Care Quality Commission

Goldsmith Personnel Limited

Goldsmith Personnel Limited (East London)

Inspection report

98 Hoe Street
Walthamstow
London
E17 4QS

Date of inspection visit:
22 March 2016

Date of publication:
22 April 2016

Ratings

Overall rating for this service	Good

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?	**Good**

Summary of findings

Overall summary

We inspected Goldsmith Personnel Limited (East London) on 22 March 2016. This was an announced inspection. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. This was the first inspection of the service since it was registered with the Care Quality Commission. The service was providing support with personal care to 51 adults living in their own homes at the time of our inspection.

There was a registered manager at the service at the time of our inspection. 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 and associated Regulations about how the service is run.

The service did not have a robust recruitment process because staff references did not always correspond with their application forms. We found staff reference's completed after the employee had started providing care to people and verbal references were recorded with minimal detail.

Staff had undertaken training about safeguarding adults and had a good understanding of their responsibilities with regard to this. Risk assessments were in place which provided information about how to support people in a safe manner. Staff understood their responsibilities under the Mental Capacity Act 2005. We found there were enough staff working to support people in a safe way in line with their assessed level of need. The service had arrangements for the management of medicines to protect people against the risks associated with medicines.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people and their relatives were involved in making decisions about their care.

The registered manager was open and supportive. Staff, people who used the service and relatives felt able to speak with the registered manager and provided feedback on the service. The service had various quality assurance and monitoring mechanisms in place.

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 always safe. The service did not have a robust recruitment process.

People who used the service and their relatives told us they felt the service was safe. Staff had a good understanding of their responsibilities with regard to safeguarding adults.

Risk assessments were in place to help ensure people were supported in a safe manner.

There were enough staff to meet people's assessed needs in a safe manner. The service had arrangements for the management of medicines to protect people against the risks associated with medicines.

Is the service effective?

Good

The service was effective. Staff undertook a comprehensive induction programme on commencing work at the service and then had access to on-going training and supervision.

The service worked within the Mental Capacity Act 2005 and people were able to make choices about their daily lives.

Staff were aware of people's dietary preferences. Staff had a good understanding about the current medical and health conditions of the people they supported.

Is the service caring?

Good

The service was caring. People who used the service and their relatives told us that staff treated them with dignity and respect.

People and their relatives were involved in making decisions about their care and the support they received.

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care was planned in line with the needs of individuals. People and their relatives were involved in planning their own care.

People's needs were subject to review and the service was able to respond to people's changing needs.

People who used the service and their relatives said that the service responded to any concerns or complaints.

Is the service well-led?

Good

The service was well-led. The service had a registered manager in place and a clear management structure. Staff told us they found the registered manager to be approachable and open.

The service had various quality assurance and monitoring systems in place.

Care Quality Commission

Goldsmith Personnel Limited (East London)

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.

Before the inspection we checked the information we held about the service. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning teams that had placements at the service and the local borough safeguarding team. Before the inspection the provider completed a Provider Information Return (PIR). This 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. We sent 16 questionnaires to people asking them to tell us about the care and support they received from the service. Two were returned to us.

The inspection team consisted of two inspectors. On the day of the inspection we spoke with the registered manager, the care co-ordinator, and four care workers. After the inspection we spoke to three people who used the service, six relatives and two care workers. We looked at 11 care files, daily records of care provided, staff duty rosters, four staff recruitment files including supervision and training records, minutes for various meetings, medicine records, and policies and procedures for the service

Requires Improvement

Is the service safe?

Our findings

The service did not have robust recruitment systems in place. Records showed that application forms, a formalised interview process, photographic evidence of the applicant's identity and their right to work in the UK, references and a disclosure and barring service (DBS) criminal record check were being completed. A DBS check helps an employer make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Although all of this information was found on each staff member's file, the information had not been checked to ensure authenticity and appropriateness. For example, two staff member's references had dates of employment that did not correspond with their application forms. Also one person had undertaken a DBS check in May 2015 but had not been interviewed until the following December 2015 and began work in January 2016. Although there had been a significant gap of eight months between receipt of their DBS check and the beginning of work this had not been verified by the employer as safe. The registered manager told us that a new DBS check had been applied for as they could not be certain what had transpired during the time lapse. We also found references dated after the employee had started providing care to people. The registered manager told us that they had undertaken verbal references before receiving written confirmation however the only record available was one to verify that a telephone had been made. We looked at these records and found they were non-specific regarding what information had been requested or given by the referee. This meant that the provider had not carried out robust checks to evidence that staff were suitable to work with people.

