

Natgab Services Limited

Natgab Care

Inspection report

33 Island Centre Way
Enfield
Middlesex
EN3 6GS

Tel: 01992769483
Website: www.natgab.co.uk

Date of inspection visit:
11 March 2019
13 March 2019
14 March 2019

Date of publication:
16 April 2019

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

About the service:

- Natgab Care is a domiciliary care agency for adults of all ages who may have dementia, mental health, physical disabilities, sensory impairments, a learning disability or an autistic spectrum disorder.
- The service was providing personal care to 15 people at the time of the inspection.

Rating at last inspection:

- Requires Improvement (Report published 15 March 2018). We identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in respect of safe care and treatment, recruitment, staffing, governance of the service and the requirement to notify CQC of significant events. At this inspection, we found that improvements had been made.

People's experience of using this service:

- People told us they felt safe with the staff who knew how to meet their needs, in the way they preferred. One person told us, "Yes I do feel safe. If I ask for help, they listen."
- People were at the centre of their care and support; care plans enabled people to maintain their independence.
- The registered manager had implemented new systems to record checks that had been completed on people's care records, daily logs and medication administration records.
- Systems were in place when recruiting new staff to assess that their experience and character was appropriate to the role.
- The registered manager monitored staff's ongoing working practice and training needs to help ensure they were competent and confident in their role.
- Staff had access to training which was appropriate to their role.
- Records relating to consent for care were completed accurately.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff knew what action to take to protect people from the risk of abuse and the registered manager notified CQC of significant events as required.
- Individual risks to people and the environment had been identified and assessed and measures put in place to manage them and minimise the risk of avoidable harm occurring.
- We found that complaints raised had been listened to and investigated by the registered manager.
- People who used the service, their relatives and staff told us the registered manager was approachable and helpful.

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Natgab Care

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

- The inspection was carried out by two adult social care inspectors and an expert by experience, who made phone calls to people who used the service.
- An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience caring for people older and people living with dementia.

Service and service type:

- Natgab Care is a domiciliary care agency, providing care to people in their own homes.
- The service had a manager registered with the Care Quality Commission. They were also the registered provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.
- Inspection site visit activity started on 11 March 2019 and ended on 14 March 2019. We visited the office location on 11 March 2019 to see the registered manager and staff; and to review care records and policies and procedures. On 13 and 14 March 2019, we spoke with four people who used the service and 10 relatives via telephone.

What we did:

Before the inspection

- We looked at information we held about the service including registration information and statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.
- The provider sent us their Provider Information Return [PIR]. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We requested for feedback from the local authority and external professionals the service worked with.

During the inspection

- We looked at three people's care records.
- We reviewed records of safeguarding, accidents, incidents and complaints.
- We checked audits and quality assurance records, as well as three staff's recruitment and supervision records. We also looked at training information for all staff.
- We spoke with the registered manager, administrator and three care staff.
- We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection, we found the provider in breach of regulation in relation to safe care and treatment and, fit and proper persons employed. Risk assessments were not always in place to provide guidance to staff on how to care for people. The provider could not evidence the safe management of medicines and they could not evidence persons employed were of good character as they could not show DBS checks had been completed prior to them starting work at the service. At this inspection, we found improvements had been made.

Systems and processes to safeguard people from the risk of abuse

- ☐ People and relatives told us they felt safe. One person said, "I feel safe with the staff. I know them well." A relative told us, "Yes she is safe, mum will let me know if she is uncomfortable and I will tell the managers." Another relative said, "Yes, [person] is safe with them. They escort him to college and they have to deal with any issues on the way."
- ☐ Staff were aware of their safeguarding responsibilities and the service's procedures to keep people safe.
- ☐ Staff told us they had confidence in the registered manager to address any concerns.
- ☐ Staff were also confident to 'whistle-blow' to other organisations, such as the local authority or CQC, if it became necessary.
- ☐ The registered manager investigated safeguarding concerns appropriately and notified CQC as required.

