

Natgab Services Limited

Natgab Care

Inspection report

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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?

Requires improvement 

Overall summary

We undertook this announced inspection on 10 September 2015. Natgab Care provides a range of domiciliary care services which include personal care, administration or prompting of medication, food preparation and housework. Some people who used the service have palliative care needs.

At our last inspection on 11 September 2014 the service was found to be meeting the regulations we looked at.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission [CQC] to manage the service. Like

registered providers, registered managers are 'registered persons'. Registered persons have legal responsibility for meeting the requirements of the Health and Social Care Act and associated Regulations about how the service is run.

People who used the service and their relatives informed us that they were satisfied with the care and services provided. They said that people were treated with respect and people's care needs had been attended to by care staff. Care staff developed positive relationships and they got on well with people who used the service.

Summary of findings

People's needs were carefully assessed. Risk assessments had been carried out and these contained guidance for staff on protecting people. Staff provided care as detailed in people's care plans. When needed or agreed with people or their representatives, people's healthcare needs were monitored. The arrangements for the prompting and administration of medicines were satisfactory. The service had an infection control policy and staff were aware of good hygiene practices.

People's preferences were recorded and arrangements were in place to ensure that these were responded to. Staff were knowledgeable regarding the individual care needs and preferences of people. There was documented evidence of reviews of care carried out although some people said their care had not yet been reviewed.

Staff had been recruited with care and provided with training to enable them to care effectively for people.

Staff had the necessary support and supervision from their managers. They knew how to recognise and report any concerns or allegations of abuse. There were enough staff to meet people's needs.

The service had a complaints procedure. Complaints had been recorded and promptly responded to. There were some arrangements for quality assurance. Audits and checks had been carried out by senior staff and the registered manager. However, these audits and checks were not sufficiently comprehensive as we did not see evidence of audits and checks on areas such as staff recruitment records, accidents and complaints.

We saw a record of compliments received and these indicated that relatives and people concerned were satisfied with the quality of care provided.

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. The service had a safeguarding procedure and staff had received training and knew how to recognise and report any concerns or allegation of abuse.

Risk assessments had been carried out and they contained action for minimising potential risks to people. There were suitable arrangements for the management of medicines. The service had sufficient staff to meet people's needs.

The service had an infection control policy and staff were aware of good hygiene practices.

Good



Is the service effective?

The service was effective. People who used the service were supported by staff who were knowledgeable and understood their care needs.

Where agreed, people's healthcare needs had been monitored and the service worked closely with palliative and other healthcare professionals

Staff were well trained and supported to do their work. There were arrangements for supervision and appraisals.

Good



Is the service caring?

The service was caring. Arrangements were in place to ensure that staff treated people with respect and dignity. Staff were aware of the importance of protecting people's privacy.

Staff supported people in a friendly manner and were responsive to their needs. Feedback from people and their relatives indicated that care staff developed positive relationships and they got on well with people.

Good



Is the service responsive?

The service was responsive. People and their representatives were satisfied with the services provided and found staff to be reliable and capable.

The individual needs of people had been assessed and their care plans addressed people's individual needs and their preferences. There were arrangements for people's care to be reviewed.

People and their relatives knew how to make a complaint if they needed to. Complaints and concerns were promptly responded to.

Good



Summary of findings

Is the service well-led?

Some aspects of the service were not well-led. The service had some arrangements for monitoring the quality of the services provided. However, audits and checks were not sufficiently comprehensive. This meant that some deficiencies were not promptly noted and rectified.

The results of a recent satisfaction survey and feedback from people and relatives indicated that there was a high level of satisfaction with the services provided. However some people informed us that there was a lack of communication with the management of the service.

Staff were aware of the values and aims of the service and this included ensuring that people were treated with respect and dignity and working closely with people and their representatives to provide a good quality of care.

Requires improvement



Natgab 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 checked 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 10 September 2015 and it was announced. We told the provider two days before our visit that we would be coming. We gave the provider notice of our inspection as we needed to make sure that someone was at the office in order for us to carry out the inspection. One inspector and an “expert by experience” carried out this inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed information we held about the service. This included notifications and reports provided by the service. We contacted health and social care professionals and obtained feedback from one of them about the care provided by the service.

We spoke with two people who used the service and four relatives of people who used the service. We also spoke with the deputy manager, the administrator and four care staff.

We reviewed a range of records about people’s care and the service was managed. These included the care records for four people, four recruitment records, staff training and induction records. We checked the policies and procedures and monitoring records of the service.

Is the service safe?

Our findings

The service had suitable arrangements in place to ensure that people were safe and protected from abuse. Staff knew the importance of safeguarding people they cared for. They had received training in safeguarding people. When asked, they could give us examples of what constituted abuse and they knew what action to take if they were aware that people who used the service were being abused. They informed us that they would report their concerns to their manager. They were also aware that they could report it to the local authority safeguarding department and the Care Quality Commission.

