

Mrs Ifeoma Nwando Akubue

# Nwando Domiciliary Care

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Inadequate** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The inspection took place on 15 June 2016. This was an announced inspection. We gave the provider 24 hours notice of the inspection as this is a domiciliary care agency and we wanted to ensure the registered provider was available in the office to meet us. This service has not been inspected since its registration on 19 June 2015.

Nwando Domiciliary Care is a domiciliary care service that provides personal care to people with learning disabilities, autistic spectrum disorder, dementia, physical disability, sensory impairment and older people in their own homes. At the time of this inspection the service was providing personal care to three people.

Nwando Domiciliary Care is owned and managed by Ifeoma Nwando Akubue. There is no requirement for a separate registered manager.

At the time of the inspection, the service did not maintain care plans and risk assessments. Following the inspection, the service provided us with care plans and risk assessments for people using the service. However, risk assessments were incomplete and care plans not personalised.

People using the service and their relatives told us they found staff caring and friendly. People's relatives told us that staff listened to them and their health and care needs were met. They told us their family members were treated with respect and staff engaged with them in a friendly and considerate manner.

There were safeguarding policies and procedures in place. Staff were able to demonstrate their role in raising concerns.

Staff files lacked records of reference checks. There were no records of staff supervision and staff told us they did not receive one-to-one formal supervision. There were no records of staff induction training and the service did not offer any training to their staff.

The service did not have effective systems and process to assess, monitor and improve the quality and safety of service.

We found that the registered provider was not meeting legal requirements and there were a number of breaches 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.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Staff knew what signs of abuse to look out for and the correct procedures to follow if they thought someone was being abused.

The service did not keep accurate records of care delivery.

Risks to people's health had been identified but were not always individualised. They were not always documented and recorded in people's care files. This meant staff did not have access to the adequate information to manage risks to people.

### Is the service effective?

**Inadequate** ●

The service was not always effective.

Staff did not receive suitable induction training and additional relevant training. Staff had not been receiving regular supervision.

Staff understood people's right to make choices about their care.

The service did not maintain records on people's care plans on their mental capacity assessments.

People were supported to access healthcare services as required.

### Is the service caring?

**Good** ●

The service was caring.

The service supported people with their religious, spiritual and cultural needs.

People's relatives told us they found staff caring and attentive towards their needs. They told us staff treated them with dignity and respect.

Staff were able identify the needs and preferences of the people

they supported.

### Is the service responsive?

The service was not always responsive.

People's care plans were not person-centred and did not include people's personal histories, wishes and preferences.

Staff understood people's individual needs and abilities.

There was a complaints procedure in place. People's relatives told us they were asked informally for their feedback on a regular basis, when they had raised concerns or made complaints they were always responded to promptly.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

The registered provider was not able to demonstrate their responsibilities under their registration with the Care Quality Commission.

There were no records of audits and checks to monitor the quality of the service.

The service lacked a robust system to monitor care delivery and, safety and quality of the service.

People's relatives told us they found the management friendly and approachable.

Staff felt well supported.

**Requires Improvement** ●

# Nwando Domiciliary Care

## 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 inspection took place on 15 June 2016. This was an announced inspection. We gave the provider 24 hours notice of the inspection as this is a domiciliary care agency and we wanted to ensure the registered provider was available in the office to meet us.

Prior to our inspection, we reviewed information we held about the service, including notifications sent to us at the Care Quality Commission (CQC). Notifications are submissions of information to the CQC by the registered providers about certain changes, events or incidents that occur within the service. We did not ask the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

The inspection team consisted of one adult social care inspector.

We spoke with the registered provider, and three care staff. Not all people who use the service were able to express their views due to limited communication skills, so during our inspection, we visited one person in their home with their prior consent to observe interactions between staff and people. During and following the inspection, we spoke to three relatives.

We looked at three people's care records and one care record kept in person's homes (with their consent) and four staff personnel files including their recruitment, training and supervision records.

We looked at the service's statement of purpose, service user handbook, policies and procedures, and improvement action plan. We also reviewed the documents that were provided by the registered manager (on our request) after the inspection. These documents included additional policies and procedures, staff rota, care plans, care contracts and needs assessments.

We contacted commissioners and safeguarding teams.

# Is the service safe?

## Our findings

People using the service and their relatives told us that they felt safe. Their comments included, "Yes, feel safe with staff." People's relatives told us they usually had the same staff team which they found reassuring as staff knew how to support their family members.

The service had updated their policies and procedures on safeguarding adults and whistleblowing. Staff told us they had received training in safeguarding adults from their previous employers. They were able to describe the types and signs of abuse. They told us they would report any concerns to the registered person.

