

London Borough of Waltham Forest

# London Borough of Waltham Forest, Independent Living Team

## Inspection report

Willow House  
869 Forest Road, Walthamstow  
London  
E17 4UH

Tel: 02084963200

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## Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service responsive?

Inadequate ●

# Summary of findings

## Overall summary

This focussed inspection took place on 5 June 2018 and was announced. The service was last inspected in January 2018 when we issued warning notices for breaches of regulations regarding safe care and treatment, person centred care, staffing and good governance. These required the provider to be meeting the regulations regarding safe care and treatment and person-centred care by 10 April 2018. The date for compliance with regulations about staffing and good governance are in September 2018 as significant structural changes were required which take time to implement.

Following the inspection in January 2018 we met with the provider and asked them to complete an action plan to show how they would make the improvements required to the service.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements for safe care and treatment and person centred care. This report only covers our findings in relation to those requirements. We inspected the key questions: Is the service safe, and is the service responsive? You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for (location's name) on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

London Borough of Waltham Forest, Independent Living Team is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to adults. The service is designed to provide short term support to people to enable them to achieve independence and regain skills they may have lost following a change in their circumstances, such as an admission to hospital.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We have received an application from the interim service manager to become registered with us.

The provider had failed to take effective action to improve the safety of the service. Risks had not been appropriately identified and measures in place to mitigate risks were unclear and insufficient. Staff did not have access to all the information held by the service about how risks were mitigated.

People told us they were not fully involved in their assessments and writing their care plans. Relatives told us they were involved. The quality of care plans had not improved. They remained task focussed and did not include information about people's preferences or guidance for staff about how to support people to achieve their goals. Care plans were not completed in a timely way which meant staff relied on commissioning referrals for information about how to meet people's needs.

The service was not providing support to people who needed help to take their medicines.

Staff knew how to raise concerns that people were being abused. The safeguarding lead in the borough now felt confident staff understood their role and responsibility in relation to safeguarding adults. People told us they felt safe with staff.

The service had not directly recruited any new staff. Although we did not inspect staff deployment as the dates of the warning notice have not passed, people and staff told us issues with scheduling and timekeeping remained.

People told us staff followed good hand hygiene practice and we saw personal protective equipment was available for staff.

Record keeping around incidents had improved and the service was able to show where actions had been taken in response to incidents.

People knew how to make complaints. Records showed complaints were responded to in line with the provider's policy.

The service had clarified the referral criteria so it was clear to referring agencies the service was not suitable for people approaching the end of their lives.

We identified two continued breaches of regulations regarding safe care and treatment and person-centred care. We require the provider to send us regular updates on the actions taken to address these concerns.

The overall rating for this service remains 'inadequate' and the service therefore remains in 'special measures.'

The service will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

## 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 not safe. Measures in place to mitigate risks remained insufficient and were unclear.

The service no longer provided support to people who required support with medicines.

Staff recruitment had been completed by an external agency. People and staff told us issues with timekeeping and scheduling persisted.

Staff knew how to respond to allegations of abuse. Safeguarding professionals were more confident in the service's response to safeguarding concerns.

Incident recording had improved to ensure there was central oversight to make sure lessons were learnt from incidents.

People told us staff observed good hand hygiene practice.

**Inadequate** ●

### Is the service responsive?

The service was not responsive. People's assessments did not reflect their needs and preferences. Care plans lacked detail and were not personalised.

People told us they knew how to make complaints. Records showed complaints were investigated and responded to in line with the provider's policy.

The service was not appropriate for people who needed end of life care, and this was now clear for all referring agencies.

**Inadequate** ●

# London Borough of Waltham Forest, Independent Living Team

## **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. We undertook an announced focused inspection of London Borough of Waltham Forest Independent Living Team on 5 June 2018. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection of January 2018 had been made. The team inspected the service against two of the five questions we ask about services: is the service safe, and is the service responsive? This is because the service was not meeting some legal requirements.

The timescales for expected compliance with breaches of regulations in the other key questions of effective and well led had not passed so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

The inspection was completed by one inspector and an Expert by Experience. 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 the inspection we reviewed the information the provider had submitted to us in response to our last inspection completed in January 2018. We also reviewed information we already held about the service in the form of notifications. Notifications are information about events that providers are required to tell us about by law.

