

Mrs Claudia Alexander

# Golders Green Nursing

## Inspection report

4 Redbourne Avenue  
Finchley Church End  
London  
N3 2BS

Tel: 02083719592

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 20 October 2016. This was an announced inspection. We gave the provider 48 hours' notice of the inspection as this is a domiciliary care agency and we wanted to ensure the manager was available in the office to meet us. This service was last inspected on 18 February 2014. At this inspection, we found the provider to be compliant.

Golders Green Nursing is a domiciliary care service run by Mrs Claudia Alexander. The service provides personal care and nursing care to over 25 people with dementia and older people in their own homes. At the time of inspection 30 people were receiving services.

The service had a registered manager 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.

People using the service and their relatives were very happy with the service and found staff caring, kind and professional. The feedback from community professionals was very positive and demonstrated that the service worked in collaboration with various healthcare professionals in delivering a person-centred service that met people's individual health and care needs. People's nutrition and hydration needs were met including their cultural specific dietary requirements. People were happy with staff's punctuality and found them reliable and trustworthy. They were assisted and supported with medicines and encouraged to self-medicate where appropriate. There were detailed daily care delivery records giving a clear account of how people were supported. However, the service did not maintain separate medicines prompting and administration records.

Staff were skilled, experienced and well-trained and able to demonstrate their understanding of the needs and preferences of the people they cared for by giving examples of how they supported people. They told us the registered manager provided on-going support and received regular supervision. The registered manager was in the process of reviewing and introducing a new staff appraisal system. The service followed safe recruitment practices, carried out appropriate recruitment checks before staff worked with people. The service was in the process of renewing staff's Disclosure Barring Service criminal record checks.

Care plans were person-centred and recorded people's individual needs, likes and dislikes. They included personalised guidance on how staff were to meet people's needs and preferences. Risk assessments were detailed and provided sufficient information and instructions to staff on the safe management of identified risks.

The service followed appropriate safeguarding procedures and staff demonstrated a good understanding of protecting people against abuse and their role in promptly reporting poor care and abuse.

The service implemented good procedures around Mental Capacity Act 2005 and worked with professionals where necessary in supporting people that lacked capacity to make decisions.

The service had good systems and processes to assess, monitor and improve the quality and safety of the care delivery. The registered manager regularly visited people's homes to seek their feedback and observe staff supporting people with their care needs, and addressed any concerns raised immediately. The service was in the process of reviewing annual feedback survey forms. People and their relatives told us they were extremely happy with the registered manager and found them approachable and compassionate.

We have made a recommendation about a review of medicines administration record sheet.

## 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. People and their relatives felt safe with staff. People were well supported with their medicines. Staff were provided with appropriate information on medicines administration. We recommended a review of service's medicines administration record sheet.

The service had individualised risk assessments that were regularly reviewed and provided sufficient information to staff for safe management of the identified risks.

Staff were able to identify abuse and knew the correct procedures to follow if they suspected any abuse or neglect.

The service carried out timely recruitment checks to ensure people using services were supplied with safe and suitable staff.

Service maintained good infection control practices.

### Is the service effective?

Good 

The service was effective. People told us their health and care needs were met. Staff were well supported and received regular supervision. The service was reviewing their appraisal system.

Staff received suitable induction and additional relevant training to their job effectively.

Staff understood people's right to make choices about their care. The service recorded information on people's capacity to make decisions and how to seek their consent to care and treatment.

People were referred to health and social care professionals and supported during or to their appointments.

### Is the service caring?

Good 

The service was caring. People and their relatives found staff caring and kind. People told us staff treated them with dignity and respect. The service identified and supported people with their religious, spiritual and cultural needs.

Staff were able to describe people's wishes and preferences and spoke about them in a caring manner.

People mostly received the same staff which then helped form positive and trusting relationships.

### **Is the service responsive?**

**Good** ●

The service was responsive. People told us their care plans were always followed. We found care plans were person-centred and regularly reviewed.

People were supported with activities and their cultural needs were identified and supported.

People and relatives' complaints were listened to and acted on promptly.

### **Is the service well-led?**

**Good** ●

The service was well-led. Staff felt very well supported. The service effectively carried out audits and checks to monitor the quality of care.

People and their relatives told us they found the management friendly and approachable.

