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Islington - London

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

Islington – London (also known as Blue Poppies Care and Support Services) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults as well as people with physical and mental health conditions. The service supported 20 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection there were 5 people using the service receiving the regulated activity of personal care.

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

Not all care provided to people by staff and spot checks of staff's direct work with people had been documented.

Improvements were noted in relation to how the service managed medicines and assessed the risk to health and wellbeing of people. Further improvements were needed and we made recommendations in relation to these areas of the service delivery.

The registered manager was responsive to our feedback and took immediate action to address issues identified by us during this inspection.

Staff understood their responsibility in relation to protecting people from harm. The service had systems and processes to safeguard people from abuse, manage accidents and incidents and prevent infection. Staff were safely recruited and there were enough staff deployed to support people.

Staff received training to support people effectively. People needs had been assessed holistically and the review of these needs took place when people health and wellbeing changed. People's wishes and preferences were considered when planning their care. People received the support they needed to eat and drink and live a healthy life.

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

People said staff treated them with dignity and respect. Staff promoted independence and choice when supporting people. Complaints were handled appropriately and to the satisfaction of people who made the complaint.

Staff said they felt supported by the registered manager who they described as supportive, firm and

ensuring people received the support they needed.

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

Rating at last inspection

The last rating for this service was requires improvement (published 21 November 2018). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report. We have identified breaches in relation to the governance of the service at this inspection. We made recommendations about management of medicines and recording of risk management strategies.

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

Islington - London

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

This inspection was carried out by two inspectors, and one Expert by Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before our visit to the head office, our Expert by Experience spoke with three people who used the service

Service and service type

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

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.

Notice of inspection

This inspection was unannounced. We gave the service over 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider who is also the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included action plan submitted by the provider, feedback from people using the service and professionals, notifications of any safeguarding concerns or other incidents affecting the safety and wellbeing of people. We spoke with two care staff and one external professional. We used all of this information to plan our inspection.

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.

During the inspection

During the inspection we reviewed five people's care records, which included care plans, risk assessments and Medication Administration Records (MAR). We also looked at four staff files in relation to recruitment and staff 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 training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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

At our last inspection the provider had not ensured the safe and proper management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Improvements had been made and the provider was no longer in breach of this aspect of regulation 12. However further improvements were needed to ensure the provider followed the current National Institute for Clinical Excellence (NICE) guidelines fully.

- The service had new medicines management and administration documentation in place. These, however, did not fully reflect the current NICE guidelines. For example, medicines administration records (MARs) and information about medicines were recorded on two separate documents rather than on one. There was a risk that if documents separated it would be unclear what medicines were administered to people. We fed this back to the registered manager. Immediately, following our visit the registered manager provided us with a copy of a new template, and we saw that the correct format was in the process of being implemented.
- For one person the provider could not evidence that medicines administered to this person by staff were in fact prescribed to them. There was a risk that the person would be given medicines which were not intended for them. We discussed this with the registered manager who explained why they did not have this information. Following our visit, the registered manager provided us with evidence that that appropriate information about medicines prescribed to the person had been obtained.
- We found no evidence that people had been harmed. All people who received support with their medicines had the capacity to make decisions and they consented for staff to administer their medicines. However, the provider should undertake further improvement work to ensure all procedures related to the safe management of medicines had been correctly established and followed.

We recommend that the provider seeks further training and support from reputable source about safe management of medicines in the community setting.

- People's care plans had included information on what level of support with medicines people needed and where were their medicines stored.
- People's files had general product information about medicines administered to them by staff, including what was their purpose and possible side effects.
- Staff received training in medicines management and records showed that staff had recorded all medicines administrations.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider consider current guidance on effective risk assessment and risk management planning. At this inspection we saw that the provider was in the process of making improvements.

- Risks to people's health and wellbeing had been assessed and staff were provided with information on how to manage identified risks. We saw that the level of information around managing risk to people varied across files and at times information was spread across different types of risk assessment documents. For example, one person had a specific personal care requirement and staff were given a step by step guide on how to support this person. However, in another example of a specific personal care need, the instructions for staff were less detailed.

We recommend that the provider seeks further training and support on effective documenting of management strategies around identified risks.

