

Mrs Kalliopi-Popi Galani

Islington - London

Inspection report

United House, The Busworks
North Road
London
N7 9DP

Tel: 02076071494

Date of inspection visit:
15 April 2021

Date of publication:
28 June 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Islington – London (also known as Blue Poppies Care and Support Services) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults as well as people with physical and mental health conditions. At the time of this inspection, the service supported 22 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were 12 people using the service receiving the regulated activity of personal care.

The service is owned and managed by Mrs Kalliopi-Popi Galani. There is no requirement for a separate registered manager for this location. For the purposes of this report, we will refer to the 'provider' when speaking about the owner/manager of the service.

People's experience of using this service and what we found

People who received care from the service told us they were well supported by care workers. People told us they felt safe when in the presence of care workers. Systems were in place to safeguard people from the risk of possible harm. Staff we spoke with understood their responsibilities with regards to safeguarding people. The service had safe recruitment procedures in place.

Medicines were being managed safely. However, we found some improvement was needed in relation to record keeping. Records indicated that staff had received training on the administration of medicines.

Appropriate risk assessments were in place and covered areas such as the environment, physical health and personal care.

When we gave the provider notice of the inspection, she informed us that she was abroad. Although we were able to start some aspects of the inspection, the provider was not available for the site visit part of the inspection for 20 days following our announcement. The arrangements in place whilst the provider was away were not suitable and limited our ability to check information.

There were some instances where the service failed to effectively check various aspects of the service and we found a continued breach of regulation. Together with the fact that the provider's cover arrangements were of limited efficiency we judged that there was overall poor governance at this service.

Positive relationships had been developed between care workers and people they supported. People told us calls to their home were never missed and that care workers usually arrived on time. Consistency was an important aspect of the care provided. People told us they received care and support from the same care workers.

Accidents and incidents were documented. However, we noted that these lacked information about lessons learnt following an accident or incident.

Care workers we spoke with told us that they felt supported by the provider. They told us that management were approachable and they raised no concerns in respect of this. Staff had completed training relevant to their role.

People were supported to maintain good health and access healthcare services when needed. People were supported with their nutritional and hydration needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Care plans lacked information about people's level of capacity and we have made a recommendation in relation to this.

Procedures were in place to respond to complaints.

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

Rating at last inspection

The last rating for this service was requires improvement (published 11 February 2020). The service remains rated requires improvement. This service has been rated as requires improvement for the last three consecutive inspections.

Why we inspected

The inspection was prompted in part by notification of a specific incident. Following which a person using the service died. The information CQC received about the incident indicated concerns about care provision. This inspection examined those risks.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Requires Improvement ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Islington - London

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection

This inspection was announced. We gave the service over 48 hours' notice of the inspection. The purpose of giving notice is because we needed to be sure that the provider who is also the registered manager would be in the office to support the inspection. However, the provider was not available for the inspection for 20 days following our announcement. The provider was abroad and was covering matters remotely. Even then when we did complete our office visit the provider was still abroad thereby limited our ability to check information.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications of any safeguarding concerns or other incidents affecting the safety and wellbeing of people. We spoke with five people and had email contact with one person who received care from the service. We also spoke with one person's relative. We also spoke with five care staff. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

