

# Saint John of God Hospitaller Services Enfield Domiciliary Care Agency - Durants Road

## Inspection report

176 Durants Road  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Enfield Domiciliary Care Agency - Durants Road provides support to people with learning difficulties living at home. There were 75 people using the service at the time of our inspection. However, the registered manager told us that only six people were in need of support with personal care. The provision of personal care is regulated by the Care Quality Commission.

At our last inspection in February 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection

The service had 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.

There was good overall feedback about the service, from people using it and their relatives. We found people were treated with kindness and compassion, and that they were given emotional support when needed. The service ensured people's privacy and dignity was respected and promoted.

People's needs were identified and responded to well. The service was effective at working in co-operation with other organisations to deliver good care and support. This included where people's needs had changed, and where people needed ongoing healthcare support.

The support staff demonstrated a good knowledge of people's care needs, significant people and events in their lives, and their daily routines and preferences. They also understood the provider's safeguarding procedures and could explain how they would protect people if they had any concerns.

Staff told us they really enjoyed working in the service and spoke positively about the culture and management of the service. Staff told us that they were encouraged to openly discuss any issues. Staff described management as supportive. Staff confirmed they were able to raise issues and make suggestions about the way the service was provided.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. People's views on the service were regularly sought and acted on

Staffing levels were sufficient to meet people's needs. Recruitment practices were safe and relevant checks had been completed before staff worked at the home

The registered manager and staff ensured everyone was supported to maintain good health.

Staff were well supported with training and supervision which helped them to ensure they provided effective care for people.

The registered manager and staff knew what they should do if anyone made a complaint.

Person centred care was fundamental to the service and staff made sure people were at the centre of their practice. Care plans focused on the whole person, and assessments and plans were regularly updated.

The service was well led. There was a clear set of values in place which all of the staff put into practice. The management team had developed robust quality assurance checks, to make sure standards of care were maintained. There was an open culture and staff said they felt well motivated and valued by all of the managers.

## 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 remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well-led.

# Enfield Domiciliary Care Agency - Durants Road

## **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 14 November 2018. The provider was given 48 hours' notice because the registered manager can be out of the office supporting staff or providing care. We needed to be sure that they would be available.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law. We reviewed the Provider Information Record (PIR). The PIR provides key information about the service, what the service does well and the improvements the provider plans to make.

People using the service were unable to communicate with us so we spoke with two relatives, three support staff and the registered manager.

We reviewed the care records for two people using the service to see if they were up-to-date and reflective of the care which people received. We also looked at personnel records for three members of staff, including details of their recruitment, training and supervision. We reviewed further records relating to the management of the service, including quality assurance processes, to see how the service was run. We also got feedback from one healthcare professional.

# Is the service safe?

## Our findings

People told us how their relatives felt safe within the service. One person said "I believe that he is safe, he's getting the best he can get."

The agency published monthly newsletters for people using the service. These newsletters regularly included information about keeping safe and were designed to help people identify and report potentially abusive situations.

Staff demonstrated a good level of understanding of safeguarding and could tell us the possible signs of abuse which they looked out for. Staff had received training in safeguarding people. They were able to describe the process for identifying and reporting concerns and were able to give example of types of abuse that may occur. One support worker said, "I can always sense if something is wrong, we look out for changes in behaviour or signs of distress or if they stop eating." They explained that if they saw something of concern they would report it to their manager immediately.

Staff understood how to "whistle-blow" and were confident that the management would take action if they had any concerns. Staff were aware that they could also report any concerns to outside organisations such as the police, the local authority or the Care Quality Commission.

People had individual risk assessments to enable them to be as independent as possible and to promote and protect people's safety in a positive way. These included self-neglect, self-harm, epilepsy, isolation and financial abuse risk assessments. Risk assessments were reviewed on a regular basis and information was updated as needed.

Staff did not raise any concerns with us about staffing levels and told us that they had enough time to carry out the tasks required and that they would inform their manager if they felt they needed more time to complete complex tasks or any additional tasks. A support worker told us "I never feel rushed in my role."