The service worked collaboratively with health and care professionals to improve the quality of people's lives.

# Golders Green Nursing

## Detailed findings

### Background to this inspection

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

The inspection took place on 20 October 2016. This was an announced inspection. We gave the provider 48 hours' notice of the inspection as this is a domiciliary care agency and we wanted to ensure the manager was available in the office to meet us.

The inspection was carried out by one adult social care inspectors and one 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. They phoned people using the service and their relatives to ask them their views on service quality.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We looked at the information sent to us by the provider in the Provider Information Return, this is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted local authority and healthcare professionals about their views of the quality of care delivered by the service.

There were 30 people receiving personal care support from the service, and 65 staff, at the time of our inspection. During our visit to the office we spoke with the registered manager and looked at four care plans and four staff personnel files including recruitment, training and supervision records, and staff rosters. We also reviewed the service's accidents / incidents and complaints records, feedback surveys, quality audits and care delivery records for people using the service.

Following our inspection visit, we spoke with seven people, two relatives, two nurses and four care staff. We reviewed the documents that were provided by the registered manager (on our request) after the inspection. These included reviewed annual feedback survey, complaints log and policies and procedures. In total, we

gained the views of seven people, two relatives, six staff and one community healthcare professional.

## Is the service safe?

### Our findings

People using the service and their relatives told us the service was safe and that they felt safe with staff. One person who was supported by a nurse in changing their catheter said "I feel safe, it's the same person, she is better than the district nurse because she is good it is painless." One relative told us, "We have 24 hour care, he is just gone to hospital for a kidney blood screening with the nurse, and I feel safe with that."

The service supported people with medicines management by prompting, assisting or administering medicines as per people's individual needs. There were detailed medicines risk assessment in place that included information on how to support people with medicines, where the medicines were stored in people's homes such as blister packs or original manufacturing boxes and ordering and collection of medicines. The service did not collect or ordered medicines, people's relatives and pharmacies managed that aspect of medicines management. People told us they were well-supported with their medicines management and were satisfied with the support. The service kept daily record logs where they included information on medicines that were assisted, prompted and administered. However, the service did not maintain a separate medicines administration record sheet with detailed information such as name of medicines and their dosage.

We recommend that the service consider current guidance in relation to maintaining medicines administration records when prompting and administering medicines.

Following inspection, the registered manager confirmed they had reviewed their medicines administration record sheet and had started using them.

Staff demonstrated a good understanding of people's health and care needs, and the risks and their management involved in their care delivery. We found risk assessments met people's individualised needs and provided detailed information on safe management on risks. For example, one person with reduced mobility although able to walk on their own with support, needed assistance with getting in and out of bed and climbing stairs. Their moving and handling risk assessment provided detailed information and instructions to staff on how to support the person when climbing stairs and assist them to safely access bed. Risk assessments were for areas such as moving and handling, environment, nutrition, falls and personal care. The registered manager told us that the risk assessments were reviewed every year and during the year if people's needs changed and records seen confirmed this.

Staff told us they had received training in safeguarding adults and were able to describe the types and signs of abuse. They were able to demonstrate their role in identifying abuse and told us they would immediately contact the registered manager if they suspected poor care, neglect or abuse. New staff received training on abuse and how to report abuse before they began working with people. Existing staff received annual refresher training.

We checked safeguarding records, they were clear and accurate. The registered manager described a recent safeguarding case and the process they had followed to raise the safeguarding alert. They told us, one



person had contacted the office complaining about some of their jewellery gone missing. The registered manager contacted the police and the local safeguarding authority. Following that they removed the alleged staff member pending investigation from working with the person, allocated another staff member to support the person and carried out investigation by interviewing relevant parties. The allegations were unsubstantiated. In order to prevent similar incidents the registered manager sent out 'valuables' memo to all staff informing them of the incident, and that in order to avoid similar incidences they were to inform the registered manager if people left their valuables lying around, and the registered manager would contact people to be more careful. Since then no similar incidents have been reported. Following the inspection, the registered manager sent us a copy of the staff memo.

