Capital Homecare (UK) Limited

Capital Homecare (UK) Limited

Inspection report

77A Woolwich New Road
London
SE18 6ED

Date of inspection visit:
04 December 2017
07 December 2017

Date of publication:
08 March 2018

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 on 4 and 7 December 2017 of Capital Homecare (UK) Limited. This service is a domiciliary care agency. It provides personal care to adults and older adults living in their own houses and flats in the community.

At the time of the inspection, 426 people were receiving personal care and support from this service.

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.

At the last comprehensive inspection we carried out on the 27 February 2017 and 01 March 2017, we found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We received an action plan from the provider which showed what they would do and by when to improve the key questions, is it safe, is it effective, is it responsive and is it well led to at least Good. During this inspection, we found that the service had taken appropriate action to improve on and meet the breaches of regulations we previously identified.

At our previous inspection we found complete records had not been maintained in relation to the support people needed with their medicines. During this inspection we found that the service had taken steps to address this. Records showed Medicines Administration Records (MARs) were completed fully and people' s care plans clearly outlined the level of support people required with their medicines. There were medicines audits in place which identified any discrepancies and highlighted better practice. Staff had received medicines training and policies and procedures were in place.

At our previous inspection we found consent had not been obtained in line with the requirements of the Mental Capacity Act 2005 (MCA). During this inspection the service had taken steps to address these issues. Records showed where a person lacked the capacity to make a specific decision, people's families were involved in making a decision in the person's best interests. Care plans were signed by people or their representative to indicate that they had consented to the care provided. There was a MCA policy in place and staff had received training on the Mental Capacity Act 2005 (MCA). Staff understood the implications of the MCA and were aware of the importance of obtaining people's consent regarding their care and support.

At our previous inspection, we found systems for monitoring the quality and safety of the service were not always effective. During this inspection, we found that the service had taken steps to address this. The service had updated their quality assurance systems and undertook a range of checks and audits of the service. Spot checks were conducted to assess staff performance and competency. People and relatives spoke positively about the way the service monitored the quality of care they received.

The service also obtained feedback about the quality of the service people received through review meetings, telephone monitoring and satisfaction surveys. Records showed positive feedback had been provided about the service.

At our previous inspection, we found records of staff members' full employment history and consideration of any gaps in employment had not been maintained. During this inspection, we found that the service had taken steps to address this. Records showed any gaps in staff members employment had now been accounted for. Appropriate recruitment checks has been undertaken to ensure people were safe and not at risk of being supported by staff that were unsuitable.

Processes were in place to help protect people from the risk of harm and staff demonstrated that they were aware of these. Staff had received training in safeguarding adults and knew how to recognise and report any concerns or allegations of abuse. Risks to people were assessed and identified according to people's specific needs.

There was consistency in the level of care people received. People and relatives told us staff turned up on time and they received the same staff on a regular basis. The service had an electronic monitoring system in place to monitor calls delivered and staff punctuality. However we found some late calls were not being followed up and there were no records which showed action taken to ensure staff attended their visits. During the inspection, the registered manager implemented a procedure for office staff to use and we saw evidence that late calls were followed up and any action taken had now been recorded.

People and relatives spoke positively about the staff and told us they did their jobs properly and had confidence they were well trained and had the right skills. Staff spoke positively about their experiences working for the service.

Staff had a good understanding of the importance of treating people with respect and dignity. Feedback from people using the service and relatives was very positive and showed positive relationships had developed between people and staff and people were treated with dignity and respect.

Staff were informed of changes occurring within the service through regular staff meetings. Staff told us that they received up to date information and had an opportunity to share good practice and any concerns they had at these meetings.

People received care that was responsive to their needs. People's daily routines were reflected in their care plans and the service encouraged and prompted people's independence. Care plans included information about people's preferences. However we noted some inconsistencies in the level of detail in people's care plans. The registered manager told us that some care plans were not as detailed as the person had capacity and did not need any extensive support however they would ensure care plans were reviewed and updated to ensure consistency.

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 was safe.

People and relatives we spoke with told us people were safe. There were processes in place to help ensure people were protected from the risk of abuse.

Appropriate arrangements were in place to ensure there were sufficient and competent staff deployed to meet people's needs. Appropriate employment checks were carried out before staff started working at the service.

Risks to people were identified and managed so that people were safe and their freedom supported and protected.

Appropriate arrangements were in place in relation to the management and administration of medicines.

Is the service effective?

Good

The service was effective.

People told us staff were good at their jobs. Staff felt supported and had completed relevant training to enable them to care for people effectively.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005(MCA). Staff asked for people's consent before they provided care and support.