During the inspection we reviewed five people's care records which included care plans and risk assessments. We also looked at five staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, medication administration records (MARs), policies and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- At the last inspection, we found medicines management did not fully reflect the current NICE guidelines. We made a recommendation in respect of this. During this inspection, we found documentation had been updated to reflect the NICE guidelines.
- At the time of this inspection, the service provided medicines support to five people. Although medicines were being managed safely, we found some improvement was needed in relation to record keeping.
- We looked at 15 MARs for four people between December 2020 and April 2021; and found that these were completed with no unexplained gaps, with the exception of one MAR. In one person's MAR, we found one gap on 3 April 2021 for three medicines prescribed in the evening. We spoke to the provider who was aware of the omission and explained the person had refused their medicines. However, this has not been clearly recorded on the MAR. The provider acknowledged this and told us she would speak to staff to ensure MARs are fully completed.
- For another person, there were occasions in April 2021 where they had refused their medicines. Although this was recorded on the MAR using the appropriate key, there was no further information recorded about the circumstances and what action had been taken to address this. We raised this with the provider who provided evidence that this had been actioned and raised with the GP. The provider agreed to ensure that staff were reminded to ensure that they completed the additional information part of the MAR.
- One person's care plan stated that they were reminded to take their medicines. However, we noted that there was no MAR in place for this person. We reminded the provider for any medicines support a MAR should in place to record this. The provider told us they did not have responsibility for this person's medicines and this was currently in discussion with the local authority. The provider provided evidence of this and told us she would seek further clarification from the local authority on this matter.
- There was a policy and procedure for the administration of medicines. There was a medicines profile for each person which listed each prescribed medicine, dose and what the medicine is prescribed for and this was reviewed monthly to ensure it was always up to date. Records showed that staff had received training on the safe administration of medicines.
- We saw evidence that medicines audits were carried out quarterly to check discrepancies and/or gaps in recording on people's MARs were identified and followed up. We discussed the frequency of medicines audits and the provider advised that in future these would be carried out monthly to ensure issues were identified, documented and actioned immediately.

Assessing risk, safety monitoring and management

- At the last inspection we found that risk assessments needed some improvement. We made a recommendation in respect of this. During this inspection we noted that appropriate risk assessments were

in place. The provider explained that since the last inspection they had changed the format of their risk assessments so that they were simplified and clear.

- Risks to people were identified and risk assessments were in place. These contained guidance for minimising potential risks. These included risks associated with the environment, moving and handling, mobility, seizures, malnutrition and falls prevention. The risk assessments also included details of the actions required to mitigate against the risk or reduce the risk. We noted that one person was diabetic and they had a risk assessment in place in relation to this. However, we noted that it lacked some detail and raised this with the registered manager. The provider promptly sent us an updated comprehensive version.
- Care workers we spoke with were aware they needed to report concerns relating to people's safety and health to their manager. They told us that they would not hesitate to do this and were confident that the provider would take appropriate action.
- People and one relative told us care workers were on time and there were no issues with regards to care workers' punctuality and attendance. They told us that if care workers were delayed, the office would always contact them beforehand to notify them. One person told us, "Care workers arrive on time. They let me know if there are any delays." Another person said, "Staff are punctual. We have had no issues with this."
- We discussed the punctuality and attendance monitoring system with the provider. She explained that they had previously looked into having an electronic monitoring system. However, they found that it was not viable due to the logistics and the size of the service. Instead, care workers completed timesheets, and these were checked by management to ensure that punctuality and attendance was monitored. The provider explained that they had not excluded electronic monitoring for the future but would need to ensure that they found a system that met their needs.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when receiving care and support from care workers. One person said, "I feel safe when carers are in my home." Another person told us, "I feel safe and comfortable with them [care workers] in my home." One relative told us, "My [relative] is safe with care staff. I have no concerns about this."
- Policies and procedures were in place to safeguard people from abuse. Staff received training in safeguarding people. They knew that they needed to report any suspected abuse and/or discrimination to management immediately.

Staffing and recruitment

- Staff records showed recruitment and selection processes had been carried out to ensure suitable staff were employed to care for people. A range of checks were completed. These included obtaining references and undertaking a criminal record check to find out whether a prospective employee had been barred from working with vulnerable adults.

Preventing and controlling infection

- The service managed the control and prevention of infection. They had policies and procedures in place along with guidance. Staff had received appropriate training in infection prevention and control.
- Feedback indicated that there was sufficient personal protective equipment (PPE) available. One person said, "They have always got gloves and the necessary PPE. They always have enough. We have no issues." Another person told us, "They have enough PPE." Care workers we spoke with told us that they had sufficient PPE such as gloves, aprons and masks and said they had never experienced a shortage during the pandemic.