Staff were aware of the provider's safeguarding policy. The service also had a whistleblowing policy and staff said if needed they would report any concerns they may have to external agencies such as the police or the safeguarding team.

People's needs had been carefully assessed prior to services being provided. Risk assessments had been prepared with the help of people and their representatives. These contained action for minimising potential risks such as risks associated with medical conditions, pressure sores and feeding via a stomach tube.

We looked at the staff records and discussed staffing levels with the deputy manager and care staff. They informed us that the service had enough staff to meet the needs of people. Care staff stated that if two staff had been allocated to assist a person, this happened in practice. People and their relatives informed us that staff were able to attend to the needs of people.

We examined a sample of four staff records. With two exceptions there was evidence that staff had the required checks prior to staff starting work. This included completion of a criminal records disclosure, evidence of identity, permission to work in the United Kingdom and a minimum of two references to ensure that staff were suitable to care for people. One person did not have evidence of a criminal records check in their file. The deputy manager stated that they did have such a check but it could not be found. We saw evidence that a new check had been applied for. We were provided with evidence of the new disclosure soon after the inspection. The registered manager stated that in future they would ensure that they kept a record of the previous criminal record check reference. One person did not have a second reference. This was sent to us soon after the inspection.

We were informed by the registered manager that the service did not administer medicines although people were prompted if needed. The deputy manager stated that relatives administered medicines for people. This was confirmed by those we spoke with. The service had a policy for the administration and recording of medicines. There was evidence that training in the administration of medicine had been provided to some staff.

The service had an infection control policy. Staff were aware of infection control measures and said they had access to gloves, aprons other protective clothing. People informed us that care staff observed hygienic practices when attending to them and care staff wore aprons and gloves when needed.

Is the service effective?

Our findings

People who used the service indicated to us that staff were knowledgeable and they had confidence in staff who attended to them. One person said that staff responded appropriately when they needed to be attended to by healthcare professionals. Another person stated, "My carer is very good and knows what to do she is a good person and takes caring very well." A healthcare professional stated that care staff worked closely with them and kept them informed if there were any problems.

The care records of people contained important information regarding medical conditions and details of care to be provided. Where agreed with people or their representatives, the healthcare needs of people were monitored by staff. The registered manager informed us that the service worked closely with other professionals to provide palliative care. She stated that if needed, healthcare professionals would be contacted by them to update them regarding the progress of people. We noted in the records of people that staff had liaised with health care services such as community nurses, occupational therapists and people's doctors.

We discussed the care of people who had palliative care needs with staff. They were aware of the problems which may be encountered and the personal and healthcare needs of people. This included ensuring that if pain was experienced, it should be reported to healthcare staff involved and changes of position would be needed for preventing pressure sores.

Staff stated that there was good team work and there was good communication with administrative staff. The registered manager and deputy manager carried out regular supervision and annual appraisals. Staff we spoke with confirmed that this took place and we saw evidence of this in the staff records.

Records we saw indicated that staff had been provided with essential training to ensure they had the skills and knowledge to meet people's needs. A training chart was available and contained the names of all staff currently working at the home together with relevant training they had completed. Training included essential areas such as Health & Safety, Food Hygiene, First Aid and Moving and Handling. Newly recruited staff informed us that they had been provided with an induction programme.

Is the service caring?

Our findings

People and their relatives informed us that their care staff were supportive and they got on well with them. Their feedback indicated that they were able to form positive relationships with care staff. A relative, "They are much better than previous. I feel very comfortable with one carer whom I have had for a long time." A person who used the service said, "We always have a chat about the issues of the day, and a joke and a few laughs." Another service user said, "They are all very friendly and we get on well."

Care staff were aware that all people who used the service should be treated with respect and dignity. They were also aware of the importance of protecting people's privacy. Staff said that if needed, they would close the curtains, shut doors and ensure that people were not exposed when providing personal care.

The service had a policy on ensuring equality and valuing diversity and staff had received training in this topic. It included ensuring that the personal needs and preferences of all people were respected regardless of their background. These values were included in the induction of new staff. The care records of people contained information regarding their personal history, background

and any special needs they may have. We were informed of an example of good practice where a care staff was able to communicate effectively with a person from the same culture and this person responded well and was very happy. Documented evidence of this was available.

Staff we spoke with informed us that they respected the choices people and where possible, they could be flexible to accommodate the wishes of people. Care plans we saw contained information regarding the choices and preferences of people. People confirmed that they were satisfied with the care provided and the feedback forms we saw indicated that they rated the service highly.

We saw that three of the four care plans examined had been signed by either people or their representatives. The registered manager stated that some care plans had been signed individually by people or their relatives, however, some people had not wanted to sign their care plans as they had been feeling distressed due to their medical condition and where this had been the case people were not asked to sign the plans. The registered manager stated that in some instances, their care staff worked with palliative care nurses and other staff to provide care in accordance with the care plans of the palliative team.