People's health care needs and medical history were detailed in their care plans. People were supported to access healthcare professionals when required.

Is the service caring?

Good

The service was caring.

People and relatives told us that they were satisfied with the care and support provided by the service.

People were treated with dignity and respect and were

encouraged to be as independent as possible.

People were provided with information about the service.

Review of care meetings had been conducted with people in which aspects of their care was discussed.

Is the service responsive?

Good

The service was responsive.

Care plans included information about people's individual needs and choices.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

The service had a complaints policy in place and there were clear procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Good

The service was well led.

People and relatives spoke positively about the management of the service.

Staff were supported by management and told us they were approachable if they had any concerns.

The quality of the service was monitored. Regular checks were carried out and there were systems in place to make necessary improvements.

Capital Homecare (UK) Limited

Detailed findings

Background to this inspection

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

This inspection was carried out by two inspectors and was supported by two experts by experiences. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to make sure they would be available for our inspection.

Before we visited the service we checked the information that we held about the service and the provider including notifications 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.

Some people were living with dementia or had a specific medical condition which meant they could not communicate with us and tell us what they thought about the service. Therefore, we spoke to relatives and asked for their views about the service and how they thought their relatives were being cared for.

We spoke with 22 people, 18 relatives, 9 staff, the registered manager, business manager, care manager and director. We reviewed 14 people's care plans, 17 staff recruitment files and training records. We also looked at records relating to the management of the service such as audits, accidents and incidents, surveys and policies and procedures.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe with care staff. One person said, "When they [staff] arrive I know I am okay". Another person said, "I'm safe because they take over and do things that I can't to – it's a wonderful feeling". A third person said, "My daughter says," I can sleep at night because I know you are safe – I trust her [the staff member]".

One relative told us "She [staff] gets on so well with [person] so I feel relaxed knowing that they are in safe hands". Another relative said "Lots makes me feel that it's a safe service – we have a regular carer, the supervisor comes every month, they call if they are going to be late (that's rare)". A third relative said, "I am so happy with the service."

During our previous inspection we found complete records had not been maintained in relation to the support people needed with their medicines.

During this inspection, we found improvements had been made in this area. Medicines Administration Records (MAR) sheets were fully completed which indicated people received their medicines at the prescribed time. MAR sheets clearly listed the medicines, dosage and when the medicines needed to be taken, for example after a meal. Information about people's medicines were clearly detailed in their care plans including the level of support people needed such as whether staff were required to prompt or administer. This meant staff were aware of what they needed to do in accordance with people's individual needs. Records showed people received topical medicines as prescribed. Body maps were in place which clearly showed the area of the body the topical medicines needed to be applied and topical medicines applications records had been completed when the creams were applied.

Monthly medication audits were conducted and any discrepancies and/or gaps were identified and followed up and medicines management was being monitored. Medicines audits were also completed by an external pharmacist which identified areas of good practice the service achieved and areas for improvement. Areas of improvement identified had been actioned. For example, one area of improvement identified was to check MAR sheets against the medicines list from the GP to ensure they accurately reflected the medicines prescribed. We saw documented evidence of this being carried out.

Staff had received medicines training and policies and procedures in relation to this were in place. Staff had been competency assessed to ensure they were able to support people safely. Staff told us, they were aware of their responsibilities when supporting people with their medicines. One staff member said, "I go four times a day for one person and give medication. It needs to be on time". Another member of staff said, "Sometimes people don't want to take their medicines but you encourage them to take their meds and tell them they will get better". A third member of staff said, "We have the MAR sheet which we use to record everything. We have to reassure people to take their meds. If they continue to refuse we record it, call the office and tell the family also."

People told us "They are very prompt with my medication" and "They are always checking the medicine lists

against the box." Relatives told us "[Person] is supported to take their medicines but the carer doesn't take over. We're trying to keep [person] doing as much as they can for themselves and the carer works with us in this" and "The carer has the knack of gently persuading [person] to take their medicines."

During our previous inspection we found records of staff members' full employment history and consideration of any gaps in employment had not been maintained During this inspection, we found improvements had been made to this area. Staff files showed Employment Gap Declaration forms had been completed and any gaps in staff member's employment had now been accounted for.

There were recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by staff that were unsuitable. Recruitment records we reviewed had appropriate background checks undertaken including enhanced criminal record checks to ensure staff were not barred from working with vulnerable adults. Two written references and evidence of their identity had also been obtained.

