

Nationwide Care (Finchley) Limited

Dollis Park Office

Inspection report

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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

Nationwide Care (Finchley) – Dollis Park Office is a domiciliary care service providing personal care to people with autism and learning disabilities living in a supported living setting. At the time of the inspection, the service was supporting three people in one supported living setting.

The service had been designed and developed considering best practice guidance and the principles and values underpinning Registering the Right Support. The location was located with close access to local shops, transport links and amenities such as parks and recreation grounds.

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

We found concerns in relation to recruitment. Full information about staff, as required by legislation was not always documented such as references and employment histories at the recruitment stage to enable safe decisions to be made.

We were not assured people received their medicines as prescribed as there were gaps in recording medicine administration. Regular audits were not carried out to ensure medicines stocks were correct. Staff had not had their competencies to administer medicines safely assessed.

We identified shortfalls in relation to infection prevention and control which placed people and staff at increased risk of harm given the COVID-19 pandemic.

There was no registered manager at the time of the inspection and since registration there had been a turnover of managers. This had impacted on quality of recordkeeping, care planning and assessing risk.

Quality assurance and auditing processes had not been developed and embedded which meant that concerns identified on the inspection had not been identified by the management team.

People and their families were positive around the support and care they received from staff and the management team. Staff were caring and kind and supported people to learn life skills and gain independence.

Staff knew the signs to look for if abuse was suspected and told us of the actions, they would take to protect people from abuse. There were enough staff on shift to meet people's needs.

People were supported to engage in a range of activities both within the home and in the community. People were supported to make healthy food choices which had a positive impact on their health and wellbeing.

People were supported with health and medical needs and staff engaged well with health and care

professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

This service was registered with us on 2 July 2020 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received about staffing, training and management at the service. A decision was made for us to inspect and examine those risks.

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

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

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to medicines management, infection prevention and control, staff recruitment and governance at this inspection.

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 ●

Dollis Park Office

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 carried out by an inspector and an inspection manager.

Service and service type

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service did not have a manager registered with the Care Quality Commission. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection, a new manager had been recruited, however following the inspection they were no longer in post and we were advised that the deputy manager had applied to register with CQC.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 16 February with a visit to the supported living setting and ended on 9 March 2021. We visited the office location on 2 March 2021.

What we did before inspection

We reviewed information we had received about the service since registration such as notifications and concerns raised with CQC. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This

is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the Company Director, manager, deputy manager and four support workers. The Company Director was also the nominated individual.

We reviewed a range of records. This included three people's care records and one person's medication records. We looked at eight staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at rotas and quality assurance records. We requested feedback from two professionals who regularly visit the service.



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

- Medicines were not always managed safely. Medicines Administration Records (MARs) contained gaps in recording which were not explained on care records.
- Medicines audits were not carried out regularly to ensure stocks of medicines matched records kept.
- Staff had received training in medicines administration, however their competency to administer medicines was not assessed.

Preventing and controlling infection

- Not all staff wore personal protective equipment (PPE) appropriately. We saw staff wearing face masks under their nose and chins and a member of the management team did not wear a face mask, without providing an appropriate reason despite being questioned about this by the inspection team. This set a poor example to staff and placed people at risk, in particular where people had been identified as extremely clinically vulnerable and shielding.
- COVID-19 staff testing processes were not fully established at the service. We were advised that staff attended the walk-in lateral flow test site. These results were reported to the management team however, records were not maintained to confirm who had been tested and what the results were. At the time of the inspection, weekly PCR tests for care workers, as recommended by the Department of Health had not been rolled out at the service. The deputy manager told us that they had registered for testing and were awaiting the delivery of test kits.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines and infection control were safely managed. This placed people at the 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.

- Staff had received training in infection control and the premises was cleaned to a high standard.

Staffing and recruitment

- The provider did not follow safe recruitment practices. In six of the eight staff recruitment files we looked at, we found recruitment checks to be lacking.
- There were no references on file for two staff employed. It was unclear from other staff files seen whether references provided were from a previous employer or a character as the references had not been verified. The employment dates confirmed on one reference differed significantly with the dates stated by the staff member on their employment history.