Is the service responsive?

Our findings

The service provided care which was individually planned and met the needs and preferences of people. People we spoke with stated that many of the visiting staff had attended to some people on a regular basis for lengthy periods and were well aware of their daily needs and preferences. People said staff performed tasks in a satisfactory manner.

One person who used the service said, “They will do anything for me within reason. Sometimes if they are shopping they will get me a paper or a loaf. They always bring a receipt and I give them the money.” We read a comment in a feedback form from a relative who said, “I couldn’t fault your company, especially carer X who looks after my mum she is very good, she makes her feel good, she talks to her and makes her feel comfortable she is excellent – NATGABS services are excellent. I couldn’t say enough I could go on forever.” Feedback was also received from a relative who stated that two named carers were very supportive and caring towards their relative and their relative was very happy with the care provided.

We saw evidence that people’s care needs had been assessed and their assessments included information regarding people’s individual circumstances, their background, religion, culture, special preferences and their routines. This enabled the service to allocate care staff who can best understand and meet the needs of people. The

care plans prepared addressed areas such as people’s personal care, what tasks needed to be done each day, time of visits, people’s nutritional needs and how these needs were to be met. A healthcare professional stated that when spot checks were done, it was noted that care staff followed the care plan and provided the care people needed.

We saw evidence that care had been reviewed with people who used the service and professionals involved. There was also a record of communication with relatives and social and healthcare professionals involved. Some people however, stated that the care of their relatives had not been reviewed. This was brought to the attention of the registered manager who stated that they had carried out most reviews of people’s care. She stated that she would nevertheless check and if reviews had not been carried out, these would be arranged.

The service had a complaints procedure. Staff knew what action to take if they received a complaint. They said they would inform their manager so that it could be responded to. Administration staff in the office were aware that complaints needed to be recorded. Two complaints were recorded since the last inspection. They had been promptly responded to. Our expert by experience reported that most service users said they felt confident to express concerns and complaints. There were few complaints from those we spoke with and they described carers as “very good”, “professional” and “appeared well trained”.

Is the service well-led?

Our findings

The service had a system for improving the quality of care provided. This included an annual satisfaction survey of people and their representatives. A survey had been carried out this year. We saw that the feedback was positive.

Some audits and checks of the service had been carried out by the registered manager and the deputy manager and these included checks on health and safety and spot checks on staff. However, the system of audits and checks was not sufficiently comprehensive as we did not see evidence of audits and checks on areas such as staff recruitment records, care reviews outstanding, policies and procedures, accidents and complaints. As a result, some deficiencies were not noted and action taken. For example, two staff records did not have all the required recruitment documentation and staff induction programmes were not signed to indicate that staff had completed their induction. This was later rectified and we were sent signed copies of staff induction records. These audits and checks are needed to ensure that the required records are well maintained, procedures are followed and the service is well run. The deputy manager and registered manager stated that these checks and audits would be made more comprehensive.

The service had a range of policies and procedures to ensure that staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as complaints, infection control and safeguarding and whistleblowing. Staff we spoke with were knowledgeable regarding these procedures. We noted that the infection control procedure did not contain examples of infectious diseases. The registered manager stated that this information would be provided. In addition, the registered manager stated that their audit tools would be made more comprehensive to include auditing of the policies in place. However, she stated that their current audit tool was able to identify the essential information needed to provide adequate care i.e. staff spot checks, punctuality, ability to care etc.

Management and care staff were aware of the values and aims of the service which included ensuring that people were treated with respect and dignity and working closely with people and their representatives to provide a good quality of care.

Staff expressed confidence in their managers and stated that their managers communicated well with them. The service held three monthly meetings for care staff to ensure that staff were updated regarding management and care issues. The minutes of these meetings were available.

Some relatives however, stated that the managers of the service were seldom in contact with them. The registered manager informed us that they had carried out recent reviews of the care provided and also spoken with some people and their relatives. We were also provided with minutes of some reviews attended by staff from the service. To further improve communication, the registered manager agreed to contact people who used the service or their relatives. This was done soon after the inspection.

Spot checks had been carried out on each staff to ensure they provided care as agreed. These checks were done at least once a year. This was confirmed by staff and people we spoke with. There was no spreadsheet detailing these spot checks and providing information on what percentage of spot checks had been done and what was still outstanding. The registered manager sent us a spreadsheet with this information after the inspection.

The service worked well with professionals involved in the care of people and maintained good liaison with them. One professional stated that the service worked well with them and information requested had been provided.

The service had a record of compliments received. These compliments included the following:

“Your services are fine you’ve got some good staff. Punctual, good time keeping,”

“I am happy with your services, reliable carers, good communication with the NATGAB office.”

We recommend that the service has a comprehensive system of audits and checks to ensure that it is well run and deficiencies are identified and promptly responded to.