been assessed, updated and regularly reviewed to ensure people were safe and risks to people in relation to treatment or care were minimised.

Appropriate arrangements were in place in relation to medicines management. The service had a system in place for auditing medicine administration records (MARs).

The registered manager explained that the service had experienced difficulties employing care support staff and that a number of staff had left the service. The registered manager confirmed that at present the service was able to safely meet people's needs but said that she had decided not to take on further clients until she had employed more care support staff and was in the process of recruiting staff at the time of this inspection.

People told us they experienced consistency in the care they received. Relatives we spoke with confirmed this and said that people received care from the same care support staff. People and relatives also told us that there were no issues with care support staff's punctuality and attendance. During the inspection, we

noted that the service did not have appropriate systems in place to audit care support staff punctuality and attendance. We discussed this with the registered manager and she advised that she would implement a system to monitor this.

People were cared for by care support staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Records showed that care support staff received appropriate training. The registered manager supervised care support staff through a combination of supervision sessions and spot checks. However, it was not evident that these took place consistently and at regular intervals over a period of a year. We raised this with the registered manager and she explained that she would ensure these were carried out consistently.

Care support staff had a good understanding of and were aware of the importance of treating people with respect and dignity and maintaining people's independence. They also understood what privacy and dignity meant in relation to supporting people with personal care. Feedback from people and relatives indicated that positive relationships had developed between people and care support staff.

Care support plans were individualised and included detailed information about people's personal care, what tasks needed to be carried out, people's needs and how these needs were to be met. Care support plans focused on ensuring people's individual needs and wishes were respected and included information about people's preferences.

The service had a complaints procedure in place and people and relatives we spoke with told us they would not hesitate to raise concerns with the registered manager.

There were systems in place to monitor and improve the quality of the service. We found the service had a system in place to obtain feedback from people about the quality of the service they received through satisfaction surveys and review meetings. The service carried out audits of the quality of the service to monitor the progress of the service. Audits had been carried out in relation to care documentation, staff files and medicines. The aim of this audit was to look at the overall running of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Carpenders 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, and to provide a rating for the service under the Care Act 2014.

One inspector carried out the announced inspection on 18 December 2018. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection.

Before we visited the service we checked the information that we held about the service and the service provider including notifications we had received from the provider about events and incidents affecting the safety and well-being of people. The provider also completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR also provides data about the organisation and service.

During our inspection we went to the provider's office. We reviewed five people's care plans, five staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Some people who used the service were unable to verbally communicate with us due to their mental capacity and therefore we spoke with people's relatives. We spoke with two people who used the service and four relatives. We also spoke with five members of staff including four care support staff and the registered manager.

Is the service safe?

Our findings

People who used the service told us they felt safe in the presence of care support staff. One person said, "I feel very safe around the carer. They are all very nice and listen to what I need." Relatives of people who used the service said they were confident that people were safe when being cared for by care support staff. One relative said, "[My relative] is very much safe." Another relative told us, "I am very satisfied with the care. [My relative] is safe."

The service had appropriate arrangements in place to ensure that people were safe and protected from abuse. Care support staff had received training in safeguarding people and documentation confirmed this. Care support staff we spoke with told us that if they had concerns about people's safety they would report their concerns immediately to the registered manager. We saw that safeguarding and whistleblowing information and contact numbers to report issues were clearly displayed in the office.

Risk assessments were in place and contained guidance for minimising potential risks. These covered areas such as the environment, medication, falls and the use of mobility equipment. Risk assessments included details of who may be affected, the degree of risk, risk control measures and action required for a positive outcome to be achieved. We saw evidence that they were reviewed by management and updated when there was a change in a person's condition. We noted that two people's care support plans indicated that they were diabetic. We saw care support plans included instructions for staff on how to look out for the signs of high and low blood sugar. However, we found that there was no risk assessment in place for those people that were diabetic and raised this with the registered manager. Following the inspection, the registered manager provided us with evidence of the risk assessments in place for those people who were diabetic. This included information about risk control measures in place.

The registered manager confirmed that the service assisted one person with their medicine. We looked at the medicines arrangements in place for the administration and recording of medicines. There was a policy and procedure for the administration of medicines. Records indicated that staff had received training on the administration of medicines.

