Mrs Ifeoma Nwando Akubue

Nwando Domiciliary Care

Inspection report

34 Foundry Court
Tredegar Road
London
N11 2AW

Tel: 02083657799

Date of inspection visit:
25 July 2017

Date of publication:
05 September 2017

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?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 25 July 2017. This was an announced inspection. We gave the provider a 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 with us. We last visited this service on 17 and 23 January 2017 when we carried out a focused inspection to check if the service had followed their action plan to meet the legal requirements where we found them to be in breach of one regulation in relation to safe care and treatment. At the last comprehensive inspection on 15 June 2016 we found the provider was in breach of four regulations in relation to the need for consent, staff supervision and training, safe staff recruitment practices and good governance.

Nwando Domiciliary Care is a domiciliary care service that provides personal care to people with learning disabilities, autistic spectrum disorder, dementia, physical disability, sensory impairment and older people in their own homes. At the time of this inspection the service was providing personal care to 20 people. Nwando Domiciliary Care is owned and managed by Ifeoma Nwando Akubue. There is no requirement for a separate registered manager. We have referred to her as the provider.

At the inspection on 25 July 2017, we found that the provider had made sufficient improvements and were no longer in breach of legal requirements.

People using the service and their relatives were happy with the care provided and found staff reliable and trustworthy. They were happy with staff punctuality and had never experienced missed visits. Staff understood people's individual needs. People told us their needs were met by staff and they felt safe with them. Staff treated people with dignity and respect. Care plans were personalised and regularly reviewed, they recorded people's needs, likes and dislikes. Staff were provided with instructions on how to support people to meet their needs and preferences.

Staff demonstrated a good understanding of safeguarding procedures and knew how to report abuse and poor care. The provider carried out safe recruitment procedures and staff were vetted appropriately before providing care. Risk assessments were detailed and provided sufficient information and instructions to staff on the safe management of identified risks. However, the service did not always maintain health specific risk assessments.

Staff received regular supervision and induction and mandatory training to do their jobs effectively. However, not all staff were provided specialist skills training and were not competency assessed for medicines administration. Staff sought people's consent before providing care and gave them choices. People's nutrition and hydration needs when requested were met. Staff maintained daily care records but did not always detail care visit times and a clear account of how people were supported. The service worked with health and care professionals in improving people's physical health.

The provider regularly sought feedback from people but did not always keep records of this. The service

visited people's homes to observe staff whilst supporting people with their care needs to ensure they were supported as per their care plans but these were not carried out regularly. The service had systems and processes to assess, monitor and improve the quality and safety of the care delivery however, did not always identify gaps in the record keeping.

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 told us they felt safe with staff and were reliable. Staff mostly arrived on time and people did not experience missed visits. The provider maintained appropriate safeguarding procedures and staff understood their role in identifying and reporting abuse and poor care.

Risks associated to people's care were identified and measures were put in place to mitigate those risks. Most people were supported by their family with their medicines management needs. Staff wore gloves and aprons whilst providing care to avoid cross contamination.

Is the service effective?

Good

The service was effective. People's individual health and care needs were met. Staff received regular supervision and induction and mandatory training to do their job well. However, not all staff received specialist skills training.

Staff asked people's consent before supporting them. People who needed support with their nutrition and hydration needs told us those needs were met. The provider worked with health and care professionals in providing effective care to people.

Is the service caring?

Good

The service was caring. People told us staff were caring and helpful. People received same staff team support and staff were able to describe people's likes and dislikes. Staff had received training in equality and diversity and people told us staff treated them with respect and dignity.

People's cultural and religious needs were recorded in their care plans and the service supported them with those needs when requested. The service involved people and their relatives in the care planning process and records confirmed this.

Is the service responsive?

Good

The service was responsive. Staff were able to describe people's likes and dislikes, and people told us staff met their individual

needs. People's care plans were person-centred and reviewed regularly. The provider worked closely with people and their relatives and encouraged them to raise concerns and complaints. People told us they did not have any complaints but if they did they would be comfortable to call the provider.

Is the service well-led?

Requires Improvement

The service was not consistently well-led. The data management systems had improved however we found daily care logs still had some gaps and health specific risk assessments were not always maintained. The service was assessing and monitoring the quality of care delivery however audits and spot checks were not carried out regularly.