- People received care from the same staff, therefore staff knew people's needs and related risks well. One person told us, "I have a [specialist equipment] which the service regularly tests."
- Staff received training in health and safety and manual handling to ensure they knew how to protect people from harm when providing care to them. One staff member told us, "I check around to make sure the house is free from any risk. If I see that anything could cause risk to a person, I note it and report to the manager. We have measures in place to avoid harm. All details are in people's files."

Systems and processes to safeguard people from the risk of abuse

- People using the service told us they felt safe with staff supporting them. One person told us, "Yes, I definitely feel very safe. It's the care staff themselves that I trust."
- The service had a safeguarding policy and it was available for staff to view. Staff understood their responsibility to protect people from harm. One staff member said, "I received training in safeguarding to make sure my clients are safe. If I was concerned that one of my clients was abused, I would contact my manager, possibly the CQC and report to other responsible organisations."
- At the time of our visit there were no ongoing safeguarding concerns related to the service. Safeguarding had been discussed as part of staff meetings and individual supervisions.

Staffing and recruitment

- There were enough staff deployed to support people. People were usually visited by the same staff who knew people's needs well. People told us staff usually attended on time and there were no missed visits. One person told us, "I mostly see the same carer. She is usually on time. If she can't make it, they always send someone else to cover. I have not had a missed call. It's all pretty good."
- At our last visit we saw that the provider carried out recruitment checks so only suitable staff were employed to provide people with care and support. There were no new staff employed since our last inspection. Records showed that the provider made appropriate criminal records and the right to work in the UK checks for staff employed.

Preventing and controlling infection

- Staff followed appropriate infection control measures and people were protected from avoidable infection. Staff told us they followed appropriate infection prevention measures. One staff member said, "Yes, I wash hands on both sides, dry with a towel, use gloves."
- People confirmed staff used appropriate personal protective equipment (PPE), such as, gloves and aprons when providing care.

Learning lessons when things go wrong

- The service had processes and procedures to report and record accident and incidents and care staff knew them. One staff member said, "If an accident or incident happened, I would record it on the respective form and get in touch with my manager who would investigate it."
- The registered manager told us there were no accidents, incidents or any near-misses since our last visit. Prior to, and during, our inspection we did not see any evidence to suggest that accidents and incidents took place that had not been recorded.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- No new people received support from the service since our last inspection in September 2018. We saw people who were already receiving support had their care needs and personal preferences assessed regularly. The assessment was holistic and included review of people's health and wellbeing and any new additional information about people. We saw that any changes to people's needs and health had been reflected in their care plans and risk assessments.

Staff support: induction, training, skills and experience

- Staff received training to meet people's care and support needs. This included essential training in areas, such as, health and safety, safeguarding, Mental Capacity Act 2005, safe management of medicines, nutrition and hydration, moving and handling, dementia, record keeping, hygiene and infection prevention and control. Staff also received specialist training in pressure ulcers prevention.
- Staff received an induction to every new care package before they supported people unsupervised.
- Staff had regular supervision. Staff confirmed that they had received regular supervision and they said it was useful. One staff member told us, "Yes, I have supervision several times a year. We talk about clients, how to improve care and what needs to be done in relation to supporting people."

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

- People were happy with support around food and nutrition. One person said, "They are very well trained and they sort out my meals for me."
- People's nutritional needs were assessed and recorded in their care plans. Staff had sufficient information on what people's food likes and dislikes were and how staff were expected to provide the support during mealtimes. In one file there was less information on how staff should support the person during eating to ensure they were safe. We discussed this with the registered manager who said the information would be updated.
- Staff received training in nutrition and hydration and they understood how to support people with their dietary needs. One staff member told us, "People tell me what they would like to eat and I give them a choice based on what in their fridge. I have a client who [has specific dietary requirement], its clearly written in his care plan and there is documentation from a dietitian that I follow."

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

- When required staff worked with external health and social care professionals to ensure people received care they needed. One person told us, "Staff accompany me to all my appointments."