The service confirmed that staff collected people's completed medicine administration records (MARs) from their homes monthly and this was then stored at the office. We looked at a sample of medicine administration records (MARs) for one person in September, October and November 2018. MARs included information about the person's allergies and details of the prescribed medicines. We saw that these MARs had been completed with no gaps, which showed people had received their medicines at the prescribed time. However, we noted that there was an error on the MAR on 6 October 2018 which had been initialled by a member of staff to indicate that the medicine had been administered. This was however crossed out. We queried this with the registered manager and she explained that an error had been made where the care support staff had filled in the wrong box and then crossed it out. The service had a system for auditing MARs and this was carried out weekly. However, we noted that the audit had failed to identify this error. We raised this with the registered manager who advised that this was an error and she would ensure she reviewed audits.

We discussed staffing numbers with the registered manager. She explained that the service had experienced difficulties employing care support staff and that a number of staff had left the service. Some care support staff told us that recently there had been a shortage of care support staff. The registered manager explained that at present the service was able to safely meet people's needs but that she had decided not to take on further clients until she had employed further care support staff. She explained that at present she was also working as care support staff to ensure all visits were covered until she recruited more care support staff. The registered manager confirmed that she was in the process of recruiting care support staff and showed us evidence of this.

We spoke with people and relatives about punctuality and they raised no concerns in respect of this. They told us that care support staff usually turned up on time. Care support staff we spoke with told us that they were sent their rota in advance and therefore it was clear where they were providing care each week. Care support staff spoke positively about this and said that they always knew where they had to be and there was no confusion regarding this. We asked the registered manager how the service monitored care support staff timekeeping and whether they turned up on time or were late. She explained that the service used a telephone homecare monitoring system which care support staff would call to confirm that they had arrived at a person's home and when they left. The registered manager explained that if care support staff were late or did not arrive at a person's home, the system would highlight this. If this was the case, she explained that the office would ring the care support staff to ascertain why a call had not been logged and take necessary action there and then if needed. The registered manager explained that this situation did not occur as care support staff always called people and the office if they were delayed. People and relatives we spoke with confirmed this. During the inspection, we noted that the service did not have appropriate systems in place to audit care support staff punctuality and attendance. We discussed this with the registered manager and she advised that she would implement a system to monitor this.

We looked at the recruitment process to see if the required checks had been carried out before care support staff started working with people who used the service. We looked at the recruitment records for five members of staff and found background checks for safer recruitment including, enhanced criminal record checks had been undertaken and proof of their identity and right to work in the United Kingdom had also been obtained. Two written references had been obtained for care support staff.

The service had a system for recording accidents and incidents. These were documented on a report form which included details of the incident, investigation details and actions taken to prevent reoccurrence.

The service had an infection control policy which included guidance on the management of infectious diseases. Care support staff were aware of infection control measures and said they had access to gloves, aprons other protective clothing and these were always available in the office. People who used the service and relatives told us that care workers observed hygienic practices when providing care and no concerns were raised in respect of this.

Is the service effective?

Our findings

People who used the service and relatives told us that they had confidence in care support staff and said they were well cared for by them. One person said, "Overall I am happy with the care. I am satisfied with the care on the whole. Care staff know what they are doing." Relatives of people who used the service told us they were satisfied with the care provided. One relative said, "Hand on my heart, the care has been really good. The care is ten out of ten." Another relative told us, "The carers are very personable. Very good carers. They are respectful. [My relative] likes her."

During our inspection, we spoke with care support staff and looked at staff files to assess how staff were supported to fulfil their role and responsibilities. Training records showed that care support staff had completed an induction and received training in areas that helped them when supporting people. Training staff received covered safeguarding adults, moving and handling, basic life support, fire safety, diabetes, food hygiene and medicines administration. Training was in accordance with the 'Care Certificate' and some care support staff were in the process of completing this. The Care Certificate provides an identified set of standards that health and social care workers should adhere to in their work.

Care support staff we spoke with told us that the induction and training they received prepared them to do their job effectively. One care support staff told us, "The training was really helpful. I am doing the Care Certificate. It was informative and practical. There is lots of different training." Another care support staff said, "The training has been really relevant to what I do."

