

Care-Away Limited

Barking and Dagenham Branch

Inspection report

Harp House
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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

Barking and Dagenham Branch is an extra care service that provides personal care to 95 people across four sites. People using the service lived in flats across Barking and Dagenham.

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

People's medicines were always not managed safely because there were instances where prescribed medicines had been administered but not signed for or not given but signed for. This meant that procedures for administration of medicines were not being followed which put people at risk. The provider had a range of audit and quality assurance procedures. However, we noted audits regarding management of medicines were not robust and had not identified the issues we found.

People told us they felt safe using the service. The provider had safeguarding policies and procedures in relation to safeguarding people. There were sufficient staff to meet people's needs and recruitment processes were safe. There was guidance for staff on how to manage risks to people and how to keep them safe. People were protected from the risks associated with the spread of infection.

Staff received training, supervision and support to give them the necessary skills and knowledge to help them care and support people effectively. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service did support this practice. People maintained good physical and mental health because the staff team worked closely with other health and social care professionals. People were supported to eat and drink sufficient amounts to meet their needs.

People were respected by staff. Care and support were delivered in such a way as to maintain their privacy and dignity. Staff demonstrated a good knowledge about the people they were supporting. People were listened to and their views respected when planning their care. They were given information to make decisions about their care and support. The importance of confidentiality was understood and respected by staff. People were encouraged to remain as independent as possible.

People's care was individualised and reflected their routines, preferences and wishes. People's health and care needs were assessed on a regular basis. People made decisions and choices about their life and were supported to maintain relationships with friends and relatives. The provider took account of complaints and comments to improve the service. Informal concerns raised by people were addressed through discussion with staff on a day to day basis.

People told us they found the staff and management approachable. The management team worked closely with other external organisations to ensure people needs were met.

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

Rating at last inspection

This service was registered with us on 31 October 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the registration date of the service.

Enforcement

We have identified breaches in relation to medicine management and how medicine audits were carried out.

Please see the action we have told the provider to take at the end of this 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.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Barking and Dagenham Branch

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

The inspection was completed by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care.

The service had a manager registered with the Care Quality Commission. 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. The registered manager was not available during the inspection. The operations and compliance manager facilitated the inspection.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 25 September 2019 and ended on 10 October 2019. We visited the office

location on 25 September and 10 October.

What we did before inspection

Before the inspection, we reviewed the information we held about the registered provider, including previous notifications and information about any complaints and safeguarding concerns received. A notification is information about important events which the registered provider is required to send to us by law. Due to technical problems, the provider was not able to complete a Provider Information Return. 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

We spoke with six people who used the service, three members of staff and the operations and compliance manager. We reviewed a range of records. This included six people's care records, medicine records and other relevant policies and procedures. We also looked at five staff files in relation to recruitment, supervision and training. We also viewed a variety of records relating to the management of the service, including their quality assurance process. On the second day of our visit, we looked mainly at medicines management due to some concerns raised by the local authority.

After the inspection

We spoke with one relative about their experience of the care provided. We also contacted two members of staff to ask them questions about their roles and to confirm information we had received about the service during our inspection. We sought feedback from the local authority and professionals who work with the service. We also continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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

- Some people told us staff assisted them to have their medicines as prescribed and they were happy with the arrangements. One person said, "The carer comes and help me with my medicines." Another person told us, "I had some issue with my medicines, but it was the pharmacy which was at fault."
- We looked at some medicine administration records (MARs) and noted instances where prescribed medicines had been administered but not signed for, or not administered but signed for. This meant that procedures for administration of medicines were not being followed by staff and left people at risk of not having their medicines, as prescribed.
- For example, one person was prescribed a medicine to be administered only once weekly. However, we noted staff had signed for five days during a one-week period. We discussed this issue with the operation manager who told us that the person normally received only four tablets for a four-week period so this medicine could not have been administered five times in a week. This meant that procedures for administration of medicines were not being followed and left people at risk of overdose or not having their medicines as prescribed.
- On one person's MAR record, we saw staff had signed for one medicine seven times over a four days period and these signatures were crossed out. The medicine was prescribed to be administered three times a day when needed. The operations manager informed us that the person did not have the medicine on those days and the MAR chart was signed in error. However, there was no records to show the medicine was not taken or refused.
- We also found gaps on some MARs where no explanations were recorded for the missing signatures. Due to the nature of the service, it was difficult to ascertain if people had received their medicines where we had identified missing signatures on the MAR records. However, not having these medicines could have had a negative impact on people's health.