People told us "You're safe because they are reliable, consistent and well trained", "It's not often, but they phone if they are going to be late" and "They're doing a very good job – they're always on time and often early and sometimes stay on longer than their allotted time." Relatives told us "They have never missed a call so I don't worry", "They stay for the time that they are meant to", "They are never rushing in and out and if they are going to be late they don't want me to worry so they phone",

People and their relatives confirmed they had the same staff and received a high level of consistent care. They told us "We have the same person, even at weekends, who stays longer if they need to and knows what they are doing", "[Care staff] is never late, and they take responsibility and performs extra tasks. [Person] is 100% safe." When asked, people also confirmed two staff attended when these were necessary. They told us "I feel very safe with them. They both come on time generally and they do their job properly", "Two come and they are good together" and "Our feelings are all very positive – they are friendly and kind and it's always the same two so they know [person]."

Staff confirmed that they were provided with their rotas on time. They told us "They always give you clients that are near you and if you use public transport, they make sure you can get to your clients" and "I get regular clients and rotas are on time."

The service used an electronic call monitoring system (ECM) to monitor calls and staff timekeeping. The system would flag up an alert if a member of staff had not logged a call. However when we reviewed the system, we found there were late calls and the office staff had not followed this up with people to notify them. Staff had not been contacted to establish why they were late and also establish if they were safe. Three people's calls over a two week period had late calls where people and staff had not been contacted staff. The registered manager said this would be addressed by them.

There were no notes recorded on the ECM system to explain why people had not received their call at the scheduled time. We raised this with the registered manager who was unable to tell us why the calls were late and agreed that the ECM should be used to log the reasons why staff were late and people notified. The registered manager told us that sometimes different times would be agreed between people and care staff and this would show up as an inaccuracy and follow up action was not being recorded. This meant that the service did not operate an effective system to monitor risks of late calls.

On the second day, the registered manager promptly put in place an electronic call monitoring operation manual for office staff to follow up calls and that any changes with times of planned visits were not changed

without prior agreement with all parties. We saw evidence that staff had started to record what follow up action they had taken and reasons identified if an alert was flagged up on the ECM.

The management acknowledged they were experiencing problems with their monitoring system such as difficulties monitoring staff attendance, use of people's home phones and the lack of monitoring data. Records also showed the levels of monitoring calls were discussed at quality assurance to identify improvement in the way this was being managed. There was evidence to indicate in some areas the monitoring of calls were being done effectively. The service received praise from one local authority for being able to 'consistently achieving a high level of ECM compliance from the care workers.'

The registered manager told us they were in the process of implementing a new electronic monitoring system which would help manage and monitor calls more effectively. A representative from the company gave us a demonstration of this new system and confirmed they had started to train care staff on how to use it. The system allows staff to receive and record information via an application on a mobile phone provided to them by the service. The system has functions which allow for the live monitoring of care being provided and confirmation of tasks completed. Office based staff would receive alerts if care staff were late, had not turned up and visit tasks not completed to allow them to follow up and check why.

This system was not in place at the time of our inspection so we were unable to comment on its effectiveness. We will check this at our next inspection. Despite the issues found in relation to call monitoring, people and relatives told us they did not experience issues in relation to time keeping or missed calls and said they were notified of any changes or delays.

There were safeguarding and whistleblowing policies in place and records showed staff had received training in how to safeguard adults and were aware of actions to take in response to suspected abuse. Staff were able to explain the different types of abuse and the steps they would take if they suspected this. Staff told us "I would inform the office, contact the local authority, the CQC and will blow the whistle!" and "If I see anything wrong, I would not hesitate to speak to Capital. I will report it to social services, whistleblow and CQC." In the office we also observed there were posters which clearly displayed safeguarding information and the whistleblowing policy. The registered manager and provider understood their responsibilities to address and respond to any safeguarding concerns. Records showed the service responded promptly including notifying the local authority safeguarding team, CQC and cooperating with relevant agencies.

Staff also showed awareness of ensuring people were safe. They told us "Everyone is responsible for safeguarding. You need to make sure people are safe. You are always looking and need to pick up on things with their behaviour or marks on the body", "The most important thing is the person and to take care of them" and "We need to keep the person safe."

Risks to people were assessed and identified. Individual risk assessments were completed for each person in relation to mental health, medication, falls, continence and nutrition and hydration. Waterlow scoring tools were used to assess people's skin integrity and the support they needed to minimise the risk of developing pressure sores. Assessments also highlighted risks associated with mobility aids and equipment such as walking frames, walking sticks, bedrails and the use of hoists. Information detailed the support people needed and highlighted safe moving and handling practices. For example, for one person there was a 'Safer Handling Plan' in place which detailed step by step information of how staff were to use the hoist safely and pictures of how the person should be seated correctly in the electric chair they used. Contact details of the relevant healthcare professionals were also included such as the social worker and occupational therapists if they needed to be contacted.