The above issues were a breach of Regulation 19 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service and their relatives told us they felt the service was safe. One person said, "I have complete confidence in them [staff]."

Staff knew what to do if there were any safeguarding concerns. They understood what abuse was and what they needed to do if they suspected abuse had taken place. Staff told us they would report any witnessed or suspected abuse to the registered manager. One staff member told us, "We have to report all concerns to the office. Concerns about someone's safety, a change in their behaviour, if they refused to take their meds or have a bath, and if they looked unwell." All staff had received up to date training in safeguarding vulnerable adults. The organisation's safeguarding and whistleblowing policies and procedures were also contained in the care worker support staff handbook which was given to all new members of staff when they first joined the service.

The registered manager was able to describe the actions they would take when reporting an incident which included reporting to the local authority safeguarding team and the Care Quality Commission (CQC). This meant the service reported safeguarding concerns appropriately so CQC was able to monitor safeguarding issues effectively.

People's needs were assessed and risks identified. Risk assessments were put in place to manage these risks and prevent avoidable harm. Care plans contained risks assessments to manage the risks associated with moving and handling, finances, medicines and the environmental risk associated with working in people's homes. We also saw more specific individualised risk assessments, for example, to manage risks associated with diabetes. Risk assessments showed us that risks were identified and then steps taken to reduce the risk. For example, moving and handling risk assessments included details about mobility aids people used to minimise the risk of harm. Care workers we spoke with showed an understanding of people's needs and the risks associated with providing their care and support.

People told us the care workers gave them the support they needed with their medicines. There were procedures about the administration and management of medicines. All staff had been trained to understand how to safely administer medicines. One staff member said, "Some clients I prompt with medicine and sign the medicine sheet. We bring the medicine sheet into the office at the end of the month." The registered manager audited medicine records each month and we saw records of these audits. Where problems had been identified the concerns were discussed with the staff member. For example, we saw supervision records where medicines management were discussed with staff. Contact details for the person's GP were included in their care plan and medicines record and the staff used these if needed to discuss people's medicines. There were safe arrangements to protect people's health and welfare when being supported with their medicines.

There were sufficient numbers of staff available to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if required.

The service had an infection control policy which included guidance on the management of infectious diseases. Staff were aware of infection control measures and said they had access to gloves, aprons other protective clothing. One person told us, "They [staff] wear their gloves and wash their hands." A relative said "They [staff] certainly puts on gloves and the apron. They wash their hands when they leave."

The service had an up-to-date business continuity plan. This identified steps that would be taken to maintain continuity of care in the event of an emergency. This included emergency telephone numbers for staff and professionals that might be needed in a time of crisis.

People who used the service and their relatives told us their care staff usually arrived promptly and would stay the allotted amount of time. If there were any problems they said the office or the care worker would call them. One person told us, "Turns up on time. Has my number and will call me if [staff member] is running late." A relative said "Sometimes [staff member] is late but rings me if that is going to happen. Only been late once." Another relative told us, "99% of the time yes. Only occasionally it is when there are problems with the traffic being so bad. I always get called. Each time they came back with a status update."

Good

Is the service effective?

Our findings

People who used the service and their relatives told us they were supported by staff who had the skills to meet their needs. One person told us, "Yes they [staff] are very good. They do exactly what I want them to do." A relative said, "They [staff] certainly do a good job."

New staff were supported with a five day induction programme. The induction covered d topics including manual handing, dementia, health & safety, first aid awareness, risk assessment, medicines administration and safeguarding. The registered manager and staff told us that new staff shadowed more experienced staff members before they were expected to work independently. One staff member told us, "The induction course gives you all the basics you need to know before starting work." Another staff member said about induction, "Practical training like manual handling, watching videos and competency tests."

Staff we spoke with told us they were well supported by the registered manager. They said they received training that equipped them to carry out their work effectively. Staff training records showed staff had completed a range of training sessions. Training completed included health and safety, infection control, medication awareness, moving and handling, safeguarding adults, first aid, and Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Records showed staff did more specialised training when needed, for example, catheter care and stoma care awareness. One staff member said about the training, "The induction and training covers all the basics you need to know." Another staff member told us, "If a problem with a client then the manager will give me the appropriate training." The same staff member gave us the example of a person who started showing signs of dementia. The staff member told us that training had been organised to support them to understand the needs of that person.