Due to poor medicines management, people were placed at risk of harm. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed our concerns with the operations manager and they informed us that following our first visit on 25 September 2019, all staff had been reminded of their responsibilities relating to medicines management and refresher training had been arranged. Some staff had already completed the training on our second visit on 10 October 2019.

Systems and processes to safeguard people from the risk of abuse

- People who used the service were protected from the risk of abuse because the provider had taken

reasonable steps to identify the possibility of abuse and prevent abuse from happening. One person told us, "Yes I feel safe here."

- There were policies and procedures for safeguarding people. Staff received training in protecting people from abuse and had refresher training when it was due. This helped to ensure their knowledge of how to keep people safe was kept up to date.
- We saw safeguarding was also discussed at team meetings and during staff supervisions. One member of staff told us, "I will report any concerns to the manager."

Staffing and recruitment

- There were enough staff working for the service to ensure people's needs were met. People were very complimentary of the staff. One person told us, "The carers always come on time."
- People received care from the same member or members of staff and this helped with people receiving consistent care and support.
- The provider had effective recruitment and selection processes in place. We saw appropriate checks were carried out before staff began work which included a criminal record check. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained for each member of staff.

Assessing risk, safety monitoring and management;

- Potential risks to people had been assessed so they could be supported to stay safe by avoiding unnecessary hazards without being restricted. Where people were identified at risk appropriate measures were put in place, for example, when people were at risk of falls.
- Risk assessments were reviewed regularly and updated as required.

Preventing and controlling infection

- The provider had systems in place for the monitoring and prevention of infection. There was personal protective equipment such as aprons and gloves available to staff.
- Staff had received training in infection control and were aware of their responsibilities in this area. For example, they knew the steps to take to prevent the spread of infectious diseases, such as by proper hand washing.

Learning lessons when things go wrong

- The provider had a system in place to record and monitor accidents and incidents. Records of accidents and incidents were reviewed by the registered manager, to prevent them from happening again.
- There was evidence that learning from incidents and investigations took place. For example, we saw one person had a fall and they were referred to the fall clinic for an assessment, to ensure repeated falls were minimised.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Before a person started using the service, an initial assessment of their abilities and needs was always undertaken. This covered a number of areas such as people's care and support needs, wishes, preferences, routines and past histories.
- Information was gathered from a variety of sources such as social workers, health professionals, and family members. This helped to ensure staff were able to safely meet the person's needs.

Staff support: induction, training, skills and experience

- People felt the staff had the knowledge and skills to look after them. One person said, "Yes, the carers do a good job, they know what they are doing."
- Staff received appropriate training and professional development. They completed training in a number of key areas such as moving and handling, first aid, food hygiene to ensure they were competent in their role. One member of staff said, "We have training regularly and now we have e-learning." Staff commented that the standard of training they had received was good.
- Staff received an induction when they started work for the service. This covered a number of areas including training and familiarising themselves with policies and procedures and getting to know people who used the service. Before staff worked on their own they were given opportunities to shadow experienced staff. One member of staff told us, "I did two shifts shadowing with other carers."
- Staff were supported to deliver effective care by means of regular supervision. They had regular one to one meetings with their line managers to check on their work performance and identify any concerns they might have or additional training they required.

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

- Some people who used the service were supported to have enough to eat and drink. Staff had the information they needed to support people with their nutritional requirements and to ensure that a balanced diet was provided. One person told us, "The carer comes and makes me a sandwich. Sometimes I will have a microwave meal or something light."

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

- People were supported to access routine medical support from healthcare professionals such as GPs, to ensure their health and wellbeing was maintained.
- Information about the involvement of healthcare professionals in people's care was available in their care plans so that staff had the necessary information to support people to meet their healthcare needs. The

management team worked well with other health and social care services to ensure people's needs were met.

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.

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.

- People told us that staff asked for their consent before providing them with care and support. One person said, "They (carers) always ask me before they do anything."
- Staff told us the actions they would take if they felt a person lacked capacity to make certain decisions about their care and support. When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who know the person well and other professionals, where relevant.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People told us that staff were kind and treated them well. One person said, "The carers are very friendly and they always help me with things." Another person said, "The staff are very caring."
- Staff were aware of the needs and preferences of people and had built up good relationships with them. They were able to give us examples of people's likes and dislikes such as what people liked to eat for breakfast or lunch.
- Staff ensured people had equal opportunities, regardless of their abilities, their background or their lifestyle. They knew what people's beliefs and cultural needs were and ensured these were met.

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

- People told us they and/or their families were involved in decisions related to their care and support. We saw people had signed their care plans to indicate they agreed with the contents. Care plans contained information relevant to the person and were individualised to reflect people's needs.
- People told us that because they had regular staff, they had got to know them well. This helped to ensure the needs of people were met in a consistent way.

