

The Elfrida Society

The Elfrida Society - 34 Islington Park Street

Inspection report

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Date of inspection visit: 2 September 2015
Date of publication: 28/10/2015

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The Elfrida Society is a local charity based in Islington for adults with a learning disability. The domiciliary care agency known as Home-link provides support to adults with learning disabilities within their own homes and the local community.

This inspection was short notice which meant the provider and staff did not know we were coming until shortly before we visited the service. At our previous inspection on 15 January 2014 the provider was not

meeting all of the requirements we looked at. However when we carried out a follow up inspection on 25 July 2014 we found that the provider had made the necessary improvements to the service.

At the time of our inspection the provider employed a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law, as does the provider.

Summary of findings

From the discussions we had with people using the service we found that people were very satisfied with the way the service worked with them and they felt safe. There was confidence about contacting staff at the service to discuss anything they wished to.

People's human rights were protected and the service was diligent with ensuring that the requirements of the Mental Capacity Act (2005) were complied with where these were applicable.

People who used the service had support needs around their activities of daily life and engaging in the community. The service did not provide personal physical care to anyone or helped them with taking medicines. From the four care plans we looked at we found that the information and guidance provided to staff was clear. Any risks associated with people's care needs were assessed, and the action needed to mitigate against risks was recorded. We found that risk assessments were updated regularly.

During our review of care plans we found that these were tailored to people's unique and individual needs. Guidance was provided to staff about the way people communicate and how they should support people, this was regularly reviewed.

We looked at the training records of all staff. We saw that required training had been undertaken and if any specialist training was necessary in order to meet people's specific and unique needs this was also

provided. We found that staff supervision was inconsistent for staff across the service and no annual appraisals had taken place, which the home-link manager accepted was in need of attention.

Staff respected people's privacy and dignity and worked in ways that demonstrated this as being a core value of how people were treated by the service. From the conversations we had with people and records we looked at, we found that people's preferences were recorded and that staff worked hard to ensure people's wishes were respected.

Records which we viewed showed that people were able to complain and felt confident to do so if needed. People felt confident that any concerns they had would be listened to.

People who used the service were provided with opportunities to share their views about the quality of the service. We found that the provider took action to ensure that people were included; their views were respected and were taken seriously.

At this inspection we made two recommendations. The first was in relation to improvements to the consistency of staff supervision and appraisals. We also made a recommendation in respect of ensuring that although people gave verbal consent, people's written consent to their care plan was not being obtained in all cases. Please refer to the "Effective" section of this report for the details regarding each of these recommendations.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Any risks associated with people's needs were assessed and updated at regular intervals.

The service had access to the organisational policy and procedure for protection people from abuse. As the service provided care and support to people placed by a single London borough we looked at whether the service knew who to contact if concerns arose and found that they had the information to enable this to occur. The service worked in full co-operation with people using the service and stakeholders to maintain safe and consistent support.

The service had a medicines policy but did not provide any assistance to people with taking medicines.

Good



Is the service effective?

The service was not always effective. Staff received regular training but supervision and staff appraisals required action.

There was clear knowledge about how to assess and monitor people's capacity to make decisions about their own care and support, however, more evidence was required to show if everyone had consented to the care provided.

The service focused on ensuring that people's rights were respected and protected.

Requires improvement



Is the service caring?

The service was caring. The overwhelming view from people using the service and health and social care professionals that we spoke with was of a service that cared for people. Staff we spoke with all referred to people as unique individuals and showed consideration and compassion when speaking about the support they provided.

The service provided care to people with different communication abilities. We saw a clear communication policy that included recommendations on methods that staff should use when providing support. This was further backed up by descriptions in care plans about how best to communicate with each person. We found that staff clearly knew the people they worked with and how people communicated their wishes.

Good



Is the service responsive?

The service was responsive. The people who were using this service each had a care plan. The care plans covered personal, social and emotional support needs and described people in a person centred way.

Good



Summary of findings

The plans reflected each person's lifestyle and how their support was provided, with the aim of maximising people's involvement in decisions about their everyday life and goals. Care plans were updated at regular intervals to ensure that information remained accurate and reflected each person's current support needs.

Complaints were listened to and people could feel confident that their views would be taken seriously and would be acted upon.

Is the service well-led?

The service was well-led. There were clear lines of accountability among the agency management and staff and they demonstrated that these lines of responsibility were clearly understood and adhered to.

The service placed emphasis on seeking people's views, whether they are using the service and others involved, and assessing the quality of the support provided. The provider and their charity trustees required regular updates on the way in which the service operated and the experience of the people using it. The service was transparent in communicating with people using the service and others who they had contact with.

Good



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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.

The provider was given short notice of this inspection because the location provided a domiciliary care service. We carried out a visit to the service on 2 September 2015. This inspection was carried out by two inspectors, one of whom made contact with staff and stakeholders. We were also assisted on this inspection by an expert by experience that knew of the experience of a relative who used domiciliary care services.

We looked at notifications that we had received and during our inspection we spoke with five people using the service, four relatives, four staff who directly provided support to people, the deputy manager and Homelink service manager.