Staff received regular formal supervision and we saw records to confirm this. One staff member said, "We get a lot of supervision. It's very useful." Another staff member said about supervision, "Helpful and supportive." Annual appraisals with staff to discuss and provide feedback on their performance and set goals for the forthcoming year were carried out.

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.

We checked whether the service was working within the principles of the MCA. Care plans provided information about people's memory/cognition and recorded whether people might struggle to make decisions. We saw that people using the service or their representative had signed their care plans to give their consent to the care and support provided. Consent was also sought where care workers supported people using the service to take prescribed medication. This meant people's ability to make decisions and consent to the care and support provided was considered.

The registered manager and staff had an understanding of the MCA and how the act should be applied to people living in their own homes. Staff explained how they supported people to make choices about their daily lives. Staff also told us they spoke with people who used the service and family members to get an understanding of people they supported and their likes and dislikes. One relative told us, "[Relative] decides what she wants to wear. They even ask her what night dress she wants to wear." A staff member said, "I have had a client for a year but I still ask them what they want even though I know."

People were supported at mealtimes to access food and drink of their choice. Where people using the service required support with preparing meals or drinks this was documented in their care plan. Much of the food preparation at mealtimes had been completed by family members and staff were required to reheat and ensure meals were accessible to people who used the service. One person told us, "My morning carer dresses me, makes my breakfast, bed and clean ups. I can feed myself with a spoon as I can't use a knife and fork." This meant people were supported to eat and drink enough to maintain a balanced diet.

Care records in people's homes included the contact details of their GP so staff could contact them if they had concerns about a person's health. Where staff had more immediate concerns about a person's health, they called for an ambulance to support the person and support their healthcare needs. One staff member told us, "I called the manager about a person who wasn't drinking. I insisted we call the paramedics." A relative told us, "I am confident they [staff] would cope in an emergency."

Good

Is the service caring?

Our findings

People who used the service and their relatives told us staff treated them with dignity and acted in a caring manner. One person told us, ""We have a little laugh." Another person said, "We have good conversations." A relative told us, "Carer's do a first class job."

Staff told us they enjoyed working with the people they provided care for. They said that they shadowed care workers to help build a relationship with people who used the service and to get to know them better. One staff member told us, "At the moment I have worked with my clients for the last year. They are good people."

Staff told us how they made sure people's privacy and dignity was respected. They said they explained what they were doing and sought permission to carry out personal care tasks. One staff member told us "If I had to put someone on the toilet I would close the door. When they are finished they would call me to help them." One relative said, "When it comes to washing. They cover [relative] as this is what they want."

People's cultural and religious needs were respected when planning and delivering care. For example, where possible, staff respected people's wishes when preparing culturally specific food. Another example, one staff member told us they were matched to a person as they wanted someone from their own cultural background. Records showed that people could request a care worker of the same gender. Staff, people who used the service and relatives confirmed this was always supported.

Records showed that people using the service and their relatives, where applicable, were involved in making decisions about care, treatment and support. People had signed to say they were in agreement with their care plans and risk assessments. One relative told us, "I have a copy of the care plan and I know exactly what they do and they write it up each time they visit." Another relative said, "The service was adapted to suit [relative], not the other way around. We have made some changes over time but always with discussions. We work as a partnership and [registered manager] follows through."

People were encouraged to maintain their independence and undertake their own personal care where possible. Where appropriate staff prompted people to undertake certain tasks rather than doing them for them. Staff gave us examples of how they helped people to be independent. One relative told us, "They [staff] try and encourage my [relative] to have some physical independence."

Good

Is the service responsive?

Our findings

People who used the service and their relatives told us they felt the service was responsive to their needs. One person told us, "[Staff member] does what I want." One relative told us, "I have phoned them for lateness. I called the office and [staff member] was very good. They said they would look into it and call me back which they did. I then got a call from the carer too".

The registered manager told us that they met with prospective people who wanted to use the service to carry out an assessment of their needs after receiving an initial referral. This involved speaking with the person and their relatives where appropriate. The initial assessment included a section called "all about me" which detailed the person's life history. The registered manager told us the purpose of the assessment was to determine if the service was able to meet the person's needs and if the service was suitable for them. One relative told us, "I was involved." People told us that staff listened to them and respected their choices and decisions. People confirmed that they were involved as much as they wanted to be in the planning of their care and support. People and their relatives told us they were kept up to date about any changes by staff at the office.