- Employment histories had not been documented for two staff.
- This meant the provider did not follow safe recruitment practices to ensure people were supported by staff who were safe, of good character and suitable to work with vulnerable adults.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safe recruitment. This placed people at the risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Checks with the Disclosure and Barring Service (DBS) had been carried out.
- There were enough staff available to meet people's needs and provide person centred care. People and their families spoke positively of the core staff team and how they spent time with people; getting to know them and their interests.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and their families spoke positively of living at Dollis Park. One person told us, "I love it here." Feedback from families included, "No concerns at all, very safe."
- Staff had received safeguarding training and were knowledgeable around how and when to raise concerns they had around people's safety and well-being.
- We reviewed accident and incident records which detailed one incident and actions taken. At the time of the inspection, the service had not been operating long and as such there were no incidents relating to people who used the service. We will review this again at a future inspection.

Assessing risk, safety monitoring and management

- Risk assessments associated with people's health and care needs were in place. However, we found that overall, people's risk management plans were not sufficiently detailed or person-centred and did not provide staff with specific guidance on how to keep people safe in specific situations.
- We spoke to the management team about this who advised that risk assessments were under review and would be updated.
- We spoke to staff who demonstrated a good awareness and understanding on how to keep people safe.
- People had personal emergency evacuation plans in place which described how to support the person safely in an emergency.

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

- People's needs were assessed prior to moving into the service to ensure that the service could effectively meet their care needs. Care plans were developed from the information obtained during the assessment process.
- Families told us they were very involved in the assessment process and that staff took extra care to find out about people's routines, likes and dislikes prior to moving in. One relative told us, "We were able to visit, had a BBQ, meet other potential residents."

Staff support: induction, training, skills and experience

- Staff received training in areas such as safeguarding adults, medicines management, first aid and supporting people with learning disabilities and autism. At the time of the inspection, staff were attending virtual and online training courses due to COVID-19 restrictions. A staff member told us, "They gave me training. I had the face to face and the online...medication, manual handling, learning disabilities."
- Where people had specific communication needs, we saw that staff had not completed training in these areas. The management team informed us that they would arrange for training once restrictions eased.
- Staff told us that they felt supported in their roles and could discuss any concerns or issues that they had with the management team. Records confirmed that staff had received a recent supervision.

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

- People were supported to make healthy food choices. A professional told us, "[Person] has been supported to make healthy food choices and with this, maintain a healthy weight."
- People were also supported to learn new skills around choosing and preparing meals. We saw the progress one person had made with becoming more independent in this area. They told us, "I decide on what my meal plan is."
- Care plans detailed people's dietary likes and dislikes and whether they followed a specific diet. Where a person followed a cultural or religious diet, guidance was in place for staff to support them with this, for example where to purchase specific foods.

Adapting service, design, decoration to meet people's needs

- Although the service was registered to provide personal care only, we did not inspect the service for accommodation. However, from our observations from visiting the supported living location we saw that the service had been adapted and designed to meet people's care needs.
- We saw people's rooms had been decorated and arranged in ways that balanced respecting their

preferences with ensuring safety. People were encouraged to personalise their bedrooms with artwork, photographs and bedding of their preference.

- People had access to Wi-Fi and used technology to participate in activities and maintain contact with their families.

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

- People and their relatives confirmed that staff supported people to attend regular medical appointments.
- A professional told us they found the management team to be responsive and seek guidance when needed. They told us, "Staff that I have communicated with are caring and always take any concerns raised seriously."

● Oversight of medical health appointments were kept in a diary which was reviewed by staff daily. However, the outcomes of appointments were not consistently documented in people's care records. The management team told us they would ensure care records were updated with people's appointments and outcomes.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

- Care records documented that appropriate consent for care was obtained. Where possible, the care plan was signed by the person and/or their next of kin or legal representative to indicate their consent for care.
- Relatives told us that they were involved in discussions with the service regarding their loved one's care planning.
- Staff were knowledgeable in how to ensure people were consulted about their care preferences.

