

Care-Away Limited

Barking and Dagenham Branch

Inspection report

Harp House
16 Helmore Road
Barking
IG11 9PH

Tel: 02085947140

Date of inspection visit:
27 April 2022

Date of publication:
16 May 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Barking and Dagenham Branch is an extra care service that provides personal care to 63 people across four sites. People using the service lived in flats across Barking and Dagenham.

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

People's medicines were managed safely. Risks associated with people's care and support had been assessed and there was guidance in place to keep them safe. There were enough staff to meet people's needs. Effective recruitment practices were followed to help ensure all staff were fit, able and qualified to do their jobs. There were systems in place for the monitoring and prevention of infection.

There was an open and inclusive culture; Staff, people, relatives and other external professionals were encouraged to provide feedback to help improve the service. The provider had an effective quality assurance system in place to monitor the quality of the service and the support it provided to people. There were clear lines of responsibility and accountability within the management structure.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 6 November 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an announced comprehensive inspection of this service on 25 September 2019 and 10 October 2019. Breaches of legal requirements were found on safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Barking and Dagenham Branch on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Barking and Dagenham Branch

Detailed findings

Background to this inspection

The inspection

This was a focused inspection to check whether the provider had met the requirements of the breaches in relation to Regulation 12(safe care and treatment) and Regulation 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

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

What we did before inspection

Before the inspection, we reviewed the information we held about the registered provider, including

previous notifications and information about any complaints and safeguarding concerns received. A notification is information about important events which the registered provider is required to send to us by law. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 21 March 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager. We reviewed three people's medicine administration records for over a period of three months, three staff personnel files, staff rota, audits and other records relating to the management of the service such as staff supervision, staff training and staff spot checks. After the inspection, we continued to seek clarification from the provider to validate evidence found. We spoke with two people who used the service and three relatives to obtain their views of the service. We also contacted four members of staff to ask them questions about their roles and to confirm information we had received about them during our inspection.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection on 25 September 2019 and 10 October 2019 we found the procedures for administration of medicines were not being followed and left people at risk of not having their medicines as prescribed. We noted instances where prescribed medicines had been administered but not signed for, or not administered but signed for. This was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 12. There was evidence of improvement after our last inspection. The registered manager had taken action against the breach we found.

- Since our inspection, the provider had introduced a robust system to ensure people received their medicines on time and as prescribed. They completed a daily check to ensure people receive their medicines safely. This helped to identify any concerns and address any shortfalls.
- We looked at the medicine administration records (MARs) for the months of January 2022, February 2022 and March 2022 for three people and noted medicines had been administered as prescribed.
- People told us they received their medicines when they should and felt staff handled their medicines safely. One person said, "They [staff] come and give my medicines, I am happy with the way they do this."
- Staff who helped people take their medicines had been trained to do so. One member of staff told us, "I always make sure that the resident [people who use the service] receives the correct medicine. If I see any gaps, I will report this to the office."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe whilst staff were in their home and would feel comfortable in saying if they did not feel safe. One person said, "I do feel safe when the carers are around. I have no concerns."
- The provider had policies and procedures in place to protect people from the risks of harm or abuse. Records showed and staff confirmed they had undertaken training to support their knowledge and understanding of how to keep people safe.
- Staff knew of their responsibilities to protect people from harm. They were aware of the procedure to follow if they identified any concerns or if any information of concern was disclosed to them. One member of staff told us, "I will report any abuse to my manager."
- People using the service, staff and relatives had access to information about how to raise concerns and what procedures to follow.
- The provider also had a whistleblowing procedure in place. Staff knew how to whistle-blow and how to raise concerns about any unsafe practice.

Assessing risk, safety monitoring and management

- Risks to people were assessed and management plans were in place to inform staff how to reduce and manage risks to maintain people's safety. For example, we saw risk assessments were in place for people who were at risk of falls.
- Staff knew the risks to people and how to manage them to ensure people remained safe. The management team regularly reviewed the risks to people to ensure it remained up to date and accurate.
- Staff were encouraged to report any risks they had identified to the management team so that appropriate action could be taken to ensure people remained safe.