Care records contained detailed guidance for staff about how to meet people's needs. There was a wide variety of guidelines regarding how people wished to receive care and support including personal care, continence care, manual handling, medication, nutrition, finance, home health and safety, daily living, social and cultural needs and meaningful activities. The care plans were written in a person centred way that reflected people's individual preferences. For example, care plans detailed specific body creams people preferred and what television channels they liked to watch. Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. One staff member told us, "All service users have a care plan which we look at on the first visit. The care plans vary in detail but they all cover the basics." One person told us, "Yes I have a care plan and it is kept in the kitchen."

Care plans were written and reviewed regularly with the input of the person, their relatives, and the senior staff members. Records confirmed this. Staff told us care plans were reviewed regularly. One person told us, "Yes I have a review every year with the Social Services and they [staff] are present at that review." A relative when asked about care plans being reviewed said, "Yes they [staff] come around every so often. They ask if the times are ok." Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

The service had a system in place to log and respond to complaints. There was a complaints procedure in place. This included timescales for responding to complaints and details of who people could escalate their complaint to, if they were not satisfied with the response from the service. People and their relatives were given a copy of the complaints procedure included in the service user guide. One relative told us, "Never have had to make an official complaint but I know the procedure." The registered manager told us there had been one complaint since the service was registered. Records showed the complaint was resolved in line with the service's complaint procedure.

Good

Is the service well-led?

Our findings

People and their relatives told us they had regular contact with the registered manager and the office staff. One person told us, "She [registered manager] has visited me a few times. Very professional and very easy to talk too." Another person said, "I have met her [registered manager]. She said she would come to meet me and she did." A relative told us, "I get great support from [registered manager]." Another relative said, "She [registered manager] seems pretty efficient and on top of everything."

There was a registered manager in post and a clear management structure. Staff spoke highly of the registered manager and the office team. They said they felt comfortable raising concerns with them and found them to be responsive in dealing with any concerns raised. One staff member told us, "Very supportive as you can call her anytime day or night." Another staff member said, "We work together. We communicate very well. If something needs addressing she will meet me."

People and their relatives were provided with a service user guide. The information set out how the service planned to support people with care. For example, the service user guide stated, "We will treat each client with respect and remain sensitive to his/her needs and abilities, and aim to promote the client independence and personal dignity." The service user guide also clearly detailed the process of the initial referral, care and risk planning, care plan reviews and how the service monitors the quality of the service.

Staff told us the service had regular staff meetings. Staff said that team meetings were helpful and that all staff had input into discussions about the service. Records confirmed that staff meetings took place regularly. Agenda items at staff meetings included the and Mental Capacity Act 2005 (MCA), care plans, medicine recording, safeguarding, complaints, dignity and quality monitoring . One staff member told us, "We have staff meetings. If we have any problems. It is a two way thing." Another staff member said, "They are a good place for sharing ideas and learning from others."

The service gathered the views of people who used the service and relatives through the use of a survey. One person told us, "I do get a survey once a year and I complete it." A relative said, "I get asked when they come to visit and a questionnaire once a year." The survey covered topics on care plans, contacting the office, respect, if people felt listened too, promptness of care workers, how changing needs are met and complaints. We looked at the survey results for twenty returned forms. Overall the service had received positive feedback. Comments included, "Your carers are prompt and dedicated" and "They [staff] are like sisters." The service completed a summary of the surveys which included actions to complete. Records showed actions had been addressed. For example, the most recently completed survey had identified some people did not have a copy of the service user guide. Records showed the service had sent a service user guide to all the people that used the service.

The service also gathered the views of people who used the service with regular spot checks and telephoning call monitoring. People and their relatives we spoke with and records confirmed this. One relative told us, "We have done a survey and they phone occasionally." One staff member said, "Some days the supervisor will come out with me to clients. Look how I am working. She will take notes and will tell me

what I should be doing." The same staff member told us, "They [office staff] go to all my clients."