People and their relatives were happy with the service and found the management cooperative and approachable. Staff told us they felt well supported and their suggestions were taken on board. The service sought formal feedback from people, their relatives and staff.

Nwando Domiciliary Care

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 25 July 2017. 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 with us.

The inspection was carried out by one adult social care inspector. We 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 contacted the local authority and commissioners about their views of the quality of care delivered by the service.

There were over 20 people receiving personal care support from the service, and 15 staff, at the time of our inspection. During our visit to the office we spoke with the registered manager, administrator and one care staff and looked at four people's care records including their care needs assessments and care delivery records, and five staff personnel files including recruitment, training and supervision records, and staff rosters. We also reviewed the service's safeguarding, complaints records and feedback surveys.

Following our inspection visit, we spoke with three people, three relatives, and three care staff. We reviewed the documents that were provided by the registered manager (on our request) after the inspection. These included recruitment documents for three staff, new version of mental capacity assessment form, staff meeting minutes and care records for six people.

Good

Is the service safe?

Our findings

People using the service and their relatives told us the service was safe and staff were reliable. People's comments included, "Yes, I trust them [staff]" and "I feel safe, I trust the carers." One relative told us, "I trust staff and feel safe with my mum left with staff at home." Another relative said, "Yes, as a matter of fact my mother is safe with the carers."

There had been one safeguarding case since the last inspection which was under investigation by the local authority. We looked at the records for this safeguarding case and they were clear and detailed actions taken by the provider. The safeguarding case was not against the care delivery by the provider but other internal local authority matter. Staff were trained on safeguarding procedures and were aware of the signs and types of abuse and who to report to if they suspected abuse or poor care. They told us the first point of call would be the office and if they found that their concerns were not addressed they would call the local authority.

The provider maintained clear protocols and procedures around reporting and acting on accidents and incidents. However, there had not been any accidents and incidents since the last inspection.

Staff demonstrated a good understanding of people's health and care needs, and the risks associated with their care. They told us how they minimised those risks to ensure care was delivered in a safe manner. We found risk assessments met people's needs and provided detailed information on safe management on risks. For example, a person who was not mobile, spend most of the time in bed and fully relied on staff for getting in and out of bed correctly identified them at high risk of falls and bed sores. There was a detailed risk assessment that included instructions for staff on moving and handling, falls and pressure sore management to provide safe care. Risk assessments were for areas such as moving and handling, internal and external environments, nutrition, personal care and waterlow [pressure area care]. The registered manager told us that the risk assessments were reviewed every year and as and when people's needs changed. At the inspection we were not able to evidence risk assessments for all people however, the provider submitted these following the inspection and they were up-to-date and recently reviewed. A couple of people that were supported by staff for their personal care needs and some of them had diabetes. These people lived with their family and the family met their nutrition and hydration needs. The provider did not maintain a separate diabetes risk assessment. We spoke to the provider about this and following our inspection the provider confirmed they had visited these people and their family members and recorded risks associated with their care in relation to diabetes.

The service had not experienced any missed visits since the last inspection. People and their relatives were happy with staff's punctuality and told us staff arrived on time and stayed for the entire duration. They said staff would contact them if they were running late. Their comments included, "yes, they are on time", "I never had to wait [for too long] but if they are late they would call me" and "Carers are reasonably good time keepers. On most occasions they contact me if running late." The provider told us all their staff were instructed to contact the office if they were running late or stuck in traffic. The service did not use agency staff to cover staff emergencies or absences, but instead the provider would fill in any emergencies and

absences. People confirmed that the provider would carry out care visits if staff could not attend. We looked at the staff rosters that confirmed care visit times and staff allocation. Staff told us they had sufficient time to travel between care visits. The provider was in the process of introducing electronic care visit monitoring system that would enable staff to access their rotas easily but also alert the office staff if the staff had not arrived at the care visit on time. This would enable the service to monitor staff timekeeping and punctuality.

We reviewed staff personnel files and they all had the required recruitment paperwork including copies of identity checks, reference checks, and Disclosure and Barring Service (DBS) criminal record checks. All the staff files we looked at had application forms and interview notes. The service followed appropriate recruitment practices to ensure staff employed were safe to work with people.

