

Genesis Housing Association Limited

# Waltham Forest Overnight Care Service

## Inspection report

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## 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 28 September 2017. This was an announced inspection. This service had not been inspected since its registration on 25 September 2016.

Waltham Forest Overnight Care Service is a domiciliary care service run by Genesis Housing Association Limited. The service provided night time personal care support to older people living in their own homes and sheltered accommodation, and at the time of inspection seven people were receiving support.

The service did not have a registered manager and was in the process of recruiting a new manager. The service was managed by the service manager who had been in the post since October 2016. Following the inspection, the provider informed us that the service manager was undergoing the registered manager registration process with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were happy with the service and felt safe with staff. Staff understood how to safeguard people against harm and abuse. People's risk assessments gave staff information on risks involved in supporting people and how to provide safe care. There were sufficient numbers of staff and the service maintained a pool of bank staff in case of staff emergencies and absences. People were happy with staff's punctuality and told us staff were reliable. Staff recruitment checks were in place and confirmed staff were suitable before they started working with vulnerable people. People using the service were not supported with medicines management as either they were able to self-medicate or their medicines needs were met by their relatives.

Staff were aware of people's needs and abilities and people told us their needs were met. Staff received regular relevant training and supervision to do their jobs effectively. People did not require nutrition and hydration support. The management provided information and guidance on health and care services to people and their relatives as and when required.

People told us staff were caring and kind and treated them with dignity and respect. Staff were trained in equality, diversity and dignity in care. Care plans were comprehensive and recorded people's individual likes, dislikes, needs and abilities. They provided information to staff on how to provide personalised care.

The service had systems and processes to assess, monitor and improve the quality and safety of the care delivery however, these systems did not always identify gaps in the record keeping. The provider sought feedback from people and the analysis of the feedback showed people were satisfied with the service. The management visited people's homes to observe staff whilst providing care to people to ensure they were supported as per their care plans.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. This breach was in relation to good governance.

You can see what action we told the provider to take at the back of the full version of the report.

## 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 received safe care and told us they felt safe with staff. The provider maintained risk assessments associated to people's care. People told us staff were reliable however; daily care logs demonstrated some late visits.

Staff were aware of safeguarding procedures. The service followed safe recruitment practices and ensured staff were vetted before they started supporting people. People did not need to be supported with medicines management. The service met infection control requirements.

### Is the service effective?

Good ●

The service was effective. People were supported with their needs by staff who received regular training and supervision. Staff always sought people's permission before delivering care. Staff supported people at night and ensured they were provided with hot drinks at night when requested.

The management provided people and their relatives with information on health and care services as and when required.

### Is the service caring?

Good ●

The service was caring. People told us staff were caring and helpful, and they were supported by staff who treated them with dignity and respect. The service allocated the same group of staff to support people to ensure continuity of care. Staff were trained in equality and diversity and dignity in care. People and their relatives were involved in care reviews.

People's care plans made reference to people's cultural and religious beliefs.

### Is the service responsive?

Good ●

The service was responsive. People told us they were involved in developing their care plans and they were always followed. We found care plans were detailed and comprehensive. People's changing needs were identified; relatives were informed of any changes and care plans were reviewed in a timely manner.

Peoples and relatives' complaints were acted on promptly.

**Is the service well-led?**

The service was not consistently well-led. Management systems were in place however we found daily care logs had some gaps. Not all people's care plans had signed copies of consent forms and although the service audited daily care logs, they did not keep records of those.

The service carried out regular spot checks. People and their relatives were happy with the service and found the management approachable. Staff told us they felt supported and enjoyed working with the management. The service sought formal feedback from people and their relatives.

**Requires Improvement** 

# Waltham Forest Overnight Care Service

## **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 28 September 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 us.

The inspection was carried out by one 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 about their views of the quality of care delivered by the service.

At the time of our inspection the service had four care staff who provided personal care to seven people. During our visit to the office we spoke with the manager, the regional manager and the care coordinator, and visited one person in their sheltered accommodation with their prior permission. We looked at four care plans and four staff personnel files including recruitment, training and supervision records, and staff rotas. We also reviewed the service's accidents and incidents, safeguarding and complaints records, and care delivery records for people using the service.

Following our inspection visit, we spoke with one person, two relatives and two care staff. We reviewed the documents that were provided by the registered manager (on our request) after the inspection. These

included one care plan, annual feedback survey analysis, policies and procedures and staff reference checks.

# Is the service safe?

## Our findings

People using the service and their relatives told us staff were reliable and the service was safe. One person commented, "They [staff] are trustworthy and I feel safe." Another person said, "I trust staff, they are reliable." Relatives' comments included, "Yes, she is safe with them at night" and "She is safely supported by them [staff]."