The registered manager told us the service had a monitoring visit in February 2015 from the provider's quality assurance team. The registered manager told us aspects of the service that were audited, for example care folders, care plans, risk assessments, complaints and safeguarding. The registered manager advised us that the report for the audit was pending at the time of the inspection.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People who use the service were not protected from the risks of unsafe care because the recruitment procedures were not adequate. Regulation 19 (1) (a) (b)

Care Quality Commission

Goldsmith Personnel Limited

Goldsmith Personnel Limited (West London)

Inspection report

Unit 4
Comstock Court, Atlip Road
Wembley
Middlesex
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Date of inspection visit:
07 April 2016

Date of publication:
02 June 2016

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

This inspection started on 7 April 2016 and we gave the provider two days' notice that we would be visiting their head office.

This was the first inspection since registering with the Care Quality Commission in December 2014.

Goldsmith Personnel Limited (West London) is a domiciliary care agency that provides personal care to people living at home. It provides care and support to adults of all ages, but most of the people using the service at the time of our inspection were older people.

During our inspection the agency provided care and support to 23 people living in the London Borough of Brent and Ealing, care was provided by 16 care workers.

The registered manager had recently left the agency; we met with the acting manager on the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they were well treated by the staff and felt safe and trusted them.

Staff could clearly explain how they would recognise and report abuse and they understood their responsibilities in keeping people safe.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person ways to mitigate and minimise risks.

People told us that staff usually came at the time they were supposed to or they would phone to say they were running a bit late and confirmed that if two staff were required they would come at the same time.

The service was following robust recruitment procedures to make sure that only suitable staff were employed at the agency.

Staff we spoke with had a good knowledge of the medicines that people they visited were taking. People told us they were satisfied with the way their medicines were managed.

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities and staff told us that they were provided with training in the areas they needed in order to support people effectively.

Staff understood that it was not right to make choices for people when they could make choices for themselves and people's ability around decision making, preferences and choices were recorded in their care plans and followed by staff.

People told us they were happy with the support they received with eating and drinking and staff were aware of people's dietary requirements and preferences.

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Care plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any changes by office staff.

People and their relatives told us that the management and staff were quick to respond to any changes in their needs and care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry.

The service had a number of quality monitoring systems including yearly surveys for people using the service, their relatives and other stakeholders. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe with and trusted the staff that supported them.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person ways to reduce these risks.

There were systems in place to ensure medicines were administered to people safely and appropriately.

Is the service effective?

The service was effective. People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities. Staff told us that they were provided with training in the areas they needed in order to support people effectively.

Staff understood the principles of the Mental Capacity Act (2005) and told us they would always presume a person could make their own decisions about their care and treatment.

Is the service caring?

The service was caring. People told us the staff treated them with compassion and kindness.

Staff understood that people's diversity was important and needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

Is the service responsive?

The service was responsive. People told us that the management and staff listened to them and acted on their suggestions and wishes. They told us they were happy to raise any concerns they had with any of the staff and management of the agency.

Is the service well-led?

The service was well-led. However the service is required to have a registered manager and there was no registered manager at the time of this inspection.

People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

Care Quality Commission

Goldsmith Personnel Limited (West London)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection started on 7 April 2016 and we gave the provider two days' notice that we would be visiting their head office. We did this, because the location provides a domiciliary care service and we needed to be sure that someone would be available.

After our visit to the office we talked to people using the service and their relatives over the phone. These telephone interviews were undertaken by 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. We contacted eleven people who used the service, but were only able to talk to five people to provide us with their views about the agency.

Before our inspection we reviewed information we have about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people.

We spoke with three staff as well as the acting manager.

We looked at five people's care plans and other documents relating to their care including risk assessments and medicines records.

We looked at other records held by the agency including staff meeting minutes as well as health and safety documents and quality audits and surveys.

Good

Is the service safe?

Our findings

We asked people who used the service if they were provided with care that was safe. People who used the service told us "I had to complain to the CQC about a previous agency, so I was wary of putting my trust in someone else, but here, I feel safe, happy and I trust my carers totally". Another comment made was "My carer can anticipate my needs and knows when I am not feeling myself."

Care workers spoken with told us that they had received safeguarding adults training and records viewed confirmed this. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us that they would contact the office if they noticed any bruising or if people made allegations of potential abuse. Since registering with the Care Quality Commission in December 2014 one safeguarding concern was raised by the local authority. The provider followed the correct procedure and investigated the concern. The concern was substantiated and the provider responded appropriately by following their disciplinary procedure. The provider had a detailed safeguarding adult's procedure, which also referred to the London multi-agency policy and procedures to safeguard adults. Staff spoken with told us that they were made aware of this procedure during their annual safeguarding adults training.