Staffing and recruitment

- There were enough staff to meet people's needs and to provide personalised care and support.
- Staff rotas showed people were supported by the same staff members unless the staff were on leave or not well. The provider did not use agency staff. This helped with consistency and continuity of care as staff were aware of the needs of people they were caring for.
- People were very complimentary of the staff. One person told us, "The carers are very good, they always come on time. If they are running late, they will inform me."
- The provider had an effective recruitment procedure to ensure staff had the appropriate skills and experience for the role.
- Checks were made on new staff before they started working for the service. Checks included staff's previous employment history, proof of identity, written references and criminal records checks. This helped to ensure only suitable staff were recruited.

Preventing and controlling infection

- The provider had policies and procedures regarding the prevention and control of infection and they kept the staff up to date with relevant national guidance.
- Staff were trained in infection control practices and were provided with personal protective equipment (PPE) such as gloves, masks, and aprons to protect the spread of infection. They were aware of their roles and responsibilities for the management of infection.
- People told us that staff wore their PPEs when providing care and support to them. One person said, "They [staff] have their masks on when they come."

Learning lessons when things go wrong

- There was a system in place to record accidents and incidents within the service.
- The registered manager investigated any accident or incident and took action to reduce the risk of further occurrence and keep people safe.
- There was evidence that learning from incidents took place and appropriate changes were implemented.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection on 25 September 2019 and 10 October 2019 we found audits carried out with regards to medicine management were not robust. We noted a number of missing signatures and other recording issues, which had not been identified during the provider's audit process. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvement had been made and the provider was no longer in breach of regulation 17. There was evidence of improvement after our last inspection. The registered manager had taken action against the breach we found.

- The registered manager had introduced system to check people received their medicines as prescribed. There were daily audits carried to check if people had received their medicines as well as the medicine administration records (MARs) were checked for missing signatures.
- If there were any missing signatures, these were discussed with the staff who had administered the medicines on the day.
- The provider sought the views of people using the service and their relatives through different ways, which included completing satisfaction surveys and visiting them personally. We saw the information received was analysed so that the registered manager could use it to improve the quality of the service provided.
- The management team also carried out regular unannounced checks on staff to ensure they were providing care and support to people in a safe way. People confirmed they had regular visits from the management team.

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

- People commented positively about the service, staff and the management team. One person told us, "The carers [staff] are excellent." One relative said, "I am happy with the way the staff look after [person], they do a very good job and treat [person] like a member of their own family."
- There was an open and transparent culture within the service. The registered manager had an open-door policy where people, relatives and staff could raise any issues or concerns they had.
- People told us the management team was approachable and ensured their needs were met.
- Staff mentioned that the registered manager was very supportive. One member of staff told us, "The manager is very good and very supportive."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- The registered manager understood what their role and responsibilities were. They had notified the Care Quality Commission of any notifiable incidents in line with the current regulations. They kept us up to date with any changes that happened at the service.

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

- Staff were clear about their roles and responsibilities and who they were accountable to. One member of staff told us, "I can talk to the manager if I have anything to discuss."
- The provider had policies and procedures which covered a wide range of topics including health and safety, medicines management, safeguarding and whistleblowing. This helped to ensure staff had access to up to date information and procedures to guide them in their roles.

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

- People were not treated differently or less favourably, on the basis of their specific protected characteristic, including areas of race, gender, disability, religion or belief, sexual orientation and age. People told us the staff had a caring attitude towards them and treated with kindness.
- There were regular staff meetings held during which staff were able to communicate with each other and keep informed about all aspects of their work as well as contributed in the running of the service. Staff were encouraged to discuss any issues they might have during those meetings.
- People also had meetings with the management of the service to discuss any issues they might have. They discussed things that were important to them such as food and activities.

Working in partnership with others.

- The registered manager worked closely with the local authorities and other professionals to ensure they improved the care and support they offered to people. They kept themselves up to date with best practice as far as health and social care was concerned. This helped to ensure people received good quality care and support.