Accidents and incidents were recorded and action had been taken in response. Records showed information about accidents and incidents were also reviewed to identify lessons learnt and better practice to keep people safe. This was discussed as part of the quarterly quality assurance meetings held by the service and relayed to staff at staff meetings.

The business manager also gave us an example in relation to people who were at risk of falls. He told us initial assessments were done which identified circumstances that were contributing to their falls, (such as lack of bedrails, uneven floors, lack of mobilising aid as a result of poor mobility and balancing or any other accidents). A report was then sent to social workers, requesting them to put in the additional provisions identified in the assessment which would help prevent people from experiencing a recurrence of the incident or the accident. As an additional safeguard, the business manager told this would be closely monitored by the service and a reassessment of a person's would be carried out again if needed.

The service had an infection control policy in place. People told us that staff observed hygiene practices when providing care. One person told us "They wear their aprons and their gloves." Risk assessments detailed information about COSHH (Control of Substances Hazardous to Health) products that could be potentially hazardous to a person' health and to ensure any cleaning materials were stored safely in the correct containers.

Staff were aware of infection control measures and told us they used personal protective equipment (PPE) such as gloves, aprons and other protective clothing. Staff told us "We always have to use it. It is always available and provided to us", "Sometimes if the supervisor is in the area, they would drop it off. We have the shoe covers as well as some people do not like shoes to be worn in their homes", "We have to use PPE, it is safe for the client and me" and "I always make sure hygiene is 100%."

Care documentation was up to date and comprehensive. The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. People's care records and staff personal records were stored securely which meant people could be assured that their personal information remained confidential.

Good

Is the service effective?

Our findings

During our previous inspection we found consent had not been obtained in line with the requirements of the Mental Capacity Act 2005 (MCA). This was because capacity assessments did not relate to specific decision making areas and there was no record of any best interest decisions having been made.

During this inspection, we found improvements had been made. Records showed when a person lacked the capacity to make a specific decision and families were involved in making a decision in the person's best interests if appropriate. Care plans were signed by people or their representative to confirm they had consented to the care provided. Care plans also detailed specifically that staff were to 'Work at all times in the best interest of the person in collaboration with all involved in their care and well being. These may include the family, nurses, social workers, GPs and other healthcare professionals.'

There were policies in place and staff had received training on the MCA. The 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. This provides protection for people who do not have capacity to make decisions for themselves.

We also noted in the office, there was information displayed for staff on the principles of the MCA. Staff understood the implications of the MCA and were aware of the importance of obtaining people's consent regarding their care and support. They told us "Some people can't make decisions for themselves. A relative would be involved or a Power of Attorney if needed" and "If a person can't make decisions for themselves, you need to get everyone involved to ensure the decision is made in the best interest of that person."

People and their relatives told us staff did their jobs properly and they had confidence they were well trained and had the right skills. They told us "They know their job" "[Staff member] takes time to do things thoroughly" and [Staff member] doesn't cut corners." Staff spoke positively about working for the service, they told us "Absolutely I am happy here", "I find the work very interesting. I really love working here and helping people", "I love the work that I do and helping the people" and "It's a good company. I am happy with the clients, carers, everything!"

Staff also told us they felt supported by their colleagues and management. They said "The manager always asks what do we need, is there any problem. They are very nice and they help everyone and helps us", "If I need anything they listen to me, that's why I like them. They are doing a good job", "If you have any issues you can contact the manager, they always help me", "They are supportive and holistically we are working together" and "Carers are doing brilliantly. The support is brilliant."

Records showed that staff had received supervision sessions and appraisals and this was confirmed by staff we spoke with. Supervision sessions enabled staff to discuss their personal development objectives and goals. Staff told us "They ask if you are okay and how we are with doing the job. They involve us", "You can

raise anything with them" and "Anything we need to talk about, it is dealt with in a professional way."

Records showed staff were given the training and skills to enable them to support people effectively. Staff undertook an induction and records showed that some staff had obtained National Vocational Qualifications (NVQs) in health and adult social care. Training included health and safety, moving and handling, dementia, safeguarding, infection control, food hygiene, fire safety and first aid. There was a training matrix in place which showed training planned for the year ahead. Staff spoke positively about the training they received. They told us "I have done a lot of training with them, it makes you understand what you need to do. They are really good" and "They give you training, safeguarding, infection control, food hygiene. They keep us up to date. You get the skills you need. If there is new equipment we have to use like hoists etc, we get refresher training. Anything new we are updated."