Learning lessons when things go wrong

- Accidents and incidents had been documented and included details about the accident/incident. However, we noted that there was a lack of information recorded about lessons learnt following an accident/incident. We discussed this with the provider who confirmed that she would ensure that such information was clearly documented.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The principles of the MCA were being followed and the provider was knowledgeable of the requirements of the MCA. She told us if a person lacked capacity to make specific decisions, they would ensure the best interests decision making process was followed which would include involving relatives, healthcare professionals and a power of attorney where required.
- We found there was a lack of information about the levels of people's capacity in care plans. We raised this with the provider who advised that she would ensure more detail was included. We recommend that the provider review their care plans to ensure they contain more detail about people's level of capacity.
- The service had a comprehensive MCA policy in place which clearly stated the MCA principles, codes of practice and how to recognise the deprivation of liberty of someone lacking mental capacity and action to take.
- We noted that the staff training matrix indicated that staff were due a refresher training session. We raised this with the provider. She acknowledged this and confirmed that staff would receive a refresher training session. When we spoke with care workers, they had knowledge of the MCA and the importance of always asking for people's permission before supporting them with personal care and other tasks.

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

- People's needs were assessed at the start of the care package. People were involved and consulted with during the assessment process. People's care needs and preferences had been discussed with them before they started receiving care from the agency.
- Information gathered during the assessment was used to formulate individual care support plans for people.
- Care support plans included information about people's needs and their goals as well as action required

by staff to help meet people's needs.

- Staff completed notes for each visit on care worker log sheets. These documented the care and support provided to help the service track and review people's progress.

Staff support: induction, training, skills and experience

- We looked at staff files and found that these contained training certificates. These indicated that staff had completed a range of training relevant to their role and responsibilities so that they were able to provide people with the care and support that they needed and wanted. Topics included medicines support, safeguarding adults, moving and handling, food hygiene, medication, fire safety, health and safety and infection control.
- The provider had a matrix in place to monitor staff training. This enabled her to have oversight of what training staff had completed and ensure that refreshers were arranged.
- We noted that supervision sessions were carried out quarterly and these were documented consistently between 2020 and 2021. We saw documented evidence that annual appraisals were carried out for care workers to discuss their progress and development.

Supporting people to eat and drink enough to maintain a balanced diet

- People were happy with support around food and nutrition and spoke positively about this.
- People's nutritional needs were assessed and recorded in their care plans. These contained detailed and personalised information about what people's food likes and dislikes were and how staff were expected to provide the support during mealtimes.
- Staff received training in food hygiene and they understood how to support people with their dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- The service worked with other agencies including social care and healthcare professionals to ensure people received a level of care that met their individual needs and preferences. Changes in people's needs were shared with commissioners [representatives of public bodies that purchase care packages for people], when needed. We saw documented evidence that the service communicated with other professionals in respect of people's care needs.
- People's care and support records included essential information about people's health needs and the assistance and support required from the service to meet those needs.
- The provider explained to us how the service monitored people's healthcare needs and reported concerns, with the person's permission, to relatives or healthcare professionals.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Feedback from people and one relative we spoke with indicated that people were treated well and with respect when being cared for. One person said, "Care staff are kind." Another person told us, "I get on well with my care workers. They are pretty good." One relative told us, "Honestly the care is amazing. The carers are wonderful. Always smiling. We have built a great relationship. They are lovely, caring, polite and respectful."
- Care workers we spoke with showed an understanding of people's needs, preferences and routines.
- People's protected characteristics such as age, ethnicity and disability were taken into consideration when supporting them. People and staff were matched according to their individual preferences and needs.
- The service treated people's values, beliefs and cultures with respect. There were practical provisions for people's differences to be observed. For example, provisions had been made to support people's diversity, and this included gender preferences.
- We noted that care plans included a section titled 'assistance with emotional, cultural and religious needs'. However, there was a lack of information recorded about people's religious needs. We raised this with the provider and she advised that some people did not have specific or cultural needs and some had not wished to disclose such information. The provider confirmed that she would ensure that where people did not wish to disclose such information or require such support, this was clearly documented.
- People received care from the same staff which promoted the development of trusting and positive relationships.
- Staff we spoke with had good overview of who people were and how to support them. People's diverse needs, preferences and life histories were recorded within their care plans and assessments.
- The provider had in-depth knowledge of all people who used the service and personally ensured they were receiving care they needed.