During the inspection we spoke with seven people who used the service and four relatives. We spoke with 10 staff members including the nominated individual, the head of service for community service and wellbeing, the interim service manager, a pharmacist, the head of safeguarding and five reablement officers. We

reviewed seven care files including referrals, assessments, risk assessments, care plans and where they were available records of care. We also reviewed various documents and policies relevant to the running of the service.

# Is the service safe?

## Our findings

Following our last inspection in January 2018 we issued a warning notice requiring the service comply with Regulation 12 of the Health and Social Care Act 2008 by 10 April 2018. This was because risks to people had not been appropriately identified or mitigated and systems to ensure medicines were managed safely were not robust. The provider had not taken sufficient action to address these concerns and remained in breach of Regulation 12.

There were two systems in place to record risk assessments. There was a computerised system which was not accessible to staff working in the community and paper files located in people's homes which were available to staff providing support. We found the information within both systems regarding risks and measures in place to mitigate risk were insufficient and did not demonstrate the provider understood their responsibilities regarding the identification and mitigation of risk.

Staff told us they relied on their previous knowledge and experience to mitigate risk. One staff member said, "The service is still reliant on our experience. We've got a lot of common sense and knowledge - we see it [risk] and we will do things." A second member of staff told us they did not have enough information to keep people safe, they said, "Sometimes it's not safe, especially when there's no folder and no information. That happens quite a lot." A third member of staff told us there had been some improvements in how they were told about risks. They said, "I can say half of them I have the information [about risk]. It's from the last couple of weeks only. But if we complain they pick it up."

Two files contained a document called, "My contingency plan for missed or late visits." In both documents there were no details of what actions should be taken to mitigate the risks to the people if their visits were missed. The documents described how the provider would inform people that they were going to have missed visits, rather than the actions that should be taken in the event of a missed visit. The documents had a section called, "What should happen if there is a missed or late visit." In both files this described the risks and hazards but included no actions to mitigate these risks. One file stated, "Missed visit – unable to change pads, increase risk of pressure sores and infection." Despite identifying this risk there were no measures in place to address these concerns.

In January 2018 we expressed our concern that risk assessments had delegated measures to mitigate risk to other agencies or family members and the provider had not taken responsibility for the mitigation of risk. This remained the case at this inspection. For example, one risk assessment identified trip hazards associated with a poorly fitted carpet. The action to mitigate risk was stated as, "[Relative] to remove carpet when she visits. Client to avoid going near the telly space until then." The relative was not present during the assessment and there was no record they had agreed to undertake this risk mitigation measure. This person was also identified as being at risk of falls due to their health conditions. The measures described in the computerised risk assessment did not match the information available to staff working in their home. This meant staff working directly with this person did not have access to information about additional equipment and support that would mitigate the risk of falls. This included the provision of specialist equipment to aid their mobility.

A second care plan delegated measures to reduce risks associated with loose carpeting to a family member. However, risks regarding lighting and a cluttered environment were also identified with no plans in place to mitigate these risks. This person was also identified as being at risk of developing pressure wounds. The risk assessment stated, "Requires assistance of one to take care of skin by regular change of pads and use of pressure relieving mats." There was no further information about the frequency of pad changes or details of the pressure relieving mats in use. This meant staff did not have sufficient information to mitigate this risk. The information relating to mitigation of risk of falls available to staff visiting this person related entirely to environmental factors. However, the information in the computerised system included information about the person's physical abilities which affected their mobility. The differences between the information in the two systems meant staff did not have a complete picture of the steps required to mitigate risks.

Other five care plans did not consistently identify risks appropriately. For example, one person was described as being at "minimal risk of falls." This was unclear, as were the mitigation measures which were described as, "Walking not unsteady, fairly steady with frame but slow." This person had been referred to the service following an admission to hospital due to a fall. In addition, the care plan referred to a specialist medical device being in place. It was noted the person was usually independent in using the device but also stated, "Will require supervision and minimal assistance if required." There was no information to describe what assistance meant or how to identify when it would be required. There was no risk assessment associated with this medical device.