Assessing risk, safety monitoring and management

- ☐ People and their relatives told us they felt staff supported them safely. For example, a relative told us, "They follow instructions and guidance. They use the hoist and make sure [person] is secure."
- ☐ Risk assessments were individualised for people's specific needs such as, personal care needs, health risks and mobility risks.
- ☐ Staff we spoke with knew people well and understood the importance of minimising any potential risks to people.
- ☐ Staff followed detailed guidance that informed them how the risk was to be minimised.
- ☐ Individual risks to people and the environment had been assessed and were managed appropriately.
- ☐ Risk assessments were reviewed every six months or sooner where there were changes in people's needs.

Staffing and recruitment

- ☐ Staff were recruited safely. The provider's recruitment policy and processes were followed to minimise risks. This protected people from new staff being employed who may not be suitable to work with them.
- ☐ Pre-employment checks included obtaining a full employment history, references and criminal record checks.
- ☐ People's needs and hours of support were individually assessed. There were sufficient numbers of staff

employed to meet people's needs.

- ☐ Systems were in place for the monitoring of any missed or late calls. People told us staff or the office would let them know if staff were running late. Where staff had failed to turn up for a care call due to unavoidable circumstances, the registered manager acted promptly to ensure another staff member was deployed to support the person with their care.
- ☐ People and staff had access to an out of hours on call system. Staff told us the out of hours telephone was always answered and they had access to support and guidance when this was required.

Using medicines safely

- ☐ Appropriate policies, procedures and arrangements were in place for the safe administration of medicines.
- ☐ Medicine Administration Records (MARs) were completed as required and signed to show people had received their prescribed medicines at the right times.
- ☐ Staff received training in the safe administration of medicines and were regularly observed by a senior member of the team.
- ☐ Systems were in place for the auditing of people's MARs. These were checked during spot checks and monthly to identify any missing signatures.
- ☐ Some people received additional support to monitor the stock of their medicines. This was to ensure they had a continuous supply of their prescribed medicines.

Preventing and controlling infection

- ☐ Staff followed the provider's policy and procedure regarding infection control.
- ☐ Staff had received training around preventing and controlling infection and had access to relevant guidance and information.
- ☐ Staff used personal protective equipment (PPE) such as, gloves, aprons and shoe covers to minimise the spread of infection.

Learning lessons when things go wrong

- ☐ There had not been any accidents or incidents logged since our last inspection.
- ☐ However, the registered manager explained that should there be any, they would investigate these incidents to look for causes, trends and actions that could prevent repeat occurrences.
- ☐ We saw in team meeting minutes that the registered manager discussed learning from safeguarding alerts that took place to minimise the risk of them reoccurring and to share information.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were good, and people's feedback confirmed this.

At the last inspection, we found the provider was in breach of regulations in relation to staffing as they did not provide appropriate support, training, professional development, supervision and appraisal as was necessary to enable staff to carry out the duties they were employed to perform. At this inspection, we found improvements had been made.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- ☐ People's needs and choices were assessed with them prior to receiving support from the agency. The assessment included specific information such as, the preferred time and day of the care call.
- ☐ Assessments and care plans included expected outcomes for people based on their needs and choices.
- ☐ The registered manager told us a new package of care would not be taken unless they were fully satisfied that staff were available and able to meet the person's needs.
- ☐ People's individual protected characteristics under the Equality Act 2010 such as, age, gender and religion were considered during needs assessments and recorded within people's care plans.

Staff support: induction, training, skills and experience

- ☐ People told us staff had the skills they needed to support them effectively. Their comments included, "From what I can see they know what they are doing", "They always know what to do and get on with it" and "Yes, they are trained they do courses for new carers before they send them out."
- ☐ People and their relatives told us that staff understood their needs and could meet these. A relative said, "They are very good, they always ask what we want. They support [person] with her personal care. They hoist [person] out of bed and take her to the living room. They always make sure she is very safe."
- ☐ Staff told us they were supported through regular supervisions and appraisals.
- ☐ New staff completed an induction which included, completing mandatory training and working alongside experienced members of staff before working alone.
- ☐ New staff completed the Care Certificate as part of their induction. The Care Certificate includes assessments of course work and observations to ensure staff meet the necessary standards to work within the care sector.
- ☐ Staff told us they had completed training to meet people's needs and were able to request further training courses for development.

Supporting people to eat and drink enough to maintain a balanced diet; supporting people to live healthier lives, access healthcare services and support

- ☐ People's nutritional needs and preferences were identified in their care plans. This included any risks associated with eating and drinking such as food allergies.