Respecting and promoting people's privacy, dignity and independence

- People told us staff ensured their privacy and dignity was maintained at all times. One person said, "The carers always treat me well and always ask for permission before they come in."
- Staff explained how they maintained people's privacy, such as closing the doors and curtains when providing people with personal care. This helped to ensure people's privacy was maintained.
- Staff were aware of the need to maintain people's confidentiality. They knew not to share people's personal information with anyone, unless they had the right to have such information.
- People were encouraged to be as independent as possible. Staff gave us examples of how they did so, such as, encouraging people to wash parts of their body they could reach when staff were providing them with personal care. One person's records stated, "I am able to wash my face and the front of my body but I will need assistance washing my back."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Comments from people and their relatives were positive, indicating that staff were aware how to meet people's care needs. One person said, "The carers know what needs doing. They help me with things that I can't do."
- From the information gathered during the assessment process, the registered manager developed a care plan for staff to follow with the involvement of the person. People received care and support that were tailored to their individual needs. For example, one person's record stated, "I like to have a shower daily, I will need support with this."
- We looked at the care records of people who used the service and found them to contain sufficient information about the care and support people needed. This helped to ensure staff met people's needs.
- The care records were reviewed regularly to ensure they reflected the person's needs and information was updated to reflect changes that had taken place, such as any changes in the medicines that people were having.

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.

- Information on how to communicate with people was included in their care plans. For example, we saw records to indicate if people wore glasses or needed to use a hearing aid. Information was made available in accessible format to people who used the service.

Supporting people to develop and maintain relationships to avoid social isolation

- People told us they could pursue their interests and hobbies, for example they could go out or join in activities within the communal areas of the service. Staff encouraged people to access activities and become involved within the wider community. This meant people were supported to maintain relationships and avoid social isolation.

Improving care quality in response to complaints or concerns

- The provider had policies and procedures for dealing with any concerns or complaints. People were aware of how to raise issues of concern to the service. One person told us, "I will talk to the manager or speak to someone in the office."

- Complaints were recorded and responded to accordingly. The provider had a process in place to review complaints and comments to improve the service. We saw the service had received compliments from people and their relatives. One person wrote, "Since I moved here, everybody has been friendly, entertainment is very good."

End of life care and support

- The operations and compliance manager informed us that none of the people using the service required end of life care at the time of our inspection. However, the staff had been trained to ensure they had the knowledge and skills to care for people who were approaching the end of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider had systems to assess and monitor the delivery of care and support. These included audits of care plans, medicine charts and staff training. However, we noted that audits carried out with regards to medicine management were not robust. During our visits, we found a number of missing signatures and other recording issues, which had not been identified during the provider's audit process. This showed the provider had not adequately assessed, monitored and improved the quality and safety of the services provided.

The quality assurance system was not always effective. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We saw satisfaction surveys had been undertaken to inform the service of any areas of concern and improvement. This showed the provider sought out the views of people and implemented changes where necessary to accommodate them. The management team also carried out regular spot checks on staff in people's homes to monitor their practice.

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

- People and their relatives felt the service was managed well. One person told us, "It is good here." One relative said, "I am happy with the service. I had some concerns before and they have now been sorted. The office staff are good as well as the carers."
- The management team operated an 'open door' policy. People and their relatives were encouraged to contact them if they had any issues and this helped to ensure the service ran smoothly.

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 was aware of when the CQC should be made aware of events and the responsibilities of being a registered manager. We had received notifications from the provider about certain changes, events and incidents that affect their service or the people who use it, as required under our regulations.

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

- Staff had a clear understanding of what was expected of them. They were aware of their responsibilities and who they were accountable to. One member of staff said, "We all work as a team."
- Staff were provided with information and guidance, which covered a number of areas to do with their roles and responsibilities.

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

- There were regular meetings held for staff and these enabled them to raise any issues or concerns they had. We saw a number of areas were discussed during those meetings, such as any changes in people's needs and training courses.
- People were also invited to attend meetings on a monthly basis about the service.

Working in partnership with others.

- The management team had good links with the wider community and worked in partnership with other agencies to help ensure a joined-up approach to people's support. Care records were kept up to date with the outcome of visits to health professionals.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The procedures for administration of medicines were not being followed and left people at risk of not having their medicines as prescribed. Regulation 12(1) (2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured there was effective governance and quality systems in place to ensure the quality and safety of care was assessed, monitored and improved when needed. Regulation 17(1) (2)</p>