The above issues are a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In January 2018 we had identified concerns around the systems in place to support people to take their medicines as prescribed in a safe manner. As a result of our concerns a pharmacist from the local clinical commissioning group (CCG) had been seconded into the team. They had worked with the management of the service to develop an action plan and training programme for staff. The provider recognised that they were not yet in a position to support people to take their medicines in a safe way. If people required support to take their medicines the provider no longer accepted these referrals and they were forwarded to an external agency who were able to provide support with medicines.

Following our inspection in January 2018 we issued the provider with a warning notice regarding Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff were not deployed in a way that ensured people's needs were met. Staff were given impossible rotas with multiple simultaneous visits, and no travel time. Given the widespread nature of this issue, the date for compliance with this regulation was set for September 2018. This meant we did not review staff deployment at this inspection.

Although we were not looking at this area in particular, people spontaneously told us timekeeping and scheduling remained an issue. Five of the people we spoke with told us they did not know what time staff would attend and only two told us the staff were always on time. All of the staff working in people's homes told us they did not feel they were deployed effectively. Two staff reported they continued to be given rotas with simultaneous visits and all five told us they thought more staff were needed to provide an effective service.

Although nine staff had joined the service since the last inspection they were all interim positions recruited to via an employment agency. This meant the employment agency had completed the checks to ensure they were suitable and qualified to work in the service.



People told us they felt safe when staff visited them. Staff told us they would report any concerns that people were vulnerable to abuse, neglect or discrimination to the office. Records showed the service escalated these concerns as safeguarding alerts where this was appropriate. Only one safeguarding referral had been made since the last inspection, and that happened the day before the inspection so it was not yet possible to evaluate if record keeping had improved.

As the service was embedded in the local authority and the team included appropriately qualified and trained social workers, staff within the team would undertake safeguarding investigations where this was necessary. The safeguarding adults lead for the borough told us the service had improved their attitude towards safeguarding. They said, "Before it felt like the service did not think safeguarding was their role, they would expect other teams to deal with it. That has changed and now I am confident they now see it as their role and responsibility."

People told us staff wore appropriate personal protective equipment to ensure they were protected from the risk of infection. One person told us, "As soon as they come in the gloves are on." A relative said, "They always had gloves on before they started, and washed their hands before they left." We saw supplies of personal protective equipment were available for staff to collect from the office. This meant people were protected by the control and prevention of infection.

Staff told us they reported incidents to the office. Records of incidents were now held in a central file as well as recorded within individual's case files. This meant the service manager now had oversight of incidents that occurred within the service. Incident records showed staff took appropriate action following incidents to ensure people's safety and escalated actions to reduce the risk of incidents recurring.

## Is the service responsive?

### Our findings

Following our last inspection we issued a warning notice requiring the service to comply with Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 by 10 April 2018. This was because care plans lacked detail and were not personalised. The service had not addressed this concern and the lack of detail and personalisation remained widespread.

People gave us mixed feedback about the amount of information they were given about the service before staff started to visit their homes. One person said, "Not that I can recall [did anyone explain the service]. When I came home from hospital a girl came. Nobody met with me in hospital. I had no information." Another person said, "There was no meeting or explanation that I can remember, no, just that I would get carers. I was told that by one of the nurses." A third person was asked about whether they had an assessment before staff started to visit them, they said, "Not really, not right at the very beginning. Someone came a few days later, the middle of the following week." However, the relatives we spoke with told us they were involved in meetings and assessments at the hospital before their family members returned home. One relative explained, "My father, sister and myself met with the OT (occupational therapist) and the doctor on the ward and the programme was written from that."

Staff told us they continued to face issues where people were not clear what to expect from the service when they visited. They also told us that while they now had access to referrals before arriving at people's homes, they frequently did not have access to information about the agreed support. One staff member said, "What I will say is we go in blind. Someone should go there [to the person's home] and explain the service and leave the folder and explain what we are there for, but we are not getting this. The hospital will tell them we are going and say what we are going to do, but they don't say the time." They continued, "We don't know anything, we just have to go in and work it out from there." Another staff member talked about concerns they had about a person they supported. They told us, "There was no paperwork for us in the house, just the referral. There was a discharge letter but there was no reablement paperwork, nothing for us to work from. They are very independent, and could tell us what she wanted. I felt it was very unsafe for them. Luckily they've got people who can help but we go to people who don't have family near by."