People and their relatives were happy with staff's punctuality and found them reliable. They told us staff arrived on time and either they or the registered manager would contact them if they were running late. The registered manager told us most of their staff were on a 12 hour shift rota and were not allowed to leave without giving a handover to the following shift staff. If for whatever reason staff member could not wait for the second shift staff member they would contact the office and the registered manager would cover for them until the following shift staff member arrived. The registered manager told us all their staff knew that they were expected to contact the office or the registered manager's mobile if they were running late or stuck in traffic. We saw staff rosters that confirmed staff were on 12 hour shifts. The service did not use agency staff to cover staff emergencies or absences, the registered manager told us they always covered staff emergencies with their own staff. However, they had established working relationship with one care agency that they would use if they were very short staffed and could not cover the absences with their own staff team. The service worked with other care agencies to provide double-up support to people who required two staff to meet their health and care needs. The records confirmed the joined-up work was going well.

The service followed correct procedures by carrying out appropriate character checks before staff started working with people to ensure people's safety. We viewed four staff personnel files and all contained an application form, copies of identity documents to confirm right to work, Disclosure and Barring Service (DBS) criminal record checks and reference checks. The registered manager told us they were in the process of renewing all staff's DBS checks, some staff had received their DBS checks and the records we saw confirmed this.

The service provided gloves, aprons and disposable wipes to their staff to enable them to safely assist people with their personal care. Staff confirmed they were provided with sufficient equipment to efficiently manage infection control.

## Is the service effective?

### Our findings

People and their relatives told us they were supported by well-trained and experienced staff, and their health and care needs were met. One person said the care they received was good and found the staff that supported them were "well-trained staff." One relative commented, "Staff who looks after my parents are competent." Community professionals told us they were happy with the service and found them effective. Their comments included, "The quality of the carers (staff) they put in are of a high quality in to account the individual care needs and wishes" and "The carers (staff) are all of a very high standard." The registered manager told us they recruited staff with a minimum of two years' experience in working in a care role, and once they were inducted and trained, they were matched with people.

The staff told us they were very well supported and enjoyed working with the registered manager. They were provided with regular supervisions and the registered manager regularly visited staff when they were at people's home. One staff member said, "[The registered manager] visits me on a regular basis. She visits me every week if not twice a week." We saw records of supervision that confirmed staff received sufficient support. The registered manager conducted appraisals as part of staff supervision, they told us the appraisal form was being reviewed and the new form would be used to conduct next year's staff appraisals. Staff told us they had received sufficient training to do their job effectively and were happy with it. One staff member said they had undergone a lot of training and enjoyed them; their last training was on "health and nutrition. I found it useful." New staff had to complete an induction course with an external training group that covered areas such as safeguarding, health and safety, fire safety, infection control and moving and handling. Staff were then required to shadow existing staff members before attending care visits on their own. Staff also received additional training in medicines administration, dementia, nutrition and hydration. All staff went on mandatory yearly refresher courses. Staff that were qualified nurses and supported people with their nursing needs accessed additional training privately. The registered manager told us they were planning to speak to their nurses to identify the additional training the service could provide. We saw the staff training matrix and tracker that clearly detailed staff names, training courses staff were booked on and future training dates.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People and their relatives told us staff were respectful and always asked permission before supporting them and gave them choices. Staff understood people's right to make choices about their care. They were able to demonstrate how they encouraged and supported people to make decisions. For example, one staff member said they always asked people what they would like to wear and eat, and if they struggled to choose, the staff member would assist them in making decisions. Staff told us they had received training on

the MCA. Records showed that staff training on the MCA took place. People's care plans made reference to people's capacity and had information on how and when to support people to make decisions. People's care plans stated who could make legal decisions on people's behalf should they lack capacity to make a decision regarding their care. Staff knew who to contact when necessary.

People's nutrition and hydration needs were met. People and their relatives told us staff were aware of their food preferences, allergies and supported well with their needs. Staff recorded in detail in the daily report book food and drinks people consumed. The care plans made reference to people's food preferences, likes and dislikes and included nutritional assessments. For example, in one person's care plan it was recorded the person liked fresh food and that the staff should only cook it on the day after consulting the person. Another person's care plan mentioned the person preferred a soft and low fat diet. The service regularly checked blood sugar levels for people with diabetes and liaised with their individual doctors in relation to the findings and further action points, for example if they needed to change their diets and food portion size. Staff recorded in people's daily report book their elimination and bowel movements. This information was then fed back to people's doctors as when and required.