People and their relatives told us that if they did not feel safe they would contact the registered provider. They had their contact name and the office number. People's care records in their homes had the service's contact details. We looked at the whistleblowing policy. Staff we spoke with told us they had received training in whistleblowing from their previous employers. However, not all of them were able to explain what whistleblowing meant and how they would whistle blow. The registered provider told us staff were encouraged to raise concerns and contact details of appropriate agencies were provided to staff should they wish to contact them.

People's relatives told us staff always attended care visits. They told us that staff would contact them if they were running late and that staff were very flexible. Relatives' comments included, "I am happy with staff, care visits times work for us and staff are flexible with time." And, "the staff are professional, always arrive on time." The registered provider told us they had not missed any care visits. They maintained staff time sheets at people's homes, where staff had to sign after attending the care visit. We looked at staff time sheets and no missed care visits were noted.

At the time of inspection we were not provided with the staff rota. Following the inspection, the registered provider sent us the staff rotas for people using the service for the last three months. The staff rotas demonstrated people's care visits had taken place as per the care plan.

At the inspection risk assessments were not completed. Following the inspection, the registered person sent us risk assessments for the people using the service. The risk assessments included areas such as environment, premises and activities. However, the risk assessments were incomplete and were not personalised. For example, a person who was being supported with personal care with a movable hoist had no moving and handling risk assessment. This meant staff were not given sufficient information about identified risks and how to manage those risks. Despite the incomplete risk assessments, staff we spoke to demonstrated a good understanding of people's health and care needs and risks involved in supporting them.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We reviewed staff personnel files, these contained completed application forms, reference checks and

Disclosure and Barring service (DBS) checks, and copies of passports and visas to confirm people's identity and right to work. Two staff's DBS certificates were from their previous employers. The service did not carry out an update check on these staff's DBS certificates. One staff file did not have a completed application form and reference checks. Although, the registered provider told us they had terminated the employment contract with this particular staff member, the staff member had attended care visits without any references and application form. References were not always verified by company stamp or headed paper.

The service had recruitment policy and procedures but did not follow them to ensure staff were safe to work with vulnerable people.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's relatives and staff told us they wore gloves and aprons whilst supporting people to ensure prevention and control of infection. During our inspection we saw staff using gloves and aprons whilst supporting the person.



## Is the service effective?

### Our findings

People's relatives told us they were happy with the care provided by staff. They told us staff knew their health and care needs and were able to provide the appropriate support. They told us "the staff are excellent and know my husband's health and care needs" and, "so far no problems, I am very happy with the service."

Supervisions and appraisals are important tools to ensure staff have structured opportunities to discuss their training and development needs with their manager. Staff had not been receiving regular supervision. Although, staff told us they had not received formal supervision, they told us they felt well supported by management. Staff told us if they needed help they would either call the office or visit the registered provider. The registered provider told us they carried out supervision informally but had not documented those sessions.

The service's staff supervision policy stated all staff should receive formal supervision at least four times a year. This meant the service was not following their policy and staff were receiving insufficient support to enable them to carry out their responsibilities. The registered provider told us they briefed staff during their informal meetings. However, during and following the inspection the registered provider did not provide us with staff meeting minutes.

Staff told us they had received training in relevant areas from their previous employer. We saw staff training certificates from previous employers. One staff had received training in first aid and safeguarding in the last year. However, the rest of the staff had not received training for over three years. Staff told us since joining this service they had not received any further training. The registered provider told us they had not arranged any training for their staff.

The service had an induction policy. However the staff were not provided with formal induction as per the service's induction policy. The registered provider told us they spoke to staff on their first day about various aspects of their work but did not record that information. The registered provider told us staff also had to shadow them before they started supporting people at care visits.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

People's relatives told us staff gave them choices and asked permission before supporting them. Staff understood people's right to make choices about their care. However, not all staff were able to explain how

they implemented this in their role. Staff told us they had not received training in MCA. The registered provider confirmed training on MCA was not being offered to staff. This meant that staff were not always aware of people's legal rights.

The service supported people with dementia. However, the care records made no reference to their capacity. This meant staff were not always given adequate information to support people to make decisions.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We viewed the daily care records, there were gaps in them. Staff did not always record their care visits, time of the care visits and did not always sign the records. Daily care records content was repetitive and did not give detailed information on how people were being supported. The care records did not always give details on how the person was supported including their nutrition and hydration intake.

The registered provider told us as they supported people with the same tasks they thought there was no need to have regular and detailed care records.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's relatives told us their nutrition and hydration needs were met. One relative mentioned, "The staff always meet my son's specific food needs."

People's relatives told us staff and management contacted health and care professionals as and when required. We saw records of correspondence with health and care professionals including occupational therapist and doctors.