We saw that there were appropriate systems in place to minimise the risk of financial abuse and care workers were able to confirm this procedure and told us "I would record money given by my client to do some shopping and will always get a receipt to show that I spent the money appropriately." Records we viewed showed that all financial transactions were signed by the person who used the service and the staff member.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included the assessment of environmental risks and risks to the person's health and welfare. For example, we saw in all the five care plan folders we assessed Moving and Handling assessments, nutritional assessments and behaviour risk assessments. We saw information on how to support a person safely when using a hoist and staff as well as records confirmed that staff had received manual handling training.

Staff told us that they were aware of how to report and record accidents and incidents. We saw in the accident and incident folder that no records had been made since our last inspection. We spoke with the registered manager about this and were told that there had been no accidents or incidents. Care workers spoken with confirmed this. We also saw that the provider had a form available to record critical incidents; the acting manager told us that these were incidences which may have an impact on the provision of the service and required immediate resolution.

There were sufficient numbers of staff available to keep people safe. The acting manager told us that staffing numbers were regularly assessed and were dependent on the number and the needs of people who used the service. Care workers told us that rotas provided sufficient travel time between visits, which ensured that staff arrived on time and stayed the agreed time with people who used the service. One of the relatives told us "Usually our carer arrives on time, but if she is late which can happen she had called us and let us know."

There were suitable recruitment procedures and required checks undertaken before staff began to work for the agency. Care workers told us and records confirmed that before being offered work they had a panel led interview which assessed their suitability to work. In addition to this, they told us that they had to provide suitable references and documents to undertake a criminal record check and check their suitability to work with vulnerable adults. The acting manager told us that usually two references were obtained, however if staff were unable to provide a reference from their previous employer a third reference was requested. We saw in all records viewed that appropriate references were obtained. Staffing records showed us that the majority of staff had previous experience of caring for people and were provided with a five days induction training course to ensure they had the necessary skills.

Care workers confirmed that they had received medicines administration training and records viewed confirmed this. None of the people spoken with raised any concerns about the administration of medicines. We saw in people's care records that the administration of medicines was documented and people who required help with their medicines had a separate risk assessment in place to ensure the safe administration and handling of medicines. We saw a robust policy on the administration of medicines.

Good

Is the service effective?

Our findings

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities. One person told us, "The carers are good to work with as they know the schedule as per my care plan. I do not tell them to do extra but they sit with me and talk nicely and politely." A relative commented, "The carer is trained and spends the full time and is timely and regular. This makes my mother very happy."

Staff were positive about the support they received in relation to supervision and training. Staff told us that the amount of training they received had improved the way they supported people. Staff told us that they were provided with training in the areas they needed in order to support people effectively.

Staff told us about recent training they had undertaken including safeguarding adults, food hygiene, moving and handling, mental capacity, infection control and the management of medicines. Staff told us that they would discuss learning from any training course at meetings, organised by the agency, and any training needs were discussed in their supervision.

We saw from the training matrix that staff were provided with refresher training when required. Staff confirmed they received regular supervision and the frequency of supervisions was appropriate. Spot checks and observed competencies were also part of the staff supervision system. Staff were positive about the spot checks undertaken by the field supervisors. A staff member told us, "The spot checks are good as you are reassured you are doing the right thing."

Staff were positive about their induction and we saw records of these inductions which included health and safety information as well as the organisation's philosophy of care.

Staff understood the principles of the Mental Capacity Act (2005) and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals and advocates.

People told us that staff always asked for their permission before carrying out any required tasks for them. A relative told us, "They are good and well trained. They ask permission before doing anything and explain."

People told us that the staff did not do anything they did not want them to do. Staff told us it was not right to make choices for people when they could make choices for themselves and people's ability around decision making, preferences and choices were recorded in their care plans.

There was information incorporated into people's care plans so that the food they received was to their preference. Where appropriate and when this was part of a person's care package, details of their dietary needs and eating and drinking needs assessments were recorded in their care plan and indicated food likes and dislikes and if they needed any support with eating and drinking.

We also saw nutritional risk assessments had been completed where needed to make sure that staff supported people safely. People told us they were happy with the support they received with eating and drinking. One person commented that the staff "knows about our dietary requirements".