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

- We received positive feedback from people and their relatives regarding the caring nature of staff at the service. Relatives particularly praised staff for embracing people's individuality. People told us, "I like the staff" and "I like [staff], they make me laugh."
- Relatives told us, "The staff are very caring. They have really taken on board [Person] as an individual. They have made a huge effort" and "Blown away by the friendliness - so welcoming!"
- We observed an informal and friendly atmosphere at the service. We observed staff and people engage in lively conversations. We saw people greet staff cheerfully when they started work. One staff member told us, "[People] are really happy. They like the house and the area. The shops. The house has everything they need."
- We observed that newly employed staff had built friendly relationships with the people living at the home and knew their care needs and preferences.
- Care plans also detailed people's cultural and religious preferences. People were supported to practice a faith should they choose to do so.

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

- Relatives told us they were very much involved in planning and making decisions about care.
- They praised the support they received from the Company Director throughout the assessment and admissions process. Relatives told us the information they provided meant that their relative was supported to maintain routines and interests that were important to them before moving into the service.
- One person was supported to care for a pet which was very important to their well-being.
- One relative told us, "I had a lot of information printed out. Night-time habits etc and general routine. Everything [Person] was doing at home is now done at Nationwide."
- We saw that people could express their views and make choices about their care. Throughout the site visit we observed staff offering choices and asking people what they wanted to do, for example meal and activity choices."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected by staff. One person told us staff knocked on their door before entering their room. People could spend time in their bedrooms if they wished.
- Promoting independence was a central aspect of the care provided. People and their families told us of how staff supported people to learn new skills, grow in confidence and become more independent. For one person, this was supporting them to learn about cooking and food preparation. For another person this was

to find educational courses that interested them with a view to enrolling in college. A person told us, "[Staff] don't want anyone to feel uncomfortable or less intelligent. [Staff] make me feel special."

- A family member told us, "We feel person is gaining a lot of independence. [Person] is making the transition for living independently. This is a huge boost."

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

- Care records did not fully evidence people's care needs and preferences. Care plans lacked detail around how staff should support people with specific areas of care, for example, around supporting people when they became anxious or upset and around specific medical and health care needs. We raised this with the management team who confirmed they would review and update people's care plans. Despite the issues we found with care plans, people and their families told us they were happy with the care they received. A relative told us, "Couldn't wish for a better place."
- Staff were proactive in referring people for assessment where they had concerns, for example, referring people for eye-tests. A relative told us staff had arranged an eye test for a person after they noticed they were struggling with vision because of spending more time on the computer. They were prescribed glasses as a result.
- The service was newly operational at the time of the inspection and people living at the service had only recently moved in. We spoke to the management team about ensuring there was a process in place which involved staff, people and their families to regularly review and update care plans as staff learned more about people and how to support their care needs.

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.

- Where people required support to communicate, we observed staff engage with them and staff told us how they supported people in this way. A relative told us they were confident that their family member was being supported with communication. People had access to communication aids to help them communicate such as pictures and staff understood what gestures used by people meant.
- The management team told us they were in the process of arranging bespoke communication training for staff once COVID-19 restrictions eased.
- As explained above, care plans lacked some detail around how people's communication needs which was being reviewed by the management team.

We recommend that the provider seeks guidance and advice from a reputable source, in relation to personalised care planning.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities.
- We observed staff spend time with people in communal areas doing puzzles and engaging people in meal preparation.
- Despite the challenges brought about by the COVID-19 pandemic, people enjoyed full and active social lives. One person had a job and another person attended virtual classes and groups in lieu of attending a day centre. They told us, "We do dance and drama on Zoom." People were also supported to go on regular outings and walks.
- People were supported to maintain regular contact with their loved ones and where possible have regular visits to their families. One relative lived outside of the UK and told us that despite this they were kept up to date and had regular contact with their loved one. They told us, "We have video calls once a week minimum. Whenever I want, I have regular contact, on phone, WhatsApp, email etc. Being this far communication is vital. I see videos of [Person] cooking, laughing their head off."