- Staff understood people's health needs and took action when people health suddenly deteriorated. One person said, "If I am unwell, they call an ambulance and wait for it to arrive."
- External professionals confirmed the service worked with them to ensure people were well looked after. One professional told us, "We communicated with the service very well. The registered manager followed specific instructions about care, which often changed. They went extra mile and never promised what they couldn't do."
- The service proactively considered, what skills and training would be needed for staff to support people safely and effectively. For example, we were told about tissue viability training provided to all staff who were planned to support a person with a skin condition before the person started receiving support from the service.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

- At the time of our visit, all people using the service had the mental capacity to make decisions. The registered manager explained if they had concerns about a person's ability to make decisions, they would approach appropriate health and social care professionals for further assessment and support.
- Staff received training in the principles of the MCA and they understood how to support people who lacked capacity. One staff member said, "Decisions made on behalf of people with no capacity should be done in their best interest. They can decide what to eat and wear and we should offer them safe choices."
- People told us staff always sought their consent before providing care. One person said, "Of course, they ask for my consent."
- Most people signed their care plan and risk assessments confirming they agreed to care provided by the service. In one instance, these documents were not signed, and the registered manager was able to explain the reason for that. The registered manager agreed that in the future if a person is not able to sign documentation, this would be clearly stated in their care file.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 were happy with the service they received. They said they had good relationships with staff. Their comments included, "Care staff are very supportive. Very willing. They could not do more than they do. I would rate them 10 out of 10" and "They are very friendly."
- Compliments received by the service since our last visit included, "Thanks for all your help," and "All you have done is much appreciated and always will be."
- People received care from the same staff which helped development of trusting and positive relationships. One person said, "I always see the same team, and they are great."
- Staff had good overview of who people were and how to support them. People's diverse needs, preferences and life histories were recorded within their care plans and assessments.
- The registered manager had in-depth knowledge of all people who used the service and personally ensured they were receiving care they needed. One external professional confirmed that by saying, "We worked with the service on a complex case. The registered manager came along and worked alongside the staff to help to introduce staff to the person."

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

- Staff knew people well and spoke caringly about people they visited. Their aim was to support people and help them sustain their independence as long as possible. One staff member told us, "If I know people can do something themselves I encourage them to do it. For example, if they can brush their teeth and other elements of personal care. I encourage them so they do not become dependent on carers."
- Staff offered people choices, so they could make decisions about the care they received. One staff member told us, "I always ask people in the morning if they want to receive personal care. I ask them what food they want and what they want to wear."
- Staff used their knowledge about people to assess what people's wishes were. One staff member said, "I know that people want to communicate something from their facial expressions. I always try to communicate even if they do not respond."

Respecting and promoting people's privacy, dignity and independence

- People thought care staff treated them with dignity and respect, and their privacy was respected. One person told us, "They definitely respect my dignity. And they try to maintain my privacy. We have lovely chats about what is going on."
- People's care plans had sufficient information on their needs around personal care. Staff were provided with guidance on how people wanted this care to be provided.

- Staff knew how to protect people's privacy and dignity. One staff member told us, "I close the curtains and the door and cover people with towels so they are not exposed. I must respect their choice if they refuse personal care. However, I would report it to the manager."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The service provided personalised support which responded to people's individual needs and how they wanted them to be met. People spoke positively about the support they received. They said their needs and preferences were discussed with them. People said, "Yes, my care plan is reviewed regularly. I am fully involved" and "Staff understand what I need. Everything is written down in the book so continuity of care is assured. It is all very good."
- Staff were provided with clear information about people's care needs and preferences. People's care plans covered area related to personal care, medical needs, eating and drinking, dental care and medicines support. Additional information in care plans included people's likes and dislikes, personal histories and information about equipment they used. Care plans were reviewed within the last six months and we saw changes to people's needs and health had been reflected.
- Staff and the registered manager knew people and their needs well. We noted staff were respectful towards people's ways of living and provided support without judgement and unnecessary intrusion. They told us, "I observe what people need and offer support even if it is not in their care plan. I respect people and I do not speak to them about things they do not want to talk about" and "I support a person from [country], they have specific customs related to visitors and their support and I respect all that."

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.

- The service followed the principles of the AIS standards as they ensured they communicated with people in the way people could understand and respond. The registered manager showed us a large print/picture assisted version of their quality assurance feedback form used to gather people's opinion about the service. We also saw a simple version of the complaints' procedure in place. The registered manager advised, the service would provide documents in other formats if required. The service had access to translation services in case a person using the service could not communicate in English.
- Information about people's communication needs and preferences was included in their care plans. The registered manager and staff knew these preferences and communicated with people respectfully.

Improving care quality in response to complaints or concerns

- Since our last inspection in September 2018 the service received three complaints. We saw these had been dealt with promptly and according to the service's procedure.

