

Equinox Care

Equinox Personal Care Service

Inspection report

Unit 1
Waterloo Gardens, Milner Square
London
N1 1TY

Tel: 02036689270
Website: www.equinoxcare.org.uk

Date of inspection visit:
15 February 2017

Date of publication:
28 April 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 15 February 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be available to support us with the inspection. Equinox Care provides care and support for one person in their own home. The service works with people living with complex needs including mental health, drug and alcohol dependency and people living with physical and sensory disabilities.

At our last inspection on 16 June 2016, we found significant shortfalls in the care provided to people. We identified breaches of regulations 9, 12, 17 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to a lack of person centred care, a lack of risk assessments to ensure safe care and treatment, good medicines management, inadequate provision of staff appraisals and a lack of auditing processes to ensure good governance and overall management of the service provided. We were not satisfied that care and treatment was being provided safely.

Following our last inspection, we were significantly concerned around the breaches of regulations 9 and 17. This related to ensuring that care provided was person centred and overall good governance of the service. We took enforcement action and issued two warning notices. A warning notice is a type of enforcement action that sets out what was found at the inspection and requires the provider to make adequate and swift changes in order to meet the regulations. At this inspection we found that the provider had met the requirements of the enforcement action.

The provider was also placed into special measures. Special measures are designed to ensure a timely and coordinated response where we judge the standard of care to be inadequate. Its purpose is to ensure that inadequate care significantly improves and provides a clear timeframe within which the provider must improve the quality of care they provide. When a provider is placed into special measures, the CQC will re-inspect within six months.

This inspection was carried out within the six-month time frame to check if improvements to the quality of care had been implemented.

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. The registered manager was present during the inspection.

At our last inspection, we found that the provider was not adequately assessing and mitigating known risks for people. At this inspection, we found that although the majority of risks to people had been assessed appropriately, we found that the provider had not adequately addressed some known risks. Some of these risks were significant.

Not all staff had received an appraisal despite this being identified at our last inspection. However, staff had regular supervision that helped identify training needs and improve the quality of care.

Staff were aware of the difference between promoting and administering medicines. Medicines were managed safely.

Since the last inspection, the provider had brought in a training company to undertake staff training. Numerous training sessions had been provided and there was a plan in place for when staff required refresher training. Staff training was updated regularly and monitored by the registered manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People told us that they felt safe and well supported by staff. We saw positive and friendly interactions between staff and people.

Care plans were person centred and reflected individual's preferences. People told us that they were involved in planning their care and that the service acted on their wishes.

There was a complaints procedure and people were aware of how to make a complaint.

Services that have been given a rating following an inspection are legally obliged to display their rating on their website, if they have one, and at the registered location where care is provided. The service was displaying its rating provided by the Care Quality Commission at the last inspection on its website and in the office.

At this inspection, we found breaches of regulations 12 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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 not always safe. People had new risk assessments which addressed some known risks. However, not all risks had been risk assessed, despite being identified, and there was no guidance provided for staff on how to mitigate these known risks.

Staff were able to tell us how they could recognise abuse and knew how to report it appropriately.

Medicines were managed safely.

There were sufficient staff to ensure people's needs were met.

The service followed safe recruitment practices.

Requires Improvement ●

Is the service effective?

The service was not always effective. Not all staff had received an annual appraisal.

Staff received regular documented supervision to monitor performance and review their working practices.

Staff understood their responsibilities in relation to meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DOLS).

People's food and dietary preferences were noted in their care plans.

Peoples healthcare needs were monitored and referrals made when necessary to ensure wellbeing.

Requires Improvement ●

Is the service caring?

The service was caring. People were supported and staff understood people's needs.

People were treated with respect and staff maintained privacy and dignity.

Good ●

People were supported to make informed decisions about the care they received.

Is the service responsive?

Good ●

The service was responsive. People's care was person centred and planned in response to their needs.

Staff were knowledgeable about individual support needs, their interests and preferences.

Complaints were responded to in an effective and timely manner.

People were encouraged to maintain relationships that were important to them and have full and active lives and be part of the community.

Is the service well-led?

Requires Improvement ●

The service was not always well-led. Issues identified at the last inspection in relation to staff appraisals and risk assessments had not been addressed adequately.

There was good staff morale and guidance from the registered manager and team leader. Management had worked hard to ensure that changes were implemented and understood by staff.

The service had a positive open culture that encouraged learning. Best practice was identified and encouraged.

Systems were in place to ensure the quality of the service people received was assessed and monitored.

Equinox Personal Care Service

Detailed findings

Background to this inspection

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

This inspection took place on 15 February 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service. The inspection was carried out by two inspectors.