- People had varying degrees of independence in this area, with some people requiring minimal support whilst others needing assistance to prepare meals.
- People had access to healthcare services as required. People had information about their healthcare needs in their care plans.
- People or their relatives were predominately responsible for accessing healthcare services independently.
- However, the registered manager made arrangements to schedule care visits around health appointments to help enable people to access these services where required.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager made appropriate referrals to social workers and healthcare professionals to ensure people had the right levels of support.
- The registered manager contacted relevant professionals when people's needs changed and they required increases or decreases in their care packages. This helped to ensure appropriate levels of support were in place.

Ensuring consent to care and treatment in line with law and guidance

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 can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In community settings any restrictions placed on people need to be authorised by the Court of Protection (CoP). We checked whether the service was working within the principles of the MCA.

- At the last inspection, we made a recommendation that the provider ensure that all staff are familiar with the MCA and best practice associated with this for care and record keeping. We found this to be in place at this inspection.
- The registered manager and staff understood the MCA and had received training in this area.
- At the time of our inspection, no one receiving support was subject to any restrictions under Court of Protection.
- Staff understood the importance of seeking consent from people before delivering support and told us about examples where this was exercised, for example, asking people what they wanted doing and if people were happy to be assisted with personal care before doing so.
- Where people were unable to consent, their families were consulted with and provided consent on their behalf; including those who held lasting power of attorney.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- ☐ People and relatives we spoke with, talked positively about the staff team.
- ☐ When we asked people and their relatives if staff were patient and kind, they told us, "They are gentle and kind - they don't put him in danger", "[Staff] would sing and was quite jolly, she was very nice. When I am there, they are very polite and try their best to be respectful" and "They are very respectful and polite."
- ☐ Staff knew people well and spoke positively about them.
- ☐ Staff could describe people's preferences and how to best meet their needs. Staff told us how they cared about people's wellbeing and would stay longer than planned on their scheduled visits if people were unwell or distressed.

Supporting people to express their views and be involved in making decisions about their care

- ☐ People who used the service and their relatives were involved in decisions about their care.
- ☐ People had been consulted with in the planning of their support and this was evidenced in their care plans.
- ☐ The registered manager and senior staff held regular reviews with people to help ensure the care provided met their preferences and expectations.
- ☐ People and family members told us they were confident in expressing their views about the care and support provided by staff.
- ☐ The registered manager and senior staff made phone calls to people to check they were happy with the service provided. This helped to ensure people were involved in and happy with their care.
- ☐ The service had information about accessing independent local advocacy services, if people needed it. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

Respecting and promoting people's privacy, dignity and independence

- ☐ Staff treated people with dignity and respect whilst providing care and support.
- ☐ People and relatives commented, " They respect his privacy when he goes to the toilet", " They definitely respect his privacy and dignity" and " They always give time to respond, like a normal conversation and I feel comfortable with them."
- ☐ People's right to privacy and confidentiality was respected. Staff ensured they delivered personal care to people in private. Staff told us they knocked on doors and waited for a response before entering people's homes, bedrooms and bathrooms.
- ☐ Records showed that people were supported to be as independent as possible. Care plans set out what people could do for themselves to promote their independence and where they needed support from staff.

For example, one care plan stated, 'Help with shower by ensuring [person] has towel ready in bathroom. [Person] can shower herself.'

- ☐ We saw that records were kept securely in the office and could be located when needed. This meant only authorised staff had access to them, ensuring the confidentiality of people's personal information.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

At the last inspection, we made a recommendation that the provider develop an effective system of recording to evidence personalised care provided and to ensure care records are updated to reflect current care needs. At this inspection, we found that this had been implemented.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ People's individual care needs had been identified. Care plans had been developed with the involvement of the person and their family members where appropriate.
- ☐ Care plans were person centred; they took account of people's likes, dislikes, wishes and preferences in relation to their daily routines.
- ☐ People's care plans and risk assessments were reviewed every six month's or sooner to ensure staff were meeting people's current needs.
- ☐ Care plans were written in conjunction with and following information from health professionals such as, district nurses, GPs and speech and language therapists [SALT].
- ☐ Staff had access to information about people's care needs; care plans detailed all tasks required for each visit and ensured that people received care that was person centred and appropriate to their needs. One staff said, "All the information we need is in the care plans."
- People's specific gender preferences for staff were accommodated. For example, where people had requested a male or female member of staff, records showed that these request had been fulfilled.
- ☐ Staff completed a daily record at each visit to ensure that any concerns or identified changes were recorded. This ensured that staff had access to relevant and up-to-date information.
- ☐ People's communication needs were recorded to ensure staff had the right support and guidance.
- ☐ The registered manager told us they would ensure that where required people have access to the information they needed in a way they could understand it and comply with the Accessible Information Standard.
- ☐ The Accessible Information Standard is a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Improving care quality in response to complaints or concerns