- People we spoke with had no concerns about the service and said they had never made a complaint. They told us they were confident that any problem would be resolved fairly, and quickly. One person said, "They [the service] respect my views. If I had a concern, I am sure that they would solve it. If I need something different done for me, they always oblige. They are very responsive."

End of life care and support

- At the time of our inspection, the service had not provided end of life care to any of the people who used the service.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

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

At our last inspection the provider did not ensure appropriate governance of the service in respect of effective monitoring and evaluation of the service through their audits and maintaining contemporaneous records. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The registered manager had not produced evidence of quality checks they carried out on care that was provided to people. Feedback received from people using the service, staff and external professionals indicated that the registered manager visited people and their families and spoke to staff about their practice. However, because it was not documented the registered manager could not evidence that they effectively monitored the service against the required standards. They could not show that they acted on improvements when issues were identified and that respective learning took place.
- In one case care staff had not been recording any records of the care and support provided to one person using the service. The registered manager provided us with sufficient explanation for why the records were not completed at the person's home. However, the registered manager did not establish an alternative way of capturing what support was this person receiving daily. The lack of care records for further reference meant there was a potential risk that significant changes to the person's health and wellbeing would not be documented. Furthermore, any potential allegations around the care provided to this person could not be cross-referenced with records about their care. We discussed this with the registered manager who was responsive to our feedback and assured us action would be taken to address it.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was effectively monitored. This was a continuous breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management structure was simple as it involved only the registered manager who was also the owner. All the responsibility for making day-to-day business and care decisions, running of the service and quality checks was with them. Consequently, there was a risk that important aspects of the service delivery, would be overlooked. We discussed this with the registered manager who informed us they were in the process of recruiting an additional office staff member for support.
- We observed that action on improvements had been taken since our last inspection in relation to

medicines. We identified further need for improvements in management of medicines and the registered manager took an immediate action to address issues we found.

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

- The service provided person centred care that took into consideration people's needs, preferences and wishes. The overall feeling was that the respect for people using the service was always at the forefront of everything that the registered manager and the care staff did. One person using the service told us, "They always treat me with respect. They are very friendly, I always see the same team, and they are great." One external professional stated, "The registered manager is able to change the support provided and adjust according to what people need. She is very creative."
- The registered manager understood their responsibility under the duty of candour. They said, "You have to own up to your mistakes and learn and not repeat them. If something goes wrong, clients and when appropriate their families will get a written apology from me."
- Staff understood their roles and responsibilities around providing care. Through our discussions with staff it was clear they understood their supportive and protective role when working with vulnerable people. One staff member told us, "You need risk assess continuously to have measures in place to avoid any harm to people."
- Staff felt supported by the registered manager. They said they could contact the office for queries and support at any time. One staff member said, "The registered manager is fantastic. Always prompting, always checking on us, she comes to people's homes, does unannounced spot checks and comes to speak to the family about the care."

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

- The registered manager was in frequent contact with people using the service so people could give feedback at any time. One person told us, "The manager is alright, fairly approachable." The agency carried out quarterly quality assurance visits and a yearly service user survey. There was a limited evidence of recent surveys, however earlier surveys all showed that people were satisfied with the care provided.
- Staff we spoke with felt involved in the service delivery and they said the manager listened to them. One staff told us, "Yes, when we have meetings the registered manager asks for my opinion and it does matter. For example, if I suggest something could improve, she takes a proper look at the advice and she takes it or not." Issues discussed during meetings included nutrition and hydration, religious needs, professional boundaries, mental capacity, staff wellbeing, moving and handling and safeguarding. We noted the last team meeting took place in August 2019.
- External professionals thought the manager was responsive to any suggestions and directions on how to provide care to people. One professional told us, "The registered manager adapted the service provision continuously. It was challenging as the goal post for the care that was needed moved regularly. However, the service was very accommodating."

Working in partnership with others

- The service worked in partnership with other health and care professionals to ensure best care for people. This had been confirmed by external professionals. One professional told us, "I do not have any concerns and I would go to this agency above others."

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not operate effective systems to:</p> <p>Maintain complete record in respect of each service user persons employed in the carrying on of the regulated activity</p> <p>Regulation 17(2) (c) (d)</p> <p>Evaluate and improve their practice to ensure that their audit and governance systems remain effective.</p> <p>Regulation 17(2) (f)</p>