Most people lived with their family and their medicines management needs were met by their relatives. During inspection only one person was receiving support with medicines administration. This person was fully aware of what medicines they needed to take, what they were for and what time they were to be taken however, they were not able to physically get them out of the blister pack. Their physical needs had changed recently and staff were asked to support the person with their medicine management needs. However, the service did not keep records of medicines administration in medicines administration records (MAR). Following the inspection the provider introduced MAR for this person for staff to complete. The provider maintained medicines risk assessments and management plan for every person. Staff were trained in medicines administration and management and were able to explain how and when they would administer them. However, the provider did not assess staff to ensure they were competent to administer medicines. The provider assured us that all staff would undergo medicines competency assessment.

Staff told us they were provided with adequate personal protective equipment to efficiently manage infection control. People and relatives told us staff wore gloves and aprons when providing personal care and disposed of them safely.

Good

Is the service effective?

Our findings

People and their relatives told us staff understood their health and care needs and provided effective care. One person said, "Carers are alright. They come and help me, give me breakfast, change my pad, every morning give me shower. They are helpful." A relative commented staff met their family member's needs and were attentive towards their family member's individual needs. Staff we spoke with demonstrated a good understanding of people's individual health and care needs and abilities.

Staff received induction and mandatory training before they started working. They told us training was good and had been on safeguarding, moving and handling, health and safety, autism awareness and dementia. One staff member commented, "I have been working with the agency for two months. I got the training when I started; I attended training yesterday on dementia and moving and handling. Training is very good and I feel confident in my role." People and their relatives told us staff were skilled in their roles. However, some health and social care professionals we spoke with told us staff required training in specialist skills such as challenging behaviour. We asked the provider if they had considered training in specialist skills and they told us, some staff had been trained in how to support people whose behaviour was challenging and would extend the training to rest of the staff team. Staff that were in the office were drafting care plans and risk assessments from the information submitted to them following the initial needs assessment, although had some knowledge around it, they had not received training on assessing risks. The provider assured us they would train office staff in risk assessments.

Staff told us they felt well supported by the provider and shared a good relationship with them. We looked at staff supervision records that confirmed people were receiving regular supervision. Staff who had been working with the provider for over a year had received appraisal sessions and records seen confirmed this.

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. We found that the service was working within the principles of the MCA.

People's care records made reference to their capacity to make decisions regarding their care and treatment and where they were unable to; there were instructions for staff on who to speak to and how to support people to make decisions. At the inspection we were unable to evidence signed consent forms for all people. The provider told us they did not keep copies of those in the office. Following the inspection the provider confirmed these were now kept in people's care files in the office. We asked people if they had signed consent forms and they confirmed they had. One person told us the provider had visited them and "I have signed the consent agreement." A relative commented that they had signed consent to care agreement.

Staff told us they always asked people their permission prior to providing support. People and their relatives told us staff sought consent before delivering care. One relative said, "They ask mum before supporting her, I have heard them [staff] ask her all the time."

Most people were supported with their nutrition and hydration needs by their family. Those who were supported by the provider told us staff met their nutrition and hydration needs. One person told us staff prepared food for them as per their likes and made sure it was at the temperature they liked it. Staff knew what people's food preferences were. For example, one staff told us a person they supported "she likes a fry up for breakfast, bacon, sausage, beans and toast." People's care plans made reference to people's dietary needs and who supported those needs. For example, "[Name of the person] has a very poor appetite and only eats soft and pureed food. Meals are prepared by the daughter" and "[Name of the person] has a good appetite but only eats small amounts. Wife takes care of his nutrition and assists him with his food." Most daily care records that were seen of people who were supported with their nutrition and hydration needs included information on what people ate and drank.

The service worked collaboratively with health and care professionals. People and their relatives told us the provider was prompt in booking health appointments when requested. One relative told us, "Community nurse, GP and the service are all working together to provide personalised care to my mother." One person commented how effective the provider was in liaising with their GP when they were not very well. We saw records of correspondence and referrals to various health and care professionals such as doctors, community nurse and social worker. We spoke to two health and social care professionals and both said the provider worked well with them to provide good care to people.