Before the inspection we looked at information that we had received about the service and formal notifications that the service had sent to the CQC. We also reviewed the action plan sent in by the service following the last inspection. We looked at one person's care records and risk assessments, seven staff files and other records that the service held, such as health and safety, audits of systems, policies and procedures. We looked at policies in place at the service. We spoke with one person that used the service and three staff. We were unable to speak with relatives of people that used the service due to people's wishes.

Is the service safe?

Our findings

People told us that they felt safe. One person said, "Yes feel safe here and workers know me. I would talk to [the registered manager] or my sister if I was concerned about anything."

At our last inspection we found that risk assessments were brief and did not provide staff with guidance on how to mitigate risks. At this inspection we found that the provider had not fully addressed this. Risk assessments were better and provided more information and identified some risks as well as guidance for staff on how to mitigate these known risks. However, one person's care plan showed that they were at risk of urinary tract infections (UTI's) and also had breathing difficulties. There was no risk assessment in place to ensure that staff were aware of how to mitigate known risks around UTI's. There was no further information on what type of breathing difficulties the person had or if there were any risks associated with this. The risk assessment highlighted that there was a risk of pressure sores and that incontinence pads should be changed regularly. However, there was no other information on how pressure ulcers could be prevented highlighted in the risk assessment or care plan.

One person had recently been diagnosed with a health condition. However, the care plan and risk assessment had not been updated to reflect this change in healthcare or provide staff with guidance on how to mitigate the newly identified risk.□

This was in continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a manual handling risk assessment in place for one person which detailed guidance for staff on how to use the hoist safely. The person receiving care and support required two staff at each care visit.

At our last inspection we found that medicines were not being managed appropriately. Staff had been unclear on the difference between administering and prompting medicines. At this inspection we found that the provider had addressed this issue. Records showed that staff had been spoken with during their supervision sessions and at team meetings around medicines and the difference between prompting and administering medicines.

The registered manager told us that staff did not administer medicines. Care plans had been updated to reflect that staff prompted the person to take their medicines and how this was to be done. Staff that we spoke with were aware of the difference between administering and prompting medicines. One of the people supported by the service received their medicines in blister packs, provided by the local pharmacy. A blister pack provides people's medicines in a pre-packed plastic pod for each time medicine is required. It is usually provided as a one-month supply. One staff member said, "We prompt his medication for him. Pop it out of the blister pack and put it in a bowl for him and give him a drink. We don't administer his medication." The person told us, "They [staff] put medicines in a pot for me and they tell me every time. They do remind me about taking them." We saw that staff documented when they had prompted medicines in the person's daily records.

Of the six staff working, records showed that three had not received medicines training since 2013 and one since 2014. We raised this with the registered manager who told us, and we saw, that classroom based training around medicines for all staff had been booked for March 2107.

The service had an organisational medicines policy, which staff had access to. Since the last inspection the service had been working with Equinox's clinical lead and developed a local medicines policy specific to the personal care service. They had also developed an easy bullet point one page guide to medicines for staff which we saw was located in the person's home. This gave staff a quick reference guide to best practice around medicines.

At our last inspection we found that information in staff files regarding safe recruitment was inconsistent with missing information such as references, identification and criminal records checks. At this inspection we found that the provider had addressed this issue and had a complete record of documents required for safe staff recruitment. The service now followed safe recruitment practices. Staff files showed pre-employment checks such as two satisfactory references from their previous employer, photographic identification, application form, a recent criminal records check and eligibility to work in the UK. This minimised the risk of people being cared for by staff who were inappropriate for the role. Records showed that all staff had had their Disclosure and Barring (DBS) check re-done in 2016 and 2017. DBS checks are part of safe recruitment and check whether staff have a criminal record that could impact on working with vulnerable adults.

The service had a detailed safeguarding policy which included information on how to recognise and report abuse. All staff members that we spoke with were able to explain how they would keep people safe and understood how to report it if they felt people were at risk of harm. Staff were able to explain different types of abuse and how to recognise it. Staff told us, "I need to report any concerns around possible abuse" and "It is for the client. To safeguard from anything like abuse; financial, physical or any other type of abuse. I would call my manager." Records showed that staff required refresher training in safeguarding. The registered manager confirmed, and we saw, that classroom based training sessions for safeguarding training had been booked for February and March 2017.

Staff told us, and rotas confirmed that people had the same care workers visiting them, which enabled people to experience continuity of care. The service was working with one person and there was a dedicated staff team. There had been no missed visits since the last inspection. The registered manager told us that there were no concerns regarding late visits. One person commented, "Yes staff come four times a day. That's enough. Mostly they turn up on time. Sometimes they're delayed by the buses, they always phone me if they going to be late."

Is the service effective?