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

- Staff knew people well and spoke caringly about people they visited. Their aim was to support people and help them maintain their independence for as long as possible.
- Staff offered people choices, so they could make decisions about the care they received. This was confirmed by the feedback we obtained from people and one relative.
- People were supported to make decisions about their care and treatment. The provider confirmed that they carried out six monthly review visits to clients and an annual review of their care plans. However, care plans were reviewed and updated when people's needs changed regardless of timescales. These reviews

were detailed and covered areas such as people's progress, relevant updates that impacted on their life as well as any changes in their needs.

- Staff were aware of the importance of seeking consent from the people they supported. The provider had policies and systems that supported this practice.
- The provider said they encouraged people and their relatives to provide feedback about their care directly to her. The provider said that she maintained frequent contact with people and was confident that they had all had an opportunity to discuss their care and provide feedback.

Respecting and promoting people's privacy, dignity and independence

- People's dignity, privacy and independence was upheld. Staff told us they encouraged people to be independent and where possible let them do things for themselves. Care workers were able to give us examples of how they ensured people were given choices and preserved their dignity when providing personal care.
- People's records were stored securely to ensure their confidentiality. The provider had processes in place to ensure all records were managed in line with the Data Protection Act and The General Data Protection regulation. This is a legal framework that sets guidelines for the collection and processing of personal information.
- Care plans emphasised the importance of treating people with respect and dignity and included clear details about people's specific wishes around how staff should support them in relation to this.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service provided personalised support which responded to people's individual needs and how they wanted them to be met. People spoke positively about the support they received. They said their needs and preferences were discussed with them and we noted their care records reflected this.
- Staff were provided with information about people's care needs and preferences. People's care plans covered areas related to personal care, medical needs, eating and drinking, dental care and medicines support. Additional information in care plans included people's likes and dislikes, personal histories and information about equipment they used. Care plans were reviewed within the last six months and we saw changes to people's needs and health had been reflected.
- Staff and the provider knew people and their needs well. We noted staff were respectful towards people's ways of living and provided support without unnecessary intrusion. Instructions around this was clearly detailed in care plans and were specific to each person's wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service followed the principles of the AIS standards as they ensured they communicated with people in the way people could understand and respond. The provider advised that the service would provide documents in other formats if required. The service had access to translation services in case a person using the service could not communicate in English.
- Information about people's communication needs and preferences was included in their care plans. The provider and staff knew these preferences and communicated with people respectively.

Improving care quality in response to complaints or concerns

- Since our last inspection, the provider confirmed that the service had received two complaints. We saw these had been dealt with promptly and according to the service's procedure.
- People we spoke with had no concerns about the service and said they had never made a complaint. They told us they were confident that any problem would be resolved fairly, and quickly. One person said, "No complaints at all." One relative said, "The agency is managing well. They are part of our life. I am very satisfied with the care. I have no concerns. I am really happy with the care."
- Care workers were aware that they needed to report to the provider any complaints and concerns about the service that were brought to their attention by people using the service, people's relatives or others.

- The service had a formal complaints procedure. The policy was detailed in the service user guide so that people could easily access it.
- The provider explained that she encouraged people to speak with her if they had any concerns and that there was an open-door policy so that people felt able to speak with her. This was confirmed by people and one relative we spoke with.