The service worked collaboratively with health and care professionals. Staff supported people to their health and care appointments, and liaised with the consultants and professionals on a regular basis for people's health updates and check-ups. People and their relatives told us at their request staff contacted doctors, consultants and other health professionals. One person said, "They [staff] will contact my GP or Consultant if needed", "She [staff] comes to the house, bloods for GP and IV if necessary" and "[Name of the registered manager] took me to A&E as I had no one else to take me." We saw records of correspondence and referrals to various health and care professionals such as doctors, consultants, physiotherapist, dietician and speech and language therapist.

## Is the service caring?

### Our findings

People using the service and their relatives spoke highly of staff's caring and kind attitude. They told us staff were friendly, compassionate and thoughtful. Their comments included, "Staff are friendly, caring and kind", "The girls are wonderful 24hours care. Above and beyond, very kind to me, support me as well. We have a lot of laughs", "The staff was brilliant took me to UCH, I had a fall and they kept me in for a few days. The staff said to me, "we are not only here for your husband we are here for you too" and "Yes, we have a good banter, tongue in cheek."

People told us they mainly had same staff to support them, which was helpful as staff understood their needs. Records confirmed that people usually received the same staff member across the week and from week to week. Staff told us they visited some people regularly and that enabled them to establish and maintain positive working relationships. Staff spoke passionately about their job and the relationship they had established with people they cared for. They were able to describe the individual needs, wishes and preferences of people they cared for.

The registered manager told us at the time of the initial referral they spoke to people and their relatives to have a complete understanding of people's background, wishes, preferences and aspirations. They said the same process was followed once a year whilst reviewing people's care plans. We saw care plans made reference to people's history, background, religion, culture, wishes and social aspects. The service gave information on people's cultural beliefs and habits to staff so as to ensure they were following it whilst supporting people thereby delivering person-centred care. For example, one person's care records had guidance on their country and cultural background that detailed information on the religion, language, food, family and other social aspects. Staff told us they found this information useful.

People and their relatives told us staff treated them with dignity and respect and were involved in their care planning. Their comments included, "Yes, she [staff] is very calm and caring, respects privacy and dignity" and "They treat my parents with dignity and respect their privacy." Staff that we spoke to told us they respected people's privacy and provided care that maintained their dignity. They would close doors and cover people when assisting them with showering and personal care. The staff told us they talked to people politely, listened to their requests with patience and supported them at their preferred pace. One staff member said, "I respect their privacy and confidentiality. Making sure people are given space, are exercising decision making and giving them choices." The registered manager said it was important for them that their staff treated people and their relatives with respect and dignity. They informed staff that they must address people with their last names unless people told them otherwise and to give people space when they had visitors.

People and their relatives said they were involved in planning and making decisions about their care and were supported to remain as independent as they could. One person said, "I am involved with my care".

Staff received training on End-of-life care and told us they found it useful. We saw some people had completed 'do not attempt resuscitation' forms and people's care plans made reference to their advance

care plan wishes. The register manager told us they supported people with funeral arrangements if they wished and also organised funeral for a person who did not have family.

## Is the service responsive?

### Our findings

People, their relatives and community professionals told us the service was responsive. Their comments included, "It is a reliable service and even can call for advice on health issues" and "I have always found her [the registered manager] agency to be highly responsive, very professional and compassionate to patients at all times."

The registered manager told us at the time of referral, they engaged with people, their relatives and all the professionals involved in their care to identify their needs, abilities, wishes and preferences. This information was then transferred to people's care plans. The registered manager told us it was important for them to capture every little detail of people's routine and preferences to enable staff to support people effectively.

We viewed people's care plans and they were individualised, easy to follow and person-centred. They captured information on people's needs, abilities, wishes, likes and dislikes. People's care plans included information on areas such as medical history, allergies, hygiene preference, night support, nutrition and hydration and social aspects of life. For example, one care plan mentioned "nails to be filed weekly and red nail polish to be used, make up and jewellery daily but especially when visitors call", it also mentioned under night support, person would prefer for staff to switch television off early and to put soft music on."