Staff competency had been assessed by spot checks and task observation. This involved them being observed by a senior member of staff who assessed how staff carried out their duties. Records showed that if there were any areas of improvement, this was noted and followed up by the service. Staff confirmed this. They told us "They do spot checks and see how you doing with the clients. They also check the times you come in and go. Any problems, they will let you know." However we noted the spot checks had not been signed off by the staff member who completed the assessment. The business manager told us he would ensure this was done.

Prior to admission to the service, supervisors carried out an assessment of people's needs. A support plan pre-assessment form was completed and the information formed part of the person's care plan. Reviews and assessments were undertaken if people's needs had changed to adapt the care and support to suit the person's needs and ensure the appropriate support was provided.

People were supported to maintain good health. People's health and medical needs were assessed and we viewed records demonstrating that they were supported to access health and medical services when necessary. People and their relatives spoke positively about the support they received with their healthcare needs and that staff had the knowledge and ability to recognise signs when people were unwell. They told us "They thought I was hot and they wanted to call the doctor but I said no – I overrode them but I was wrong. They told my husband and I ended up in hospital later in the day. I'll listen to them in the future...." and "[Staff does not allow sores to develop – he says, 'not in my care'." Relatives told us "[My relative] wasn't well and the carer called me and then the GP – she would never leave if [Person] wasn't OK" and "'If [person] isn't well then the carer calls me and we decide if to call the GP or an ambulance."

People were supported to attend healthcare appointments when required. One person said, "I had a dental appointment and they changed their time to make sure that I was fresh and clean for the appointment." Care plans detailed people's health and medical needs. Guidance was also in place in relation to people's specific needs such as diabetes, stroke and choking so staff were aware of the conditions and symptoms they needed to look out for and what actions they need to take if a person's conditions deteriorated.

The service worked with other healthcare organisations to ensure people received effective care, support and treatment. For example, for one person the service had concerns that their moving and handling needs had increased. The service made a referral to social services requesting that call times be increased for them and a referral was made to the occupational therapist. Following a visit for another person, some redness of the skin was spotted by staff and the district nurse was contacted.

A relative told us they were really impressed with staff awareness and attitude. "The [staff member] alerted us to [person's] chest infection and bed sores. Thus ensuring the doctor was called quickly. She's really on

the ball with [person's] medication too."

Feedback from other people also indicated that they received the support they needed when other healthcare agencies were involved. One person told us "Before I left the hospital they delivered all sorts of things – beds, hoists. It was all left in the middle of the floor. The carers came and put the room straight and helped right from the start." A relative told us "There was a lot of discussion when [person] was being discharged….the council wanted to hugely increase the level of care. There were lots of discussion and the office worked with us as they knew [person] and we all knew that she would want to keep her independence so we worked together" and "[The manager] came to the house to actually meet me and to see that the things we said at the hospital were working out – I told him how pleased I was. If there's ever anything to sort out you can rely on them that they'll do it.'

People were supported with their nutritional and hydration needs. Care plans included information on what support people required with their food and drink. There was information about each person's dietary needs and requirements. People and their relatives spoke positively about the support they received with their food and drink. They told us "They can all make a lovely cup of tea – very important", "[Staff member] understands the food that [person] likes and how they like it to be prepared", "I applaud [staff member's] patience. Waiting for [person] to swallow and prompting them – [staff member] lets [person] take their time and understands that they forget how to swallow" and "The carer understands that [person] needs to eat regularly and she doesn't just tell [person] but she explains things and patiently gets things done."

Good

Is the service caring?

Our findings

People spoke positively about the way they were supported. They told us "They are amazing and you hear such stories.", "They care about me and my family" and "They make me feel that I am important to them. I consider myself very lucky to have such excellent carers." Relatives also told us "We are really happy with the carer's – her own daughters couldn't do better", "She is God's gift to my [person]", "So thankful to have a regular, lovely carer. They couldn't be kinder" and "They're smashing."

People and their relatives said people's privacy and dignity were maintained and respected. They told us "[Person] can be difficult and decline a shower but the carer accepts that and waits for their mood to change", "They [staff] are ladylike – never coarse", "She treats me with respect and she is kind" and "[Person] always looks clean".

Staff were aware of the importance of treating people with respect and dignity regardless of the background or personal circumstances. They were aware of how to protect people's privacy and could describe to us how they did this. They told us "You close the curtains, reassure them that we are there to help and encourage them to do what they can. We need to work together – client and carer", "You talk with them, Explain to them what you are doing. Shut the bedroom door, make them comfortable and you keep asking them" and "You make them feel that this is normal and it is not a problem. I even give examples about me so they don't feel uncomfortable."