There was documented evidence that care support staff received some supervision sessions and this was confirmed by care support staff we spoke with. The service supervised care support staff through a combination of supervision sessions and spot checks. However, it was not evident that these took place consistently and at regular intervals over a period of a year. We raised this with the registered manager and she explained that she would ensure these were carried out consistently. Staff had received necessary appraisals.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had knowledge of the MCA and training records confirmed that they had received training in this area. Staff were aware that when a person lacked the capacity to make a specific decision, people's families, staff and others including health and social care professionals would be involved in making a decision in the person's best interests. Care support staff we spoke with were aware of the importance of encouraging people to be independent and make their own decisions where possible.

Care plans included information about people's mental health and their levels of capacity to make decisions

and provide consent to their care. We found that care plans were signed by people or their representative to indicate that they had consent to the care provided.

People were supported with their nutritional and hydration needs where their care plans detailed this. Care support plans included information about each person's dietary needs and requirements, personal likes and dislikes and allergies. We spoke with the registered manager about how the service monitored people's health and nutrition. She explained that that care support staff prepared food for people where this was detailed in their care plan. The registered manager explained that that if care support staff had concerns about people's weight they were trained to contact the office immediately and inform management about this. The service would then contact all relevant stakeholders, including the GP, social services, occupational therapist and next of kin. Records confirmed that staff had received food hygiene training.

Is the service caring?

Our findings

People and relatives we spoke with told us that care support staff were caring and spoke positively about them. They said that care support staff treated them with respect and dignity. One person said, "The carers are kind and caring." One relative told us, "They always treat [my relative] with respect and dignity. Carers understand [my relative]. They never dismiss [my relative] and communicate with [my relative]. Another relative told us, "Care staff are conscientious." Another relative said, "All care staff have been great. [The manager] is really caring. She has a caring attitude."

Care support plans included information that showed people had been consulted about their individual needs including their spiritual and cultural needs. Each care plan included information about people's cultural and spiritual values. Staff we spoke with told us they knew that all people should be treated with respect and dignity regardless of their background and personal circumstances. We discussed how the service ensured the met people's cultural needs with the registered manager. The registered manager explained that she discussed people's cultural and spiritual needs with people and their relatives during reviews to ensure that the service was meeting people's needs. She also explained that this was important in order to understand people. Where possible, care support staff were matched to people with the same type of interest and background so that they had things in common and were able to have conversations. We noted that one person required assistance with regards to their personal care so that it was carried out in particular manner to ensure the person met their religious needs. The registered manager explained that they supported this person to do this and respected their wishes.

The registered manager explained that the service aimed to provide personalised care which focused on the individual person. She said that she ensured that they discussed people's care with them and tailored their care according to what their individual needs and wishes were. Care support plans included information about people's life history, favourite things such as happiest memories and favourite foods as well as personal wishes. We noted that this information was consistently completed in the care support plans we looked at.

There was documented evidence that people's care was reviewed regularly with the involvement of people and their relatives. These reviews enabled people and their relatives discuss and review people's care to ensure people's needs were still being met and to assess and monitor whether there had been any changes.

The service had an informative service user guide and online website which was accessible to people and relatives. This included important information regarding the service and detailed the aims of the service which included, "To maintain and enhance [people's] well-being and quality of life, helping [people] to remain as independent as possible."

When speaking with care support staff, they indicated a good understanding of caring, respectful and compassionate behaviour towards the people using the service. Care support staff were aware of the importance of ensuring people were given a choice and promoting their independence. Care support staff were also aware of the importance of respecting people's privacy and maintaining their dignity. One care

support staff told us, "I always introduce myself and explain what I am doing. I ask if they are comfortable and ask them always what they want. I am always friendly. Another care support staff said, "I always ask how they are. Even if the care plan says what needs to be done, I still always ask. Not every day is the same. I look after people well. I respect their privacy and dignity."

Is the service responsive?

Our findings

People who used the service and their relatives told us that the service was responsive and listened to them if they had any concerns. One person said, "Care staff listen to me." One relative said, "They are really flexible and always work with me." Another relative told us, "They respond to [my relative's] needs. I have no hesitation recommending the agency. I feel lucky that we have them."