Good

Is the service caring?

Our findings

People using the service and their relatives spoke highly of staff and told us they found them very caring and helpful. They further said staff listened to them and provided care in a dignified way. People's comments included, "Yes, they are helpful", "They do listen to me" and "Carers are cooperative…staff treat me with dignity and respect." One relative told us, "The carers are very very good. They do treat my mother with respect and dignity." Another commented, "The care is very good…staff are caring and always provide care in a dignified way."

We asked people if they received same staff team to support them with their care needs. All people and their relatives we spoke to told us they received the same staff team to provide care and they were very happy with that. We looked at the staff rotas and people's daily care notes and they confirmed people received the same staff team support. Staff told us they found working with same people useful as it enabled them to get to know people's wishes, likes, dislikes and routines well which facilitated personalised care. The registered provider told us they tried their best to match staff and people with similar interests and met people's gender preferred care request. People confirmed their gender preference request was met and this was reflected in their care plan. For example, one person's care plan mentioned "She prefers a Greek spoken female carer."

Staff told us they were happy working with the registered provider. One staff member said, "I have been working for five months and I love the job and working with the agency." Staff were able to describe people's individual wishes and preferences. One staff member said they were asked by the management to call people by the names they would like to be called and that it was very important forming positive relations.

The registered provider told us they asked people about their cultural backgrounds, and religious and spiritual needs before starting the service as that enabled them to meet their individual needs. We looked at people's care plans and there was mention of people's cultural and religious needs. The service provided support around accessing religious places as and when requested.

Staff told us they were trained in equality and diversity and dignity in care. Staff training records seen confirmed this. Staff told us they respected people's privacy and gave us examples of how they provided dignified care. For example, "Maintaining confidentiality", "Talk to people softly and politely", "Do not rush them", "Communicate properly and listen to them and give them choices" and "Closing curtains and doors when assisting people with personal care."

We asked people if they felt part of their care planning process and they confirmed being involved in planning their care. One person said, "Yes, I was part of the care planning process and signed the care plan." Relatives told us they were actively involved in their family members' care planning. Their comments included, "Yes, I was involved in my mum's care plan" and "I was involved in care planning."

Health and social care professionals we spoke to told us that staff provided a caring service.

Good

Is the service responsive?

Our findings

People and their relatives told us staff met their individual needs and preferences and received personalised care. One person commented, "They [staff] provide care as per the care plan. I receive personalised care and I am happy with it." The registered provider worked closely with people and their relatives in identifying any change in people's needs and relatives' circumstances, and acted promptly to address those. For example, the registered provider noticed one relative who was the full time carer for their family member struggling with the change in the family member's needs. The registered provider requested an urgent care review and managed to get more care support for the family member so that the relative could get a respite. We looked at the records of the referral and outcomes correspondence which confirmed the relative received more hours of care support which meant they were able to take time out for themselves. One person told us they needed help in the afternoon and "[Name of the registered provider] has contacted Social Services for a care review."

The registered provider told us they were in the process of drafting 'pen portrait' for all the people using their service which they would give to their staff before they started providing care. 'Pen portrait' is a two page document that would detail main aspects of people's health and care needs, care goal and outcomes, medical history and care visit times. For example, we looked at two completed versions, one of the included the person's goal "The goal is to ensure that [name of the person] receives support with being dressed appropriately, enabling him to maintain confidence and dignity in their personal appearance." The registered provider told us the main reason to create 'pen portrait' was to give staff sufficient information about people at a glance before they arrived at people's homes.

The service carried out initial needs assessment at the time of referral and the information so gathered was then translated into care plans. At the time of inspection, the service was in the process of drafting some people's care plan and hence, could not be evidenced. Following the inspection, the registered provider sent us completed care plans. We found although the registered provider had access to people's care plans on their work laptop they did not always keep printed copies of people's care plans in the office or on the office computer which meant they were not easily accessible to the office staff. The registered provider assured us they would transfer people's care plans to the office computer and printed copies in people's care files. People and their relatives confirmed they had access to their recent care plans at their homes.