One staff member told us "You have to tell them what you are doing. Even if their family is there, you let them know you are going to provide the person with personal care. They need their privacy. You make sure the door and reassure them to make them feel at ease".

Feedback from people indicated positive caring relationships had developed between people and staff and people's choices were respected. They told us "I wouldn't change them for the world. We have a laugh", "We get on brilliantly", "[Staff member] is marvellous. I always look forward to seeing her – she is always smiling and happy. It's so important. I enjoy her laughter" and "I have regular people who know me – they are all beautiful people." One person in particular was so pleased their carers would "just sit and talk to me".

One person told us about a particular example of where staff and service went above and beyond their care duties to make sure the person was okay. They told us "Last night my boiler didn't work and the girls had to leave but the council weren't answering the phone. They were worried about me so they phoned their office who said they would help. Later they called me to say British Gas were coming – and they did. Wonderful help and I didn't expect them to do all that."

Relatives also spoke positively about the relationships their family members shared with Staff. They told us "She has become more like family – like a daughter", "They appear like the best of friends – she tunes into [person]" and "They have built a good rapport and [person] looks forward to seeing her."

Staff were aware of the importance to building caring relationships with people. They told us "You have to

make them happy, you can't rush them. You have to listen to them", "They like me and I like them very much", "It's different every day. Sometimes a person can be feeling down. I joke with them and make them happy. Sometimes they just want someone to talk to" and "You ask them how their day was, it's the little communication which count. You tell them that we are there to help them and always ask is it okay for me to carry on."

One member of staff told us how they supported a person with dementia and demonstrated a caring and considerate approach towards them. They told us "I have a person who has dementia and sometimes they forget that they have taken their medicines and asks me for the medicines again. I reassure them that they have taken their medicine and try to comfort them. Because they want something, I then comfort them with offering a cup of tea and they then ask for the tea and not the medicine. We need to help them and we must have an understanding with them."

Another member of staff told us "I know everything about them. I really love them. It not about making money, it is about helping them and making a difference to their lives."

Care plans included information about people's individual cultural and spiritual needs to ensure that equality and diversity was promoted and individual needs met. The registered manager told us they ensured people were matched with the most suitable staff according to their needs and preferences so positive caring relationships could be developed. This also included respecting and accommodating cultural values. People and their relatives spoke positively about this and told us "The carer speaks the same language and understands our culture – they are very well matched" and "They are very well matched and because [person] has become socially isolated having someone who speaks her language is important. [Staff member] translates bits of news and helps to keep [person] up to date."

People's care plans contained information on how people communicated and how staff should communicate with them. For example in one person's care plan, it stated "I cannot speak because my speech was affected by a stroke. I can understand and nod my head to agree/disagree. I want people to talk to me and take the time to communicate with me". Another person's plan stated 'Observe their facial expressions and ask them to indicate agreement by nodding their head.' When speaking with staff, they were aware of how to communicate with people appropriately.

Feedback indicated there was good communication between people and any language barriers were managed sensitively. They told us "The carer speaks the same language so no muddles", "They don't have the same language but she's patient and is even picking up words and using them with [person]. I heard her say water (meaning shower) and [person] grinned – lovely and makes [person] feels good."

Some people were assisted with their shopping and this was done in agreement with people. People told us "If I run out of bread they will pop out and get me a loaf. I pay them and I'll find a receipt on my trolley – you can totally trust them", "If I ask, they pick me something up then I give them the money and they give me the change", "[Staff member] never lets me down; I can rely on her" and "I sometimes ask her to get me bits of make-up and she brings me the receipt and I pay her. It's a kindness as I can't do that myself."

Records showed cash transactions sheets were maintained by staff who were required to document any expenditure and attach corresponding receipts. Records showed checks had been completed by the registered manager and cash transactions sheets had been signed off by the person. Staff confirmed this and told us "I do some shopping for them. I complete the transaction sheets and the client has to sign it off. There is one copy for the client and one for the office.

There were arrangements in place to ensure people were involved in expressing their views and being involved with the planning of care. Records showed that review of care meetings had been conducted with people in which aspects of their care was discussed. When speaking to people and relatives they confirmed this. They told us "Reviews of the care plan include the social worker as well"; "We did the care plan together. The carer has advised me that [person] could have a better chair and that she would be more comfortable – I'll be following that up as they know what they are talking about" and "'They are committed – the better end of the range that we've had over the years."

Good

Is the service responsive?

Our findings

Care plans were person centred and detailed which ensured people received personalised care according to their specific needs. The care plans provided information about people's medical background, details of medical diagnoses and social history and outlined what support people wanted and how they wanted the service to provide the support for them with various aspects of their daily life such as personal care, continence, medicines, nutrition and hydration and mobility.