Our findings

At our last inspection we found that there had been no staff appraisals documented for the past year. The registered manager told us at that inspection that Equinox was reviewing their appraisal policy. However, at this inspection we found that only two staff had received an appraisal out of seven staff employed. All staff employed had been with the service for more than one year and the provider should have completed appraisals. We raised this with the registered manager and the sector manager who told us that Equinox were still reviewing their appraisal policy. Staff had not received an annual appraisal to ensure that they were supported appropriately and ensuring that the service could monitor staff performance.

This was in continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found that staff supervisions were not documented. Staff told us that they had regular conversations with the registered manager and felt supported. However, we were unable to view any evidence of this. At this inspection we found that the provider had addressed this issue. Staff now received regular documented supervision. Staff told us, "Yes, my manager does supervisions and writes it down. I have copies [of the supervision notes]. Supervisions are more than useful. If I have any problem I can discuss it with my manager" and "We have it [supervision] every month. We look at the clients and how we are going to improve."

The service had not employed any new staff since the last inspection. However, there were policies and procedures in place to ensure appropriate staff induction if any recruitment were to take place.

Staff training was completed by means of on-line training. Records showed that staff had completed training in subjects such as, diversity and equality, infection control, safeguarding, safe administration of medicines and first aid. One person the service worked with required manual handling. At our last inspection we found that training records showed that staff had completed training in manual handling but had completed this training in 2012 and 2013. At this inspection we found that staff had refreshed this training in January 2017. This means that staff had now received up to date training in best practice for manual handling. The registered manager told us, and we saw, that the service had designed and booked classroom based training for 2017 in areas such as, safeguarding, moving and handling and the Mental Capacity Act 2005 (MCA). One staff member told us, "Training is good. It refreshes our memory of good practice and what we need to do."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA.

People that the service supported had capacity. At our last inspection we found that care plans had not been signed by people or a staff member. At this inspection we found that this had been addressed. People and the registered manager had signed the care plans. The registered manager told us that the care plan was created in collaboration with people and read through with them before being signed. One person that we spoke with confirmed that they were aware of their care plan and said that they had had input into writing it. They told us, "I signed the care plan twice and the staff read it out for me. They will read the care plan to me whenever it changes."

At our last inspection we found that no staff had received training in the Deprivation of Liberty Safeguards (DoLS) and The Mental Capacity Act 2005 (MCA) and not all staff understood how the MCA worked in practice. At this inspection we found that all staff had received this training. Staff understood what the MCA was and how it could impact on people's care. Staff said, "I can't make decisions for them. If they can't [make decisions] they would need an assessment" and "You can't make decisions for them. You have to give them choice. We would have to assess them to see if they were able to do things themselves. For example, their money and if they need help to manage it safely themselves."

Care plans showed if people required help with meal preparation when staff visited. One person's care plan documented what type of support they required around meals. A person told us, "I prefer food cold they [staff] understand this. Most of the stuff is microwaved. I can choose what I want to eat." Staff also ensured adequate hydration and one person told us, "[Staff] always fill up my bottle with iced drink so that I have something to drink." Staff told us that they knew what people liked to eat and one staff commented, "We go out for food shopping [for the person]. We ask what he wants to eat and he will tell us. We sometimes cook and sometimes warm up and serve."

The registered manager told us that the person being supported by the service was accompanied to healthcare appointments where necessary. If extra hours were needed to facilitate the person attending appointments, funding to do so was requested from the local authority. One person said, "Staff have supported me to go to the chemist, GP and hospital."

Is the service caring?

Our findings

People were positive when we asked if they felt that staff were caring and treated them with dignity and respect. One person told us, "Yes, staff care for me. Always give me respect. I like that. They treat me as a human being. I can talk to staff if having a bad day and they do understand. Staff are kind, thoughtful and they listen."

The registered manager and staff told us about the importance of treating people with dignity and respect and making sure that people were seen as individuals and had their needs met in a person centred way. One staff member said, "We give the client what he wants. If he wants a shower, I ask him if he is ready. Give him a choice of clothes of what he wants to wear. Giving someone personal care, make sure the door is closed and give him respect."

Staff sought people's consent to provide care and understood how this impacted on people's welfare. A staff member said, "We always ask if it's okay before helping him." One person told us, "I can make a choice about when things are done and how."

People told us that they were involved in assessments and reviews of their care. Although reviews were completed by professionals external to the service, people were positive about their involvement in planning their care. One person told us, "Staff listen and respond to me [when planning care]."

People that we spoke with said that they felt that staff knew them well. One person said, "Staff support me with what I like, for example, going to the shops." A staff member said, "We have been with him for so long, we know him really well and what he likes."

Is the service responsive?

Our findings

At our last inspection we found that care plans were not person centred and failed to document people's likes and dislikes and how they would like their care to be delivered. There were no reviews of care documented and people were not involved in planning their care. At this inspection we found that the provider had addressed this issue.