Improving care quality in response to complaints or concerns

- People and their families told us they felt they could raise concerns which would be addressed. One person told us, "If I had a complaint, there are a lot of people here I can approach." A relative told us, "Any complaints have been acted on immediately."
- The service had a complaints procedure in place, and we saw that no complaints had been documented since registration. We were advised of some concerns raised with the service since registration which were acted on to people's and families satisfaction. However, there were no records in relation to the investigation of these concerns in the provider's complaints records.
- We spoke to the management team about this who gave assurances that moving forward they would ensure all concerns were appropriately documented.

End of life care and support

- The service was providing care to younger people and as such end of life care was not being provided at the service.
- There was provision in people's care plan for discussions with them and their families around end of life care which documented people's wishes in this area.

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.

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

- The service did not have a registered manager at the time of the inspection. Since the service registered with CQC in July 2020, there had been a significant turnover of managers including two registered managers and another manager.
- This inconsistent management approach impacted on the quality of records and policies seen on inspection. Auditing systems did not identify any of the issues we identified as part of the inspection process in areas such as safe staff recruitment, medicines management, infection prevention and control, policies and procedures, complaints and incident reporting and there were gaps in the care planning process.

This meant systems for monitoring the quality of the service and ensuring people and staff were kept safe were not always robust and had not identified short falls in practice. This was a breach of regulation 17 (Good governance) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- Following the site visit, the newly recruited deputy manager applied to CQC to register as manager, which was under consideration at the time of drafting this report.
- The Company Director (Nominated Individual) and a Consultant employed by the service had a hands-on approach and were highly regarded by people and their families for their responsiveness and caring approach.
- Throughout the inspection, we found the management team responsive to the concerns identified at the service. They demonstrated a commitment to making the required improvements to ensure safe and good quality care.

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

- People and their relatives spoke positively of living at Dollis Park and of the caring and responsive staff and management team. Feedback from people included, "I love it here. Because it's my favourite house" and "[Staff] makes an extra effort here. It's not only a job."
- Relatives told us, "Overall, we are very positive about the house. [Person] is very positive. We know its new and they are still getting things in order" and "I really would recommend. Their hearts are in the right place."
- Staff strived to empower people and promote inclusion in society. The aim of the service was to support people to maintain and develop interests, which were important to them, and to ensure people led

meaningful lives and developed a sense of purpose and independence. One relative told us, "There has been a positive impact. They take a great interest in person."

- Families spoke of an open approach at the service where they were kept informed of any updates or concerns regarding their loved one. A relative told us, "I'm really happy. I had so many reservations. [Company Director] and I were in contact on a regular basis. He put my mind at ease."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People using the service, their relatives and all staff were engaged and involved in care delivery and the day to day running and management of the service.
- People and relatives told us they knew the management team and felt confident that the management team were accessible.
- Staff told us they could contact the management team and felt supported in their roles.
- Feedback from staff included, "We have good teamwork, communicate with each other. We are really protecting the residents" and "On the management side, they are really helpful."
- Feedback had not yet been formally requested from people or their families as the service had not been operational long. However, relatives told us that regular engagement with the service gave them opportunities to give feedback or raise any concerns.
- The service worked in partnership with a variety of other health and social care professionals which included learning disability specialists, GPs and opticians. A professional told us the management team asks for guidance and clarification and was responsive to any concerns.

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>12 (2)(g)(h)</p> <p>The registered person had not ensured care was provided in a safe way for service users because:</p> <p>They had not assessed the risk, and prevention, detecting and controlling the spread of, infections, including those that are health care associated.</p> <p>They had not ensured processes were in place to ensure the safe management of medicines.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>17(1)</p> <p>The registered provider did not have effective systems and processes in place to assess, monitor and improve the quality of the services provided.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>19(1)</p> <p>The registered provider had failed to operate effective recruitment procedures to ensure that persons employed meet the conditions as</p>

specified in Schedule 3.