People were protected against avoidable harm. They were supported by staff with their personal care needs during the night. Staff demonstrated a good understanding of risks involved in supporting people, and how to provide safe care. The service had identified and assessed most risks associated with people's health and care, and mitigated those risks by putting control measures in place. Risk assessments were reviewed regularly and included assessments for moving and handling, the environment, personal care and pressure sores. People's risk assessments provided instructions to staff on how to safely manage those risks. For example, one person with reduced mobility who required assistance with getting in and out of bed was identified at high risk of developing pressure sores. Their pressure sores risk assessment provided detailed information and instructions to staff to monitor skin integrity, to turn the person at each visit, to attend the care visits on time and report any broken skin to the service manager.

However, we found two people had recently started using bed rails but their risk assessments did not mention them or the risks involved in supporting the people. We asked the manager and the regional manager regarding bed rails risk assessment. They agreed that there was lack of information on safe use of bed rails in people's care plans and risk assessments. Following the inspection, the provider confirmed staff had received training in the safe use of bed rails and also there was 'safe use of bed rails' poster in people's care files in their homes providing staff with guidance on how to safely support people using bed rails. This assured us that staff were provided with sufficient information and training on how to safely use bed rails.

We reviewed people's daily care logs that demonstrated one person had experienced some early visits. This person's daily care log showed that staff had visited them nearly two hours before the scheduled time on four occasions over a 31 day period. Following the inspection the provider updated us that it was the staff member's poor handwriting that led to the misreading of the timesheet.

The service maintained appropriate systems to safeguard people from abuse. Staff received training in safeguarding and records confirmed this. They were aware of the types and signs of abuse and their responsibilities to report it. Staff told us if they had any concerns about poor care or abuse they would contact the manager or the care coordinator. The service had raised one safeguarding alert since their registration and the records seen confirmed the allegations were unsubstantiated. During the inspection, one person told us that although two staff visited them as per their care package only one staff member supported them with personal care needs and the other staff member completed daily care logs. We fed this back to the management who told us they would investigate it and inform of us of the outcome. Following the inspection, the management informed us they had raised a safeguarding alert and were investigating the concerns.



The service did not support people with medicines management and this was specified in people's care plans. However, staff were trained in medicines management and were aware of the provider's medicines policy.

People and their relatives told us staff mostly arrived on time and were reliable. No one had experienced missed calls. Staff worked in pairs on set days of the week, and people and their relatives confirmed two staff arrived to provide care. One person said, "They come every night at 1.15am." One relative told us, "Always arrive on time and always in pairs." We looked at the staff rota that confirmed staff worked in pairs on set days of the week. The service had their own pool of bank staff they used to cover staff emergencies or absences.

The service followed safe recruitment procedures where staff were assessed and checked to ensure they possessed the right skills to do the job and were safe to work with vulnerable people. We viewed four staff personnel files and they contained application forms, copies of identity documents, reference checks and criminal record checks.

People and their relatives told us staff used gloves and personal protective equipment to safely assist people with their personal care. Staff confirmed they were provided with sufficient equipment to effectively manage infection control.

## Is the service effective?

### Our findings

People and their relatives told us staff were aware of their needs and provided effective care. One person said, "They [staff] come every night, make me comfortable, change my [incontinence] pad and put covers back on me and go." A relative commented, "Yes, they [staff] are very good and support her well."

Staff told us they received regular training and supervision to carry out their responsibilities effectively. One staff member said, "We do receive sufficient training, recently I attended dignity in care training. I receive regular one-to-one support." Another staff member commented, "Yes, we have enough training. In addition to mandatory training, I find training courses I would like to attend and discuss them with my manager and then they book me onto those training courses." Staff supervision and appraisal records confirmed they received quarterly supervision and yearly appraisal.

Staff had been working with the provider for a number of years and the service had not recruited any new staff in the last year. Staff received training in areas such as safeguarding, moving and handling, maintaining professional boundaries, nutrition and hydration, dementia and health and safety. We looked at the staff training matrix and records that confirmed staff received regular and refresher training. There was a four week corporate induction programme in place for any new staff which included reviewing policies and procedures, mandatory training such as safeguarding and moving and handling, reading risk assessments and care plans and shadowing existing staff.

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.

All people receiving care had capacity to make decisions. People and their relatives told us staff always asked permission before supporting them. One person said, "Always ask my permission before supporting me." Staff told us they always sought people's consent before providing care and demonstrated a good understanding of MCA principles such as "always assume people have capacity unless proven otherwise" and "supporting people to make their own decisions." Staff received training on the MCA, records seen confirmed this.