Care plans detailed the tasks which needed to be carried out each day, time of visits, people's needs and how these needs were to be met. People's individual preferences, likes and dislikes were listed and background information as to who the person is, what is important to them, their overall goals and daily goals for receiving care.

Records and feedback from people and relatives showed they were involved in the planning of their care and received personalised care that was responsive to their needs. They told us "'It was reviewed recently. 'It's very comprehensive – lots of detail. The care plan was done here and they included [person]", "We are all involved in the care plan", "My aim is to be as independent as I can and they help with that", "The carers understand dementia and how things can change from day to day" and "They are flexible with times – we get a choice; they don't dictate to us."

The care plans made specific reference to person centred care and stated that staff should 'Practice person centred values when carrying out work. Treat the person as an individual and avoid 'one size fits all' practice. Treat people with respect and dignity and do not violate their rights.' Staff were aware of what person centred care meant. They told us "I use a person centred approach. I always ask what they want, what they would like to wear. It's all about them", "Everyone had their preferences" and "Every person is different."

Care plans were reviewed regularly and were also updated when people's needs changed. Client contact report books were completed by staff which detailed tasks completed and the wellbeing of the person. One person told us "The carers always write in the book." Another person told us "'A lady also comes in to check the book that they write in and she's lovely too."

However we noted some inconsistencies in the level of detail in care plans. In some people's care plans, information was very detailed but in others the information was more task focused and used phrases such as 'prepare and serve client's lunch' and provided no further detail. In some people's care plans, staff had signed to state they had read the care plans so they were aware of how people were to be supported with their needs and in other care plans there were no signatures to confirm this. The business manager told us that some care plans were not as detailed as the person had capacity and did not need any extensive support however they would ensure care plans were reviewed and updated to ensure consistency.

People and relatives we spoke to expressed they had no complaints about the service. They told us "'If I had a complaint I'd just phone the nice people in the office, "Any complaints I'd call the office – they really listen", "I have only good things to say", "If I had a complaint I'd use the complaint's form that I was given

and the telephone number – I do not have any complaints at all".

There were policies and procedures for receiving, handling and responding to comments and complaints. We saw the policy also made reference to contacting the Local Government Ombudsman and the CQC if people felt their complaints had not been handled appropriately by the service. Records showed complaints had been dealt with appropriately. The registered manager investigated and responded appropriately when complaints were received. One person told us "I complained about a carer who was late. Time all over the place. They changed her immediately."

Records showed as part of responding to the complaints, the service identified lessons learned and areas of improvement had been actioned. This included refresher training for staff, raising awareness of specific issues and actions that needed to be taken at team meetings and staff supervisions such as pressure sore management and taking disciplinary action against staff if needed.

The service had also received a number of compliments from people and their relatives. Compliments included "Her attention to my [person's] needs is first rate, "She is very very good and talks to me when I am down. I would like to commend her for the good work she is doing for the company", "[Staff member] is very caring and patient with [person] and understands her condition [Dementia]" and "[Staff member] completes her duties in very professional manner and is always punctual."

Good

Is the service well-led?

Our findings

During our previous inspection we found systems for monitoring the quality and safety of the service were not always effective in identifying issues or driving improvements. Since the last inspection we found improvements had been made. The service had taken action to address the issues raised at the last inspection in relation to records, medicines and ensuring consent from people was being obtained in line with the requirements of the Mental Capacity Act 2005, where required.

We also found the service had updated their quality assurance systems which could evaluate the quality of service they were providing and contributed towards continuous learning and improvement of the service. To evaluate the quality and performance of the service, quarterly quality assurance meetings were now in place in which all aspects of the service was discussed and any areas for improvement and action needed and lessons learnt were identified and actioned. For example, the service identified issues with their call monitoring service and took action to implement a new call monitoring system which would ensure calls were managed more effectively and people received the care and support they needed. Minutes of these meetings show areas such as medicines, policies, MCA, accidents and incidents, training and record keeping were reviewed.

To assess the quality of service six-monthly and annual reviews of people's care were in place to ensure peoples care needs were discussed and monitored. This helped ensure the care being provided was still meeting their needs. Feedback from people was obtained via telephone surveys and we noted that the feedback about the service was positive. Comments included "Very happy with the care workers. They are very polite and respectful. They are fully aware of [person's] needs and they are confident with meeting those needs" and "My carers are excellent and very good. I am very happy with the service they provide."