- ☐ A complaints policy and procedure was in place.
- ☐ People and family members were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted upon in an open and transparent way. One person said, "I am aware of how to complain if necessary."
- ☐ Records showed that complaints had been acknowledged and investigated as per the policy.
- ☐ The registered manager kept a record of compliments they received from people using the service and their relatives. Comments from these included, 'Carers are fantastic', 'I would like to thank everyone for their

calmness, capability and cheerfulness' and 'I am really happy with the carers who care for my mother. They are absolutely wonderful.'

End of life care and support

- The registered manager explained that when people needed end of life care, this was provided by external professionals, such as palliative nurses.
- Staff received support and guidance from external health professionals and the registered manager, who was also a registered nurse.
- Staff gave us examples of when they had worked side by side with nurses at the wish of people who wanted to remain in their home and receive support from staff.
- Staff described their care to people at this time as dignified, supportive and respectful of people's wishes.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led.

At the last inspection, we found the provider was in breach of regulation in relation to good governance and failure to notify CQC when significant events occurred. The provider could not evidence systems or processes were established and operated effectively to ensure they could assess, monitor, mitigate the risks and improve the quality and safety of the services. At this inspection, we found improvements had been made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ The registered manager was also the registered provider.
- ☐ The registered manager was clear about their role and responsibilities and they had a good understanding of regulatory requirements. They had notified CQC as required of events and incidents which occurred at the service.
- ☐ The rating from the previous inspection was displayed at the service and on the providers website as required by law.
- ☐ Due to the small size of the service, the registered manager had complete oversight of the care being provided and the records completed by staff; this meant that any issues identified could be addressed promptly.
- ☐ The registered manager told us they addressed the issues identified at the last inspection. We saw that there was a new system in place to record and monitor any issues they had identified and any action taken to address them.
- ☐ There was a clear system in place to show that supervisions, appraisals and staff observations had taken place.
- ☐ The registered manager and senior staff carried out spot check observations on staff to ensure they were delivering the right care to people. We saw records of these and staff confirmed they had taken place.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- ☐ People who used the service told us they were happy with the support they received.
- ☐ People and relatives felt the registered manager was open and approachable. Comments included, "I would recommend the service, they can be very helpful, even beyond their role." Another person told us, "The management are friendly and the care is good and I am quite satisfied with the care they give."
- ☐ Staff told us they felt there was an open culture in the service where they were kept informed about changes and their job role. A member of staff told us, "The manager keeps us informed. We have a staff communication forum which we use for on-going communication and updates."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- ☐ People and their relatives were involved through regular reviews and conversations to allow them to put forward their views about the service.
- ☐ Reviews were an opportunity for people to discuss how things were going. In the reviews, senior staff asked what was working well and what needed to be improved. The reviews in the care files we viewed were positive.
- ☐ Team meetings were held with the staff team to discuss any changes to their role such as, policy updates, training or changes in people's needs. The registered manager used a staff communication forum via an online messaging application to inform staff of any urgent changes.

Continuous learning and improving care; Working in partnership with others

- ☐ Staff followed the values of the service, but where shortfalls may have occurred and people were dissatisfied with any aspect of the attitude towards them, staff were further supervised and retrained.
- ☐ The registered manager promoted a culture aiming for continuous improvement of the service delivery and this was passed down to the support staff whenever possible.
- ☐ The registered manager and staff team had developed good relationships with health care professionals to ensure people were receiving the appropriate care and support to meet their needs. We saw records of ongoing communication and information sharing with health care professionals, such as GPs, SALT and community nurses.