Care plans were now person centred and contained personal information and the views of the person receiving the service regarding how they wished their care to be delivered. One person had been asked their views on each aspect of care outlined in the care plan and these were documented. Where the person had a specific way they wished things to be done, this had been incorporated into the care plan. People had signed their care plan. Staff we spoke with were able to tell us the person's preferences with regards to their care. Care plans contained information about people's histories both social and medical. This gave staff an overview of the people that they were supporting.

At our last inspection we found that there were no records of reviews of care. At this inspection we found that the provider had addressed this issue. There were now records of reviews that had taken place and where necessary the care plan had been updated to reflect any changes. The service attended reviews by the local authority at the request of the local authority and people using the service.

People were encouraged to maintain relationships that were important in their lives. One person told us, "Staff help to keep contact with my sister and write to my girlfriend." One person was supported to be part of the local community. Records showed and people told us that staff accompanied them to the shops and to the local park.

At our last inspection we found that there was no documentation of initial referrals for people using the service. At this inspection records showed that there were referrals and assessments for people currently using the service. However, following the findings at our last inspection, the provider voluntarily stopped taking on any new people and there had been no new referrals since the last inspection. The registered manager told us that the service was prepared to begin taking new referrals and that there were processes in place to support any new assessments. The service had a detailed referral procedure to ensure best practice when assessing new people.

The provider had a complaints procedure in place. People using the service were provided with information that gave detailed guidance on how to make a complaint. The service had not received any complaints since the last inspection.

People were also positive about the support they received from the service when they wished to complain about a different service that they were receiving. One person commented, "They have told me how to complain. Staff helped me sort out a complaint I had about [another healthcare provider] and I got an apology letter. It was helpful they did this. I know how to complain about this service too"

Is the service well-led?

Our findings

At our last inspection we found that there was a lack of management oversight and good governance of the service. At this inspection we found that the provider had mostly addressed this issue. However, at this inspection we found two on-going breaches of regulation with regards to risk assessments and staff appraisals. These issues had been partially addressed and documented by the provider but failed to meet the required regulatory standard.

People were positive about the registered manager. One person told us, "Yes, I know who the manager is. She listens to me and gets things sorted. I am happy with the agency and all they do." Staff told us that they felt supported by the registered manager and commented, "She [the registered manager] is very very supportive. She comes to visit [people and staff] regularly and even comes in the evening sometimes to check we are all okay" and "We have been working together for a long time. She [the registered manager] is great, kind and she doesn't let the clients down. Takes both the client and our concerns, if we have any, seriously."

At our last inspection we found that audits had not been completed for any aspect of the service. At this inspection we found that the provider had addressed this issue. The sector manager and registered manager told us, and we saw, that following our last inspection an action plan had been produced which included auditing of all aspects of the service. Where issues were identified such as care planning and risk assessment, these had been addressed and documented. The action plan was being used as a continuous audit tool. The registered manager told us that when the action plan was completed a new auditing system would be introduced.

At our last inspection we found that there were no documented staff meetings. However, staff told us that there were staff meetings. At this inspection we found that the provider had addressed this issue. Staff told us, "We have them [staff meetings] regularly. It wasn't regular or recorded before whereas now it is" and "Oh, yes. And we get minutes." Records showed that staff meetings looked at care being provided, any staff concerns and organisational information. Staff were able to raise issues that they wished to discuss.

At our last inspection we found that the service was not documenting people's feedback and we were informed that this was done informally and not documented. At this inspection we found that the provider had addressed this issue. People using the service were asked for their feedback and this had been recorded. One person told us, "Yes I have been asked to complete a questionnaire about the service." Feedback received was positive and there were no actions needed to be taken by the service as a result of this feedback.

At our last inspection the registered manager told us that the service worked closely with the care teams of the people that they supported, attending people's reviews and healthcare professionals meetings. However, this was not documented. At this inspection we found that any contact with healthcare professionals and follow up required had been documented.

The service had introduced a new electronic system that was in the process of being put into use. This contained all of the services care records about people including, their care plans, risk assessments and reviews of care. Staff had access to this and were able to view and record people's daily notes from care visits as well as healthcare professional visits. Staff had access via a computer tablet, provided by the service, which was located in the person's home. Staff were positive about the electronic system and one staff member said, "Once you get used to it, it is quite easy to update records and things about the client."

The service operated an on-call system for out of hour's issues that arose. This operated seven days a week between 17:30 and 09:00 and at weekends. The registered manager told us that people had her telephone number and that arrangements were made for when she was out of the business.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider failed to ensure that all known risks were risk assessed for people using the service. |
| Regulated activity | Regulation |
| Personal care | Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure that systems and processes identified the lack of staff appraisals and adequate risk assessments. |