Records showed the length of time between the service starting and the assessment being completed had increased since our last inspection. In January 2018 most assessments were completed within 48 hours of the service starting but at this inspection most assessments were completed five to seven days after the service had started. This meant staff were working without a care plan for this time and had to rely on a commissioning referral and feedback from the individual for guidance.

Staff recorded the support offered and provided at each visit of care. This did not always correspond with information in the assessments and care plans. For example, staff had been recording that one person had already completed the care tasks and had not required any support for a week. Their assessment then identified support goals about tasks the person was recorded as completing independently.

People gave us mixed feedback about the level of involvement and choice they had in the assessment and

care planning process. One person was asked if they had any meetings about their preferences before care started. They said, "Nothing like that. They just said I would have one in the morning and one in the evening. No times were mentioned. It's for washing my back, getting my breakfast. They washed my legs and foot and put cream back on." A second person responded, "No. They don't give you a specific time. I was told one thing and they did not come back. I phoned head office and did not get any reply." Relatives told us they had more involvement in care planning and goal setting.

The information in the computerised system contained slightly more detail than the paper copies that staff visiting people had access to. However, as staff did not have access to this information it was of limited value. It also remained task focussed and did not include details of people's preferences. None of the care files recorded whether people were asked about their preferences for the timing of their visits. The paper files contained a section where people could express a preference for the gender of the staff member visiting them. However, this had only been completed in one file.

The quality of instructions for staff about how to support people to achieve their goals had not improved. For example, one person's care plan on the computerised system stated, "[Staff] to practice strip washing upper and lower body near the kitchen sink in the kitchen while sitting on a perch stool. 2) [Staff] to practice undressing / dressing upper / lower body of [person's] choice to achieve baseline independent. NOTE [person] decline to practice washing using a long handled sponge." The paper file from this person's home contained a template where each week had a section called "How I would like to be supported on a week by week basis to meet this goal." However, the information in this section did not describe how they would like to be supported. For the goal relating to washing and dressing it stated, "Week 1 – able to sit on stool. Week 2 – able to mix soap and get towel myself. Week 3 – able to wash upper and lower body independently." This does not describe how to support his person to achieve these steps and meant there was a risk they did not receive the support they wanted or needed.

Other care plans referred to people requiring 'assistance,' 'minimal assistance' and 'support' but this was not described in any of the files. For example, one care plan stated, "[Person] is able to wash/dry with only minimal support while standing at the bathroom sink, they struggle with stretching and reaching due to [injury], may require minimal support with lower half and reaching to wash / dry back depending on level of pain." There was no description of what 'minimal support' meant to ensure this person received the right support.

Care plans were written in a mixture of the first person and from a 'professional' standpoint. However, the language use in the care plans suggested these were not direct quotations from the person. For example, one person's care plan included the statement, "I am looking forward to benefitting from reablement support to help me regain my confidence and baseline function, to monitor that I can manage my personal care and meal/drink preparations regaining independence as soon as I can. I will need minimal assistance for this" Given the other information contained within the care file it is highly unlikely this is the language used by this person. This demonstrates staff completing care plans have a limited understanding of personalisation and appropriate use of the first person narrative in care planning. We discussed the use of first person narrative with the interim team manager who acknowledged it was not consistently being used appropriately.

The above issues are a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a policy regarding complaints and information about how to make complaints was included in the information pack given to people when they had their assessment completed. People and

relatives told us they had been asked for feedback about how they were finding the service by phone calls from the office. One person told us, "I have had someone ring this morning to see how things are." Another person told us they had received phone calls and a visit to seek their feedback. People and relatives told us they knew how to make complaints. Records showed the service investigated complaints and took action to ensure learning was shared with staff. For example, following one complaint it was identified that staff needed to be aware of the tone of their communication.

The provider had clarified the referral criteria to make it clear that it was not an appropriate service for people who were in need of end of life care. This ensured that people were not inappropriately offered a reablement service when they were in the last stages of their life.

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 9 HSCA RA Regulations 2014 Person-centred care<br><br>Care plans were not personalised and lacked detail about the nature of support to be provided. Regulation 9(1)(c)(3)(b) |
| Regulated activity | Regulation   |
| Personal care      | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment<br><br>Risks had not been appropriately identified or mitigated. Regulation 12(1)(2)(a)(b)                                |