## Is the service caring?

### Our findings

People's relatives told us they found staff very caring and friendly. Their comments included, "staff are caring, they provide us with emotional support", and "staff are caring and friendly".

At our visit, we observed staff interacting positively with the person and their relatives. Staff showed a caring attitude towards the person. Staff listened to person and their relative's requests attentively. People's relatives told us staff called them if they were running late.

Staff we spoke with were able to describe the needs, likes and dislikes of people they cared for. Staff told us they enjoyed their job and the relationship they had established with people using the service and their relatives. One member of staff told us, "when I see people I support happy and comfortable, it makes me happy." Staff we spoke to have had a history of working in the health and care sector, and in a caring role.

People's relatives felt they involved people using the service in planning and making decisions about their care. The registered provider told us at the time of the initial referral they carried out support needs assessment where they identified people's needs, wishes and preferences. Following the inspection the registered provider submitted the initial support needs assessment for all the three people using the service.

One relative said, "The staff listens to my son and help him". Another person said, "The staff are very good, they are like a family. They bought flowers for me on my birthday."

Staff were able to describe the importance of preserving people's dignity when providing care to people. Staff told us they ensured the doors and curtains were closed when supporting people with personal care to maintain their privacy.

Staff told us they supported people to remain as independent as they could. One relative told us, staff encouraged and supported their family member to make decisions about their activities and what they wanted to eat and drink.

Staff were able to describe how they maintained people's confidentiality; they did not discuss people's sensitive information with other people and staff members.

## Is the service responsive?

### Our findings

People's relatives told us staff were responsive to people's health and care needs. One relative told us, "the staff are professional and very helpful.", and "my family member enjoys staff's company". People's relatives told us they mostly had the same staff team.

The registered provider told us, people were being supported with their culturally specific needs, for example, people were assisted with religious prayer arrangements, supported to visit religious centres, assisted in maintaining people's culturally specific diet needs. For example, staff told us one person was supported with their pork free and gluten free diet. We spoke to the relative of this person and they confirmed that staff always ensured the person's specific dietary requirements were met.

We looked at one person's care records and saw that they were being supported to access various activities in the community for example, playing golf, watching cinema and attending festivals. The person's relative confirmed that staff supported their family member very well in accessing various social and recreational activities.

At the inspection, we saw people's care files consisted of their care package by their local authority. Following the inspection, the registered provider sent us completed care plans. However, care plans did not include people's personal histories, information about their background, and wishes and preferences such as favourite food or television programmes. The care plans also lacked detailed individual daily care records.

We looked at one person's care file in their home; it did not have their care plan. This meant staff were not always informed about people's health and care needs.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered provider told us they would ensure all the care files in people's homes had people's updated care plans.

The service had an up to date complaints policy and procedures in place. They had not received any complaints in the last 12 months and hence there were no complaints logs.

The registered provider told us they gave information on how to make a complaint to all the people who use the service and their relatives. The registered provider told us, they visited people on a weekly basis and asked them if they had any complaints.

People's relatives told us the registered provider asked them on a regular basis if everything was okay. They told us they felt comfortable in raising complaints.

## Is the service well-led?

### Our findings

People's relatives told us they were happy with the staff and the service. Their comments included, "really happy with everything about the service" and "I have never had any problems, staff are excellent". People's relatives told us they were able to speak to the registered provider, and their messages and calls were always responded to appropriately.

Staff told us they felt well supported by the registered provider and they felt comfortable in visiting the office unannounced. They told us the provider always made time for them. For example, one staff member told us they were going to present action points to the registered provider that would benefit the service and that they felt comfortable in doing so.

There were no records of audits and spot checks to monitor the quality of the service. The registered provider told us they had carried out two spot checks but did not record them. The registered provider was in the process of seeking formal feedback from the people using the service and their relatives, as the service was nearing its first year. There were no systems in place to seek feedback from staff and professionals.

The registered provider did not have robust data management systems and processes in place to assess, monitor and improve the quality and safety of service provided in the carrying on of the regulated activity including the quality of the experience of service users in receiving those services.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's relatives told us they were asked for informal feedback on a regular basis. They found the provider approachable and friendly.

Following the inspection, the provider sent us their improvement action points.

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 11 HSCA RA Regulations 2014 Need for consent  The provider had not made sure that care and treatment was provided with the consent of the people. Regulation 11 (1) (2) (3) (4)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective systems and process in place to assess, monitor and improve the quality and safety of service provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). Regulation 17 (1) (2) (a) (b) (c) (d) (e) (f)
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment procedures must be established and operated effectively that person employed meet the conditions. Regulation 19 (2) (a)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff did not receive appropriate and necessary support, training, professional development, supervision and appraisal to enable them to carry out their role effectively. Regulation 18 (2) (a) (b)