End of life care and support

- At the time of our inspection, the service had not provided end of life care to any of the people who used the service.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

At our last inspection the provider had failed to ensure their auditing systems were robust enough to assess and improve the quality and safety of the services provided to people. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found the provider had made some improvements. However, some further improvement was needed with regards to audits and record keeping.

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

- During this inspection we found that the service completed audits in areas such as care plans, MARs, staff punctuality and staff files. However, we noted that some of these were not comprehensive and had not identified the issues we found during this inspection. For example; completion of MARs and accident/incident recording. Improvement was needed with regards to ensuring records were fully completed to reflect actions taken by the service.
- The inspection of the service was initially planned for 26 March 2021 with notice being given on 24 March 2021. However, the provider then informed us that she was abroad and was operating the service remotely with the assistance of her colleagues. Despite, this nobody within the service was able to give us entry to the office for us to conduct the inspection. We did not gain access to the office until 15 April 2021. The cover arrangements whilst the provider was abroad were not appropriate. The provider sent us a large amount of information requested remotely for the purposes of this inspection.

We found that the current systems in place were not robust enough to assess and improve the quality and safety of the services being provided to people. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- When we spoke with the provider, she understood their responsibility under the duty of candour. However, since the previous inspection the provider had failed to inform the CQC of a notifiable incident within a reasonable period of time. CQC is looking into this matter further.

Managers and staff being clear about their roles and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The previous inspection found that the provider was unable to produce documented evidence of satisfaction quality checks they carried out. As these checks were not documented, the service could not evidence that they effectively monitored the service. During this inspection, the provider explained that she had frequent contact with people and relatives and always asked them for their feedback and suggestions

for improvements. We were provided with documented evidence of these discussions.

- The previous inspection found that the responsibility for making day-to-day business and care decisions, running of the service and quality checks was with the provider. The provider explained that since the last inspection, she now had further assistance in the office and had appointed a risk officer and quality assurance officer. She explained that this had made a positive difference and enabled her to delegate work.
- Feedback from staff was positive in respect of communication between management and care workers. The provider explained that since the start of the COVID-19 pandemic, the service had made adjustments so that they communicated with staff virtually. Staff we spoke with told us that this worked well.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and one relative spoke positively about the management of the service and said they would recommend the service. One person said, "I would recommend them [the service]. It definitely is the best agency I have had." Another person told us, "I have no complaints at all. I would recommend the agency." One relative said, "I would recommend them 100%. They are very organised. The agency is managing well. They are part of our life. I am very satisfied with the care. No concerns. I am really happy with the care."
- Staff we spoke with told us they felt well supported by the provider. They confirmed that the provider was approachable and provided guidance and direction whenever they needed it. One member of staff told us, "I am supported by management. [The registered manager] is brilliant. I can speak to her openly. She is that type of person who you can speak with. She listens." Another member of staff said, "I feel supported. Well supported - absolutely. I can talk to [the provider] and ask her questions. Communication is great. We get a call every day. If I need anything, I can always talk to [the provider]."
- The service provided person-centred care that took into consideration people's needs, preferences and wishes. The provider explained that respect for people using the service was always at the forefront of everything that she and the care staff did.
- Staff understood their roles and responsibilities around providing care. Through our discussions with care workers it was clear they understood their supportive and protective role when working with vulnerable people.

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

- The provider asked people and relatives for their feedback through regular telephone calls. Management had regular conversations with people and their relatives about the care they received.
- Staff meetings provided staff with the opportunity to feedback about the service and to discuss any concerns and best practice. During the pandemic, these meetings were held virtually. Staff said they were able to have open discussions and share their opinions and feedback.
- Where required, the service communicated and worked in partnership with external parties which included local authorities and healthcare professionals and we saw documented evidence of this.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The current systems in place were not effective enough to assess, monitor and improve the quality and safety of the services being provided to people.</p>