We looked at five people's care plans as part of our inspection. Care plans consisted of a care needs assessment, a support plan and risk assessments. The care needs assessments provided comprehensive and detailed information about people's medical history, social interests and mental capacity. The care needs assessment outlined what support people wanted and how they wanted the service to provide the support for them. Before providing care, the registered manager explained that she assessed each person and discussed their care with them and their relatives in detail to ensure that people's needs were always met.

Individual care plans were then prepared and they clearly detailed areas such as people's personal care, what tasks needed to be done each day, time of visits, people's needs and how these needs were to be met. These were individualised and specific to each person and their needs. Care support plans included information about people's preferences, their likes and dislikes. There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

Daily communication records were in place which recorded visit notes, daily outcomes achieved, meal log and medication support where provided. This assisted the service to monitor people's progress. We noted that these were up to date.

The service carried out a satisfaction survey for people and relatives in February 2018. We noted that the feedback was mostly positive. Where issues had been raised, there was documented evidence of action taken by the service to respond to these issues. The registered manager confirmed that the service carried out satisfaction surveys annually but she explained that she was in regular contact with people and their relatives and therefore discussed people's care on a regular basis so that issues were dealt with swiftly.

The service had a complaints system in place for receiving, handling and responding to comments and complaints. People and relatives we spoke with told us they did not have any complaints about the service but knew what to do if they needed to raise a complaint or concern. They also told us that they were confident that their concerns would be addressed. We noted that the service's complaints procedure was detailed in people's handbook which was kept in their homes. This ensured that it was easily accessible to people and relatives.

Is the service well-led?

Our findings

People and relatives spoke positively about the service and told us they thought it was well managed. They spoke positively about the registered manager. Relatives we spoke with told us they had confidence in the management of the service. One relative told us, "[The manager] is professional, caring and acts with due diligence. She goes over and beyond what she is supposed to." Another relative said, "I can talk the carer and manager. They are very approachable." Another relative told us, "I am absolutely able to talk to the manager. She really does listen."

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

There was a management structure in place with a team of care support staff, office assistant and registered manager. Care support staff with the exception of one spoke positively about the management and culture of the service and told us the management were approachable if they needed to raise any concerns. Care support staff we spoke with told us that they felt supported by their colleagues and management. They were positive about working at the service. One member of staff told us, "I am very much well supported by the manager. She is very much approachable. Communication is very easy. I have information beforehand." Another member of staff said, "The support from the manager is good. I can talk to her anytime. She calls me often and if there are issues, she keeps me informed about it." Care support staff told us that they felt confident about approaching management if they had any queries or concerns. They felt matters would be taken seriously and management would seek to resolve the matter quickly.

Care support staff told us that communication was good within the service. The registered manager explained that she communicated with staff regularly via telephone calls and memos. We noted that the last staff meeting was held in July 2018. The registered manager explained that due to the recent changes in staffing levels, it had been difficult to arrange a staff meeting. She explained that once she had employed further care support staff she would ensure that these meetings occurred regularly again. She confirmed that in the meantime she would communicate with staff via telephone calls.

There were systems in place to monitor and improve the quality of the service. We found the service had a system in place to obtain feedback from people about the quality of the service they received through review meetings and telephone monitoring. The registered manager explained that she was in regular contact with people who used the service and their relatives so that she was able to have a good and open relationship with people so that they felt comfortable raising issues with her. We saw some documented evidence that telephone monitoring was carried out. However, we did not see evidence that this was consistently carried out. We discussed this with the registered manager and she explained that she did carry out regular telephone calls but did not always monitor this. She advised that in future she would ensure that these were documented.

The service carried out audits of the quality of the service in order to monitor the progress of the service. Audits had been carried out in relation to care documentation, staff files and medicines. The aim of this audit was to look at the overall running of the service and where areas of improvement were identified, the service took action to make improvements.

We saw evidence that spot checks had been carried out on care support staff to ensure they provided care as agreed. The service carried these out to check whether staff were carrying out their duties as required and monitor staff performance.

The service had a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control, safeguarding and whistleblowing.

People's care records and staff personal records were stored securely in the provider's office which meant people could be assured that their personal information remained confidential.

The CQC rating of the previous inspection was displayed as required in line with legislation.