We gathered evidence of people's experiences of the service by conversations we had with people and reviewing other communication that the service had with these people.

As part of this inspection we reviewed four people's care plans and care records. We looked at the induction, training and supervision records for four of the staff team. We reviewed other records such as complaints information, quality monitoring and audit information.

Is the service safe?

Our findings

A person using the service told us “I’m happy, they look after me.” Another person told us “yes, very friendly people” and relatives told us “Absolutely safe, no problems whatsoever. They encourage (my relative) to do many things”, “we have known them for years” and “safe, yes, (the staff member) is like a friend.” “I like (named member of staff) but other women don’t help me, they’re lazy.” We were unable to obtain any further information from the person who told us this but we included this comment for the attention of the service provider.

The service had access to the organisational policy and procedure for protection of people from abuse. We asked two care staff, the Home-link service manager and deputy manager about how they would recognise any potential signs of abuse. The members of staff we spoke with said that they had training about protecting people from abuse and were able to describe the action they would take if a concern arose. It was the policy of the provider to ensure that staff had initial training when they were first employed which was then followed up with periodic refresher training. When we looked at staff training records we found that this had happened and the service took action to minimise potential risks for people and it should be noted that no concerns had been raised about potential harm for quite some time.

As part of the four care staff files that were checked we saw recruitment processes had been followed. References had been obtained for each file checked and appropriate visa checks had been carried out where staff required

permission to work in the UK. Background checks covered disclosure and barring service, which included a criminal records check, references and interviews. The service did not permit anyone to work with people until all of these checks had been undertaken and verified.

We asked two of the management team and two staff about their knowledge and skills to carry out their roles and responsibilities. They told us how staff induction covered the organisation in general and then went into the specific support needs of the people with whom each member of staff was working. Risks assessments were carried out which related to the particular activities and support each person was assisted with and these showed that risks were considered and were kept under regular review.

The service employed 15 staff, three of whom were used as bank staff to cover for annual leave, sickness or vacancies. All of the people we spoke with told us that staffing levels were suitable at Elfrida Society. People received short targeted support; times ranging from once every week or two to almost every other day. Staff were largely employed on a part time basis, between four and thirty hours per week although all but two worked less than 20 hours a week. Staff were recruited for work with specific people around supporting them to undertake tasks related to maintaining independence in daily living as well as employment, education and recreational activities.

The service had a medicines policy although staff did not provide assistance to people in this area and the registered manager informed us that this would not be an area of support that the service would provide.

Is the service effective?

Our findings

A person using the service told us, "Staff respected that it was their home and that sometimes staff made them a cup of tea but more often they made one for them." Relatives told us "I've never needed to complain, they encourage (their relative) to do many things" and that Elfrida identified activities for their relative to do, for example, "discos, cinema, bike riding, cookery class, shopping, eating out" were mentioned.

People received support from staff who had the knowledge and skills needed to carry out their roles and responsibilities. One person we spoke with who used the service told us "the Elfrida Society is a fantastic organisation." One person that we spoke with who uses the service has also been employed by the service in an administrative role for the last 10 years. They stated "if it wasn't for Elfrida I wouldn't know where I would be". This person was also supported by the service to undertake the role of Expert by Experience for a consultation group called "making it real" which is led by the local authority where the service was located.

New staff received a two day induction. We spoke with two recently recruited staff who confirmed they had undergone this induction which had included face to face training, online training and shadowing other experienced staff. Key topics covered included safeguarding, the Mental Capacity Act and first aid.

We looked at the training records for four members of staff. The records confirmed that staff had received training in a variety of areas, and this included specific training where required depending on the individual support needs of people they worked with. We noted that on the day of the inspection there was some refresher training taking place for staff about safeguarding and the week following our inspection a date had been booked for two new staff to undergo this training as a part of their induction.

The four staff members we spoke with told us they felt well supported during their employment. Staff told us that "they definitely felt supported by the team" and "whenever I have asked for training they have provided it". We looked at the supervision records for four members of staff and found that staff did receive supervision on occasions. Although many staff did work only specific part time hours in most cases we were concerned that the structure for periodic

supervision was unclear and did not occur consistently at specified intervals, in some cases many months passing between some staff having the opportunity for individual supervision.

We also did not see any formal appraisals completed for any of the staff files that were checked. We discussed this with the home-link manager who acknowledged that there was inconsistencies in the way supervisions were carried out and that the appraisal system also required improving. To ensure these occurred at yearly intervals for all staff.

We recommend that the service introduce a system for monitoring all staff supervision's and appraisals in order to address inconsistencies in how regularly these occur.

The Provider and the registered manager had a clear understanding of the code of practice for the Mental Capacity Act (MCA) 2005 which protected people who may not be able to make particular decisions for themselves. Staff also knew who to report to if they had any worries or concerns about any of the people they supported. Staff had received training on the MCA, which we confirmed when we viewed their training records. Staff also had an understanding of Deprivation of Liberty Safeguards (DoLS), although this area did not apply to any person the service supported.