The service did not take the primary responsibility for ensuring that people's healthcare needs were addressed. However, the service required that any changes to people's condition observed by staff when caring for someone these were reported to the office. Care plans showed the provider had obtained the necessary detail about people's healthcare needs and had provided specific training and guidance to staff about how to support people to manage these conditions.

Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts.

Good

Is the service caring?

Our findings

People told us they liked the staff that supported them and that they were treated with warmth and kindness. One person told us, "Carers are very social and give me a bath, speak nicely, prepare lunch and maintain my dignity all the time."

A relative commented, "One of the carers is outstanding, as she is kind and compassionate with the care and does not treat my dad as if he is a commodity."

Other people we spoke with told us the staff were, "kind", "polite" and "friendly". People told us that staff listened to them respected their choices and decisions. A relative told us, "They know us very well and they know mother's preferences and needs." Another relative commented, "They do listen."

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Care plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any changes by staff at the office.

The service provides also service for people from different cultural backgrounds. For example, people from Asian background. This was reflected in the staff team who were able to speak a number of languages such as Hindi and Gujarati. Staff were also aware of people's cultural backgrounds and religious observance. A relative told us, "They remove their shoes before coming in, they know our preferences. The carer reads our religious scriptures to mum."

Staff told us they enjoyed supporting people and demonstrated a good understanding of peoples' likes and dislikes and their life history.

Staff were able to give us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

One relative told us, "They are on time, cook for mum, respect and maintain her dignity when they give her personal care." Another relative commented, "The carer is compassionate, caring and explains when giving care."

Good

Is the service responsive?

Our findings

People and their relatives told us that the management and staff were quick to respond to any changes in their needs. A relative we spoke with told us, "Mother's needs were assessed last month and the hours of care have increased."

We saw from people's care records and by talking with staff that if any changes to people's health were noted by staff, they would phone the office and report these changes and concerns.

Care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences.

We checked the care plans for five people. These contained a pre-admission document which showed people had been assessed before they decided to use the agency. Relatives confirmed that someone from the agency had visited them to carry out an assessment of their relative's needs. These assessments had ensured that the agency only supported people whose care needs could be met.

The care plans included a detailed account of all aspects of people's care, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. When we asked people who they would raise any complaints with, they told us they could speak to any of the staff or management. One person told us, "I have no complaints. I have a phone number so I know who to call." A relative we spoke with commented, "We are very happy with the service. We know how to complain we would phone the office. We have the number." Another relative said, "There were problems before with the office, now there have been a lot of improvements."

The complaints record showed that any concerns or complaints were responded to appropriately and each entry included the outcome of any investigation.

Good

Is the service well-led?

Our findings

People who used the service spoke highly of the acting manager, comments included "She always listens to my concerns and addresses them speedily" and "The manager and everybody at the office always believes in what I have to say and I never feel guilty calling them." Another comment made by a relative "This agency is very well managed, they contact us regularly and ask us about the care provided and listen to any suggestions I make. I really feel I matter." Care workers told us that office staff and the acting manager were easy to access and were always very supportive when they had any problems or issues to resolve. The previous registered manager left in December 2015 a new manager had been appointed, she advised us that she was currently in the process of registering with the CQC.

Care workers told us that the acting manager was very supportive. Support and advice was provided via text messages, phone calls, staff meetings and face to face one to one supervisions. Care workers told us "There is a good support network available for staff. We can always contact the office and speak to the manager for help and advice."

The acting manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. This was done through regular phone calls, spot checks and annual quality surveys. People who used the service told us that the acting manager visited unannounced to check on staff and talk to them about the treatment and care provided. One person said "I like the spot checks; it reassures me that they look out for me." We saw in records that during regular unannounced spot checks the acting manager viewed care plans, daily care records, medicines records, financial records, care workers wearing ID badges and observed care workers care practices. The spot checks were carried out the majority of the time four times per calendar year.

We spoke with the acting manager and care workers about the key challenges and risks facing people using the service. We were given consistent, detailed information by all care workers on the risks facing individuals. The acting manager gave us more detailed information relating to future improvement planning, particularly in relation to staffing numbers. We were told that the intention was to employ more care staff to allow the organisation to grow in size and provide care to more people. They were also looking into providing end of life training to staff as they plan to provide end of life care to people and wanted to have key members of staff with more specific skills to improve the service delivery.