People's care plans were individualised and detailed their health and medical history, likes and dislikes, background history and health and care needs. There was sufficient information for staff to provide personalised care. For example, one person's care plan provided information to staff under communication "I speak English and I communicate verbally and I can express myself appropriately. I can read and write." In the skin care section, the care plan mentioned "I will need support of one carer to cream my body after washing." Staff were able to describe people's likes and dislikes.

The service reviewed people's care plans yearly and as and when their needs changed, records seen confirmed this. People and their relatives told us their care plans were reviewed and they took part in the care reviews.

The registered provider regularly went on care visits and had positive relationships with people and their relatives. This enabled them pick up on changes in people's care needs, issues and gaps in the care delivery. During care visits the registered provider asked people if their care needs were met and if they had any concerns or complaints. People and their relatives confirmed this. Most people and their relatives told us they did not have any complaints. People's comments included, "Nothing to fault" and "No complaints about the care or with the agency." One relative said, "No complaints so far."

The service had one complaint in the last six months. We looked at the service's complaints log and there were clear records of the complaint. The complaint was made by a person who felt the staff member had rushed them and the registered provider had removed the staff member from working with the person. The registered provider retrained the staff member in providing care in a person-centred and dignified way. There had not been a similar complaint.

People and their relatives told us they would feel comfortable calling the registered provider if they were not happy about anything. People's care plans had a sheet giving contact information about the service, the local authority and CQC, records seen confirmed this.

Requires Improvement

Is the service well-led?

Our findings

The service had grown since the last inspection and the number of people using the service had increased from five to 20. The service was now also providing re-enablement care for people requiring short term care following hospital discharge. The provider told us they wanted to continue delivering care to people and visiting them which meant they did not have as much time to provide governance. Hence, they had recruited a manager who was undergoing registration process with CQC.

People and their relatives told us they were happy with the service and staff were very good. They told us the provider was approachable and their calls and messages were returned. One relative told us, "I can speak to the manager if not happy and she is good and listens to us." One person commented, "I have been using this service since two months and compared to previous agency, it's more relaxed and the lady who runs it also does some care work which is very good." Local authority told us most people requested this service and that they had positive feedback from people using the service and their relatives.

Staff told us they felt well supported by the provider. They told us the provider was always available to help and listened to their concerns and issues. Formal staff meetings took place on a monthly basis where staff were informed on various matters relating to their job and care delivery. We looked at staff meeting minutes for the last three months, they were well attended and matters around training, record keeping, time sheets, care delivery and spot checks were discussed. Staff told us they felt comfortable in giving suggestions and their opinions were listened to and taken on board. The provider had an open door policy and staff told us they visited the office without booking an appointment if they needed help or to discuss any matters of concerns.

The service had improved their systems and processes to assess, monitor and improve the quality and safety of the care delivery. The recordkeeping and auditing had improved since the last inspection but the provider commented "communication, auditing and documentation needs to be improved" for them to be fully satisfied. The service maintained records of people's care delivery including care plans, daily care records, risk assessments, and care reviews. People's care plans and risk assessments were regularly reviewed and records seen confirm this. However, health specific risk assessments were not always kept. People's daily care logs did not always include care visit times and details on how care was provided. The service carried out spot checks by visiting staff whilst they were at people's homes providing care. This was to observe if the staff provided care as per people's care plan, how they interacted with people and if they followed infection control practices. The visits also gave them an opportunity to ask people if they had any concerns or complaints. People confirmed this was happening and we saw records of these spot checks. The records demonstrated that although the spot checks were carried out, they were not regular.

All staff told us they felt well supported by the registered manager and found her approachable and easy to talk to. Their comments included, "…even if she is really busy, when I call her she always makes time, she listens to me. I can talk to her without worrying about anything" and "I have a good relationship with [name of the registered manager] and can call her anytime."

The provider called people on a regular basis and asked them about the quality of the service delivery but they did not always keep records of this. The service sought formal feedback from people, their relatives and staff on a quarterly basis and records seen confirm this. The feedback was mainly positive. People and their relatives confirmed they were contacted on a regular basis by the provider. One person said, "They [manager] even visit me to ask how things are and ask if I would like to raise concerns."

The provider worked with health and care professionals, other providers and local authority monitoring team to improve quality of care delivery.