As staff supported people during the night they did not require extensive support with their nutrition and hydration needs. However, staff ensured people had easy access to drinks and always offered to make them hot drinks if they wished to. People confirmed this.

We found that where necessary, the management liaised with the family to provide them with information on health and care services. However, people were supported by their families in accessing health and care

services and this was included in their care plans.

## Is the service caring?

### Our findings

People and their relatives told us staff were caring, kind and helpful. One person commented, "Oh yes they are caring, they are not nasty...they are gentle and helpful." A relative said, "Staff are very good, they are caring, friendly and kind." People received their service from the same group of staff which ensured continuity of care. A relative commented, "She receives regular carers, she gets used to them and trusts them." The management told us it was important for them that people received support from the same group of staff to promote positive relationships and consistent care. Records confirmed that people received visits from the same staff member across the week and from week to week. Staff spoke about people in a caring manner and were able to describe their individual needs, wishes and preferences.

People told us staff treated them with dignity and were respectful towards them. They said staff listened to them and helped them at their pace. One person said, "Oh yes, staff are respectful and treat me with dignity." Another person told us, "Yes, they treat me with respect and listen to me." Staff received training in equality, diversity and dignity in care, and demonstrated good understanding of treating people equally and with dignity. Staff training records confirmed this training. One staff member said, "My partner [staff member] and I work together to meet people's needs. We empathise with people, talk to them and explain how we will be supporting them and do not rush them."

At the time of referral the service manager spoke to people and their relatives to get information on people's background, wishes and preferences. They reviewed people's care annually and involved people and their relatives in the process. People and their relatives told us they were involved in planning and making decisions about their care. One person said they had recently had their care reviewed and were happy with the service. Another relative commented, "Tomorrow I am attending my mum's care review."

We saw people's care plans made reference to their history, background, religion, culture, wishes and social aspects. Staff were provided with information on people's cultural beliefs to enable them to provide personalised care.

We saw care plans made reference to people's thoughts and wishes regarding end of life care and 'do not attempt cardiopulmonary resuscitation'. This meant staff had up to date information on people's end of life care wishes that they could provide to the paramedics if there were to be any medical emergencies at night.

## Is the service responsive?

### Our findings

People and their relatives told us staff provided a responsive service. One person told us their bed was quite low and made it uncomfortable getting in and out of bed. The staff supporting the person noticed the discomfort, spoke to the person and reported it to the manager who then liaised with the relative to get a new profiling bed. The person told us they found the new bed accessible and "it is comfortable." One relative commented that on arrival one night staff had found her mother in the living room in an arm chair. The staff contacted the relative at once and reported it to the manager. This enabled the relative to liaise with the care agency that supported her mother during the day time. The relative said, "As we are not there with her [person using the service], it is important for us to know how she is. They [staff] do inform me if there is any problem or changes and keep in the loop."

The information gathered regarding people's needs, abilities, wishes and preferences during the initial assessment stage was transferred to their care plans. We found people's care plans were comprehensive, easy to follow and person-centred. They included information such as the person's health and medical history, allergies, night support, nutrition and hydration, communication needs, and the social aspects of their life. For example, to help staff understand one person's needs and how to support them, their care plan stated "does not like raised voices when talking to her as she gets frightened...when the light in the bedroom is left on the light disturbs [name of the person] making it difficult for her to sleep."

The care plans were reviewed yearly and as and when people's needs changed and we saw records to confirm this. Care plans were kept in the office and a copy of the care plans were kept at people's homes. Staff told us the care plans were detailed and found them useful and followed them whilst delivering care. One staff member said, "If we find any changes in people's care needs and abilities we inform [the care coordinator] and she comes out and reviews people's needs and assesses risks involved and update the care plans." People and their relatives told us they were involved in devising their care plans. One relative said, "Yes, I was part of her [person using the service] care plan process."

People told us they knew who to contact if they were not happy about the service or staff. People's care plan folder at their homes had information on how to make a complaint. People told us they felt comfortable to contact the office if they wished to make a complaint. One person said, "I had complained about staff leaving lights on in the doorway and it was addressed quickly. Since then staff always turn the lights off and I have never had to complain." The management contacted people and their relatives regularly and encouraged them to raise concerns and complaints. The service kept clear records of complaints that were made and actions taken.

## Is the service well-led?

### Our findings

The service did not have a registered manager in post. The provider had appropriately notified us that the previous registered manager was leaving, but had not notified us of a change in contact details for this service. This meant we did not have the most up to date contact details. We fed this back to the regional manager during the inspection and following the inspection the provider submitted a change in contact details notification. Following the inspection the provider informed us that the current service manager would be put