The registered manager told us the care plans were reviewed once a year and as and when people's needs changed and the records that were seen confirm this. For example, we saw one care plan that had been reviewed two times in four weeks because the person's medical needs had changed. Care plans were kept in the office and a copy of the care plans were kept at people's homes. Staff told us they found care plans useful and followed them whilst delivering care. One person said they were very happy with the care and that the staff "go by the care plan" when supporting them. Care plans recorded information on people's culture and religion and whether they practised their religion and needed assistance with it. For example, one person from African background preferred food cooked in a traditional manner. The registered manager allocated staff member from a similar background who had a good understanding of the person's culturally specific dietary needs. The service tried to match staff to meet the needs of people from the same cultural backgrounds and preferred languages. People and their relatives told us they were involved in their care reviews.

People were supported with various activities and were happy with that support. One person told us, "They [staff] take me shopping." We saw activity sheet for one person who was mainly supported with their social aspects, the sheet included activities staff supported them with such as going out for walks in the park, sitting in the garden, talking about their past, playing snooker and listening to music. Person confirmed they were being supported with the mentioned activities.

The registered manager regularly visited people and liaised with their relatives where they encouraged them to raise concerns and complaints. The service kept clear records of complaints that were made and actions taken. People using the service and their relatives told us their concerns and wishes were always listened to and acted on promptly. One relative said, "There were some minor misunderstandings but were dealt with promptly and appropriately by the registered manager." The registered manager told us they gave

information on how to make a complaint to all the people who use the service and their relatives.

## Is the service well-led?

### Our findings

The service had a registered manager in post. All staff told us they felt very well supported by the registered manager, they told us they were listened to and could approach the registered manager if needed help. They said the registered manager was always available and would support them immediately if they were not sure about something or were stuck in a situation. One staff member said, "She is very good, professional, everything is dealt with promptly. I can see her in person if I wished or speak to her over the phone. She plans visits well and gives enough time to travel between care visits", "She is hands on and has good relationship with staff, occupational therapists, physiotherapists, relatives and clients [people using the service]" and "If I am stuck at work, I call her [the registered manager] and she comes and helps me straight away. I am happy with the agency and hence, have stayed so long." The staff we spoke to have worked with the service on an average 6 years and they told us they were respected by the registered manager and felt valued.

Staff told us they were comfortable raising their concerns and making suggestions. For example, one staff member told us they had a team discussion regarding one person's medication and care needs, the registered manager asked staff's opinions and consulted them on how best to support the person with their changing needs. The registered manager took staff's suggestions on board.

The registered manager worked closely with staff and visited them on a weekly to bi-weekly basis and regularly met with a group of staff at people's homes. They told us holding one staff meeting was not feasible as staff worked on a 12 hours shift. Hence, they met with a group of staff at people's homes after seeking people's consent. Staff told us they received regular emails from the registered manager with information, guidance and links relevant to their work.

The service had good data management systems that kept accurate records of people's care plans, risk assessments and care reviews and staff's recruitment and training updates. The information was easily available and securely stored. The service had efficient systems and processes to assess, monitor and improve the quality and safety of the care delivery. We saw records of staff audits that maintained information on staff's DBS checks, training and nurses' registration status. There were records of people's care audits that kept information on people's care plans, risk assessments and care reviews and updates. The registered manager implemented improvement actions immediately and were proactive in identifying areas needing improvement.

The registered manager regularly visited people's homes to seek their feedback and observe staff supporting people with their care needs, and addressed any concerns raised immediately. They told us staff were given feedback straightaway once they had completed their tasks so they could relate to the situation better. The service sought feedback from people and their relatives at the completion of the care contract. We saw records of completed feedback forms. They all were very positive. We thank you emails and cards from people and their relatives appreciating staff's efforts and service. The service was in the process of reviewing annual feedback survey form. Following inspection, the registered manager sent us their reviewed annual feedback survey form which would be used from next year.



People and their relatives told us they were extremely happy with the registered manager and found them approachable and compassionate. Their comments included, "She is wonderful", "I would give an A", "[Name] goes above and beyond what one would expect, she is always there" and "[Name] would come out even at 10pm, she is totally involved." Community professionals commented, "[Name] works to the very highest of standards, always putting patients [people using the service] as her top priority. I have only ever received positive feedback from patients [people using the service] who have used her services" and "A superb service. The registered manager is very knowledgeable, caring and available."

The registered manager worked collaboratively with various health and care professionals such as occupational therapist, physiotherapist, district and palliative care nurses, consultants and doctors and local organisations such as North London Hospice in delivering efficient care services and to improve quality of people's lives.