Questionnaires were also sent and records showed any further action that needed to be taken to make improvements to the service were noted and actioned. For example one person said they were not happy with some staff timekeeping. The person was written to and advised what action would be taken to address this issue. Another person had expressed that they were unhappy with a staff communication skills. Action in response to this was taken and followed up by a phone call from the person who confirmed they were happy with what had been done. People and relatives told us "They always call me monthly to find out how I am doing", "I am asked for feedback in telephone calls and I have had a questionnaire" and "They call me every few months for feedback and also send a questionnaire."

People and relatives spoke positively about the way the service monitored the quality of care they received. They told us "I liked that they came to the house to ask about feedback – carers aren't just sent out; the office let you know that they are responsible" ,"They 'check up' regularly – sometimes come here and other times they phone but they stay in touch" and "The office pop in quite regularly. They call at regular intervals and stay in touch."

Records showed staff competency was being assessed by spot checks and task observation. People and relatives confirmed this and told us "They monitor the service well", "It's reassuring that they do checks",

"They audit the carer. They send round a senior member of staff to check on her" and "They do spot checks to make sure that the carer is sticking to the plan".

The above evidence demonstrated that the quality of care was being monitored and evaluated and any areas of improvement were identified and actioned to influence best practice. This had a positive impact on the quality of service received by people. During this inspection, we found the service had taken significant action to not only address the issues from previous inspections but to improve the way the service was managed. The management staff told us that they had learned from previous inspections and were keen to continually improve and develop the service to ensure people received high quality, safe care at all times.

People spoke positively about the way the service was managed. They told us "They always answer the phone and always deal with issues", "I was clearing out and I 'lost' their book but there wasn't a fuss and it was immediately replaced" and "The office staff are amazing – very professional and I feel as if they know me." Relatives also spoke positively about the service. They told us "You used to be a number but that has changed now and you're now treated as a person – quite a change in culture; for the better", "The office visit more often too and last week I was asked for feedback", "I can rely on the company to do the job that they are meant to. [Person] is lucky to have them and her carer" and one relative told us "If I was completing a Friend & Family Test I would be happy to recommend Capital Homecare to any of my family or friends."

The service had a registered manager in post. They knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014.The registered manager submitted notifications to the CQC as required

There was a management structure in place which consisted of the Director, Business Manager, Registered Manager and a Care Manager. There were also a team of area managers, co-ordinators, supervisors, senior care staff and care staff. The service covers a number of boroughs in London. To ensure this is managed effectively, the area managers were responsible for each borough and staff recruited from areas in which they lived so there was minimal disruption caused by lateness to people's care.

The service worked closely with health and social care professionals and other agencies to make sure people received the service they needed so they achieved positive care outcomes. Records showed correspondence from local authorities which included positive feedback about the care provided.

Staff spoke positively about working for the service. They told us "It is a very good company. Any help you need they are there for you", "Really good. They are caring and understanding. They talk with you and you can speak directly with them", "I am so happy I am working for Capital", "They are very good. I wouldn't choose any other company. They respect you and help you when you need it" and "Company is very good and would recommend them to others. They help you and respect you. Very good."

They also spoke positively about the support they received from management staff and their colleagues working in the office. They told us "Anytime you call, there are they for you", "The company makes things easy for you, when I have a problem they are very supportive, they don't make things difficult. They sort things out", "Yes I am 100% happy. If I call the office, they pick up immediately. They listen to me", "(Manager) is a very good man" and "Any problems we call him. He is not hard to get hold of."

Staff felt supported and valued. We noted when compliments from people and relatives were received about the care and support provided by individual staff they were given a certificate of appreciation by the service to thank them for their contribution.

Regular staff meetings were being held and minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. Minutes showed that areas discussed included record keeping and to ensure information records is accurate, clear and legible. Person centred care practices, falls, safeguarding, MCA and moving and handling. Staff told us "They discuss everything, see how you are doing. You can put forward your questions. If you have difficulty with anything, they talk to us", "We have discussions and look how we can solve any issues and make improvements" and "They tell you what you need to do, we discuss the clients and they do listen to you."

Staff also told us they were continually kept informed and updated with information about the service so staff were of the service's ethos and standards expected from them. They told us "They let you know what's going on"; "Information is on the board in the office. They send messages on the phone which makes it easy and you know what's happening. The company do their job well, "They are wonderful people. They will send messages if there are any changes" and "They message you and keep you updated all the time."

The service took action to assure the service had effective arrangements in place in relation to data security. Records showed the service had arranged to attend the Information Governance, General Data Protection Regulations (GDPR) and Cybersecurity event organised by the National Care Forum. The event is set up to bring social care providers up to date with ongoing changes and requirements around information governance. The business manager told us the learning from this event would be incorporated with the way the service handles data management and security.