We looked at four care plans of people using the service and found that two of them had been signed by the people in question. However, the other two had not. We told the registered manager about this and the inconsistency in obtaining consent to care. Staff were aware that consent was required and was verbally obtained.

We recommend that the service ensures that written consent to care plans is obtained for all people using the service.

The home-link manager informed us that people who used the service were supported by the staff to maintain good health and were advised and supported to address their health and access to healthcare services. Care staff would either report any concerns to the office or would support the people directly with any health care concerns by reporting to the appropriate health and social care professionals involved. The staff we spoke with confirmed that they knew what actions to take if a person they were supporting was unwell and their health required attention.

Is the service caring?

Our findings

A person using the service told us “the staff focus on what you can do and not what you can’t do” and “they are concerned about my well-being”. Relatives told us Elfrida’s staff had met with her to identify what was important to their relative and that “they always ask (my relative)”

One person told us they felt that staff could be “bossy” but on further discussion this seemed due to the person not always wanting to do things for themselves and wanting staff to do it for them instead. We have, however, decided to include this view in this report as information for the provider.

There was clear and detailed evidence in the care plans we looked at that staff focused on working with people to be as independent as possible. There were instructions for staff about how to encourage people to be as fully engaged with making decisions and choices for themselves, and to take the lead in controlling their own support. The predominant view of people using the service was that they felt cared for and trusted their relationships with staff who were supporting them.

People’s care plans included information about their cultural and religious heritage, lifestyle choices and about how people communicated. We found that staff knew about people’s unique heritage and each care plan we viewed described what should be done to respect and involve people in maintaining their individuality and beliefs.

People’s independence was promoted. Apart from supporting people in daily living tasks staff also supported people to take part in activities. The four staff that we spoke with demonstrated a good understanding of people’s right to make their own decisions independently but where necessary to act in someone’s best interest. The way that staff referred to people was person centred and our view was that the service ethos of promoting choice, maintaining and developing people’s independence and to treat people with dignity and respect was evidently understood and applied.

Is the service responsive?

Our findings

One person using the service told us they knew how to make a complaint if they wished to and another person told us “I’ve no complaints.”

Two relatives told us of their perception of an improved quality of life for their loved ones. There were varied responses relating to complaints. One person told us they not needed to complain but, if they did they would speak to the social worker and another said they did not feel the service could do any better “not really, I’m quite happy at the moment.”

We saw how there was a service guide on how to make a complaint on display in the providers reception office, and information was also made available to people using the service in different formats which included words, pictures, signs and symbols. We looked at the record of complaints made since our previous inspection. We found that only one had been made and this was responded to quickly, followed the provider’s procedures and resulted in feedback to the person who raised a complaint. The service took complaints seriously.

The four care plans we looked showed clear evidence that support was planned in detail and was responsive to peoples’ needs. For example, we saw documents relating to how people were supported and encouraged to set new goals and achievements to widely engage in the community and daily life. We found that staff were focused in getting to know people and responded to their unique personality and support needs.

The service did not provide assistance to people in relation to their personal physical care needs. It was made clear to us during our inspection that the most that staff would do would be to prompt people if this was required but participating in direct assistance with intimate physical care was not something that the service was engaged with. We asked the registered manager about what staff would do if they felt someone needed physical assistance and they informed us that staff were required to report any issues of this kind to the service. Our conversations with staff confirmed they knew that any matters related to support which raised concern were to be reported.

Is the service well-led?

Our findings

A person using the service told us “I ring ‘N’ (home-link manager) and she ring’s me back if she’s not there, but it’s usually to tell me about a different person coming to help me.” Relatives told us they did not know who the manager was “they have never been here” and another said they could recall completing a questionnaire and evaluation about how well the service was doing.

Staff we spoke with talked about people who used the service in a respectful, positive and engaging way. We were left with confidence that people using Elfrida society were treated with respect and that the service had an open and honest ethos and this was a view shared by people we spoke with.

During this inspection we found that spot checks were being carried out. These commenced in April 2014 after our previous inspection. The registered manager accepted that they had fallen behind schedule in recent months and we were shown the programme developed by the deputy manager to ensure this was addressed in the remainder of this year. We looked at a sample of the records of spot checks already completed. We found these included speaking with people using the service, staff supporting them and discussing the effectiveness of the service.

We looked at the most recent quality assurance report published in May 2015. This showed that people's views, those using the service and staff, had been sought, feedback had been listened to and that any action required was also considered. Everyone who provided feedback expressed satisfaction and thought that the service was doing what was necessary to support them. An action plan was included in the quality assurance report to describe what the service would be doing to respond to people's feedback and to make improvements to the service. This showed that the provider was taking the necessary action to keep the performance of the service under review and to make necessary changes.

In discussion with the home-link manager during our inspection we were told about, and shown, the monitoring systems for the day to day operation of the service. Staff had specific roles and responsibilities for different areas. They were required to report to the provider about the way the service was operating and any challenges or risks to effective operation that arose. Staff clearly knew their responsibilities and lines of reporting within the service, specific parts of the service in which they worked and to the service provider.