

Walthamstow Employment & Nursing Agency Limited

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Inspection report

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19 April 2022

27 April 2022

05 May 2022

26 May 2022

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

Walthamstow Employment and Nursing Agency is a domiciliary care agency providing personal care to older and disabled 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 27 people using the service who received personal care.

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

People and relatives told us they felt safe with the carers. The provider had safeguarding processes in place. People were protected from the risks associated with the spread of infection.

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. People signed to consent to receiving care. Where appropriate the provider obtained power of attorney confirmation.

The provider had quality assurance systems in place to identify ways of improving the service. This included obtaining feedback from people during telephone monitoring calls. They had plans to further improve the audit systems.

We made one recommendation around following government guidance in relation to COVID-19 testing for staff.

Rating at last inspection

The last rating for this service was good (published 6 February 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. The inspection was prompted in part due to concerns raised by the information review in relation to keeping people safe, infection control, consent to care and quality assurance systems. A decision was made for us to undertake a targeted inspection to examine those risks.

We use targeted inspections to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We found no evidence during this inspection that people were at risk of harm from the concerns. Please see the safe, effective and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question good. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

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Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

This was a targeted inspection prompted by concerns identified in a review of the information we held about this service. The areas of concerns we had were in relation to keeping people safe from abuse, infection control, consent to care and quality assurance systems.

Inspection team

One inspector carried out this inspection.

Service and service type

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

Registered Manager

This 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service seven days' notice in order to obtain information in advance of this remote inspection including contact details for staff and people who use the service.

Inspection activity started on 19 April 2022 and ended on 26 May 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 4 April 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

The registered manager provided evidence of the quality assurance systems and electronic call monitoring. We spoke with two care staff, two people who used the service and one relative. This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls and phone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. We spoke with the care manager on 26 May 2022. We spoke with the registered manager on 19 April, 5 May 2022 and 26 May 2022.

Is the service safe?

Our findings

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

At our last inspection this key question was rated good. We have not changed the rating as we have not looked at all of the safe key question at this inspection.

The purpose of this inspection was to check concerns we had in relation to keeping people safe and infection control. We will assess the whole key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe with care staff. One relative told us, "I would say so. [Person] does trust them [care staff]."
- Staff demonstrated they knew the actions to take if they suspected somebody was being abused. One staff member said, "I would report it to the office and they would take over and if needed they would call the police." Staff understood whistleblowing procedures.
- The registered manager told us all staff received the safeguarding policies and procedures. They told us, "We always say to staff, any issues you have, forward them to the office and we will deal with it there and then. Don't try to deal with it yourself."
- The provider appropriately notified relevant authorities including CQC when an allegation of abuse was made.

Prevention and controlling infection

- People and relatives told us care staff protected them from the risk of the spread of infection. A relative said, "Oh they do wear masks and gloves and they cover the shoes."
- Staff confirmed they were provided with appropriate supplies of personal protective equipment (PPE).
- The registered manager told us they had been able to get free supplies of PPE but this was not enough. They said it had been difficult purchasing supplies of PPE due to the inflated costs but prices were now starting to come down.
- The registered manager said, "I think we have done an excellent job over the last two or three years. We have pushed the boat out to ensure staff have appropriate PPE to make sure they are protected when on public transport."
- However, the registered manager was not following the latest guidance for regular testing of staff for Covid-19 and did not know they could still get free testing kits.
- During the inspection we sent the latest guidance to the provider. The registered manager and staff then confirmed regular testing was implemented.

We recommend the provider stays up to date with government guidance about the prevention and control of infection.

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 our last inspection this key question was rated good. We have not changed the rating as we have not looked at all of the effective key question at this inspection.

The purpose of this inspection was to check concerns we had in relation to people with power of attorney consenting to care. We will assess the whole key question at the next comprehensive inspection of the service.

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 MCA 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.

- There was nobody having their liberty deprived at the time of the inspection.
- The registered manager confirmed people signed to consent to receiving care and records confirmed this.
- The registered manager confirmed two people had power of attorney in place and sent us evidence to confirm this.

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 our last inspection this key question was rated good. We have not changed the rating as we have not looked at all of the well-led key question at this inspection.

The purpose of this inspection was to check concerns we had in relation to the provider carrying out quality checks. We will assess the whole key question at the next comprehensive inspection of the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibility under duty of candour. They told us, "Our duty of candour is to tell the person when something has gone wrong, apologise to the person and offer an appropriate remedy or support to put matters right."
- The registered manager understood their responsibility to notify relevant bodies such as the local authority and Care Quality Commission about incidents including safeguarding alerts.

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

- People, relatives and staff spoke positively about the management of the service.
- The registered manager told us they had a system of obtaining feedback from people who used the service and relatives. They told us during the pandemic feedback was obtained during telephone calls.
- The registered manager said, "We visit [people] face to face. The physical visits may not have been as frequent during the pandemic. There are not many [people] who we don't speak to on a day to day basis."
- Records showed the provider had an electronic call monitoring system which alerted them when visits were late. The registered manager told us the alerts on this system ensured visits were not missed as an alternative care staff member could be sent when visits were late.
- The provider used an electronic system for staff to indicate when tasks had been completed. The registered manager told us these were checked daily to ensure there were no gaps. Identified gaps were discussed with the relevant member of care staff.
- The provider planned to liaise with their technology contractor to make other parts of their quality audit system electronic to include recording spot checks, care record checks and setting timescales for actions. They told us they planned to have this in place by July and this would make it easier for them to monitor the quality of the service.