Most staff had been working in the service for some time, and staff turnover was very low, thus providing a good continuity of care for people using the service

Safe recruitment practices were in place. We saw the provider checked the suitability of staff prior to employment. Staff files had all the required documentation in place. They included two references from previous places of employment and Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions.

At the time of our inspection, staff did not administer medicines to any of the people they supported.

The service protected people by the prevention and control of infection. Staff were aware of infection control practices such as washing hands and the importance of good hygiene. Staff told us they had access to protective clothing including disposable gloves and aprons.

The service maintained a record of incidents and accidents to monitor trends and keep people safe. Each accident record showed the action taken immediately after the incident and any future action required to prevent the situation happening again.

# Is the service effective?

## Our findings

Staff had the opportunity to develop professionally by completing the range of training on offer.

Individual staff supervisions were planned. Appraisals were also carried out annually to develop and motivate staff and review their practice and behaviours. From looking in the supervision notes we noted supervision gave staff the opportunity to discuss any issues relating to the people who use the service, feedback from colleagues and managers and their own personal development and wellbeing. A health care professional told us "The staff employed appear to have a very good understanding of the needs of the clients."

Training needs were monitored through regular staff supervisions and appraisals and we saw this in the staff supervision files. We reviewed the individual induction and training records for staff. The registered manager confirmed that suitable new staff were enrolled on a Care Certificate training programme to ensure people received continuous effective care .

Training records showed that staff were up to date with their mandatory training. There was also training which enhanced staff understanding of the issues which may be presented by the service user group they supported. This included autism and mental health.

The manager would have oversight of all staff training and reminded staff of any training was overdue. Many staff had also been supported to gain recognised qualifications in care and had been supported to gain promotion within the organisation.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met. People currently using the service had capacity and could make decisions about their care and support.

Staff had a good understanding of the MCA and confirmed that they had been provided with training. They said they recognised when a person's capacity to take specific decisions may need to be assessed whilst at the same time "enabling the person to take measured risks." One member of staff said they understood the need to seek people's consent before carrying out support and they demonstrated a good understanding of peoples' rights regarding choice. They told us "it's what they want not what I want even if they make an unwise choice."



People were supported to maintain good health and had access to health care support. Where there were concerns people were referred to appropriate health professionals. We saw evidence on care records of multi-disciplinary work with other professionals and consultation with psychiatrists and social workers. We also saw that people were supported to go to their GP. The registered manager told us "the GPs are excellent in this area."

The service supported people to eat and drink enough and maintain a balanced diet. People were supported to shop and prepare their meals. Care plan detailed people's likes and dislikes in food and drinks.

## Is the service caring?

### Our findings

Relatives were positive about the attitude and approach of the staff who visited them. Comments included, "Yes, I believe that they are respectful". And "They really are fantastic."

Staff were clear that treating people well was a fundamental expectation of the service. One member of staff said that treating people with respect and maintaining their independence was "paramount." Staff told us that they would involve people in their day to day tasks according to their ability including light domestic tasks and laundry. A support worker told us "we encourage people to be as independent as possible for example if their flat needs cleaning I encourage them to do it themselves."

There was good evidence in the person-centred support plans we looked at that staff encouraged those who used the service to be as independent as possible.

Staff were motivated and proud of the service. They understood the importance of building positive relationships with people who used the service and spoke about how they appreciated having time to get to know people and understand the things that were important to them.

People's individual care plans included information about their cultural and religious beliefs. The registered manager told us "we have a holistic approach to care planning". All the staff we spoke with had undertaken training in equalities and diversity and understood that racism, homophobia or ageism were forms of abuse. Staff gave us examples of how they valued and supported people's differences. They told us that it was important to respect people's culture and customs when visiting and gave us examples in relation to food preparation and preferences.

Staff could describe the importance of preserving people's dignity when providing care to people. Staff told us they supported and encouraged people in closing their bathroom and bedroom doors to maintain their privacy.

People were encouraged to be involved in making decisions about their care as much as possible. Relatives and others were involved in care planning and said they were happy with the choices their family members were given. A relative said; said "I have been through my brother's care plan and I feel fully informed."

## Is the service responsive?

### Our findings

We found that people who used the service received care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way. The care and support people received was responsive to people's needs. Care records contained a comprehensive pre-admission assessment, which the registered manager told us formed the basis of the person's care plan. Records showed that information from the needs assessment was used to inform the care plan including the quantity of support hours. The plans contained information on the different aspects of a person's life and identified how their care needs would be met. They were tailored to each person's diverse needs and we saw that the service users had participated in the development of their care plan.

We found that care plans provided good information for staff to follow. They included information and guidance to staff about how people's care and support needs should be met. They were retained safely and a copy was kept in individual's homes. The information was easy to locate, as the files were separated into individual sections for ease of access. A health care professional told us that support plans were 'informative' and 'succinct' and 'fully involve the clients in the process'. They also confirmed that their advice and recommendations were always taken on board.

People's needs were being regularly reviewed by the service, the person receiving the service, their relatives and the placing authority if applicable. Where these needs had changed the service had made changes to the person's support plan.

Discussions with the registered manager and staff showed they had good awareness of people's individual needs and circumstances, and that they knew how to provide appropriate care in response. For example, we saw that the service was supporting people with money management and encouraged people to have their own cashpoint cards.

We found that feedback was encouraged and people described the managers as "open and transparent". People confirmed that they were asked what they thought about their service and were asked to express their opinions.

The service had a complaints policy and we were told that this information was contained within people's care plans. We read a copy of the policy which explained how to make a complaint and to whom and included contact details of the social services department, the Care Quality Commission and the Local Government Ombudsman. Relatives told us they knew how to make a complaint if needed. We saw that there had been no recent complaints the registered manager explained that they did a lot of "troubleshooting" so that complaints were kept to a minimum. We also saw a number of very positive compliments that had been sent in to the agency.

## Is the service well-led?

### Our findings

People using the service, their relatives and staff were positive about the registered manager. Comments from people included "the manager is really effective to deal with and I feel listened to." And "I can always get through to the office". The registered manager told us "we treat staff well, we give them autonomy and try not to blame." One staff member told us, "The managers are very approachable and they treat us with respect."

Staff were aware of the organisation's visions and values. They told us that people using the service were always their priority and that they must treat people with dignity and respect in an open and non-judgemental way and without discrimination. When we discussed these visions and values with the management team it was clear that these values were shared across the service. Staff meetings were held regularly and staff told us the management were open and transparent and they could raise any issues they wanted to. They told us they liked working for the provider. A staff member told us "I really enjoy my job, as an organisation they go the extra mile."

The registered manager was known to people, their relatives and staff members. People were positive about them and staff members felt that the registered manager was always friendly and approachable. They also told us that they made sure things got done and could see that they were working to improve the service. Relatives confirmed that they felt able to feedback to the manager as and when they needed to and that the manager was responsive to their ideas and suggestions.

The Registered manager was aware of the attitudes, values and behaviours of staff. They monitored these informally by observing practice and formally during staff supervisions, and staff meetings. The registered manager told us that recruiting staff with the right values helped ensure people received a good service. During our meeting with him it was clear that he was familiar with all the people who used the service and was very 'hands on' in his interactions with the people who used the service. A relative told us "Yes, sometimes they ask for feedback". And "I would recommend this service."

Regular audits were taking place in relation to care plan documentation, policies, accidents and incidents and general health and safety. The service improvement manager, from the provider's head office, visited the agency regularly and carried out quality and compliance reports and baseline audits periodically throughout the year. These reports and other quality assurance audits were collated into the service's improvement plan which was an ongoing tool used to identify and encourage continuous improvements.

The managers of the service also carried out regular spot checks and this included reviewing the care records kept at the person's home to ensure they were appropriately completed and to see if support was being provided according to the person's wishes

Discussions with staff found they were motivated and proud of the service. We found that staff turnover was kept to minimum ensuring that continuity of care was in place for people who used the service.

The service worked in partnership with other agencies to support care provision and development. This included community learning disability teams, local colleges, drug and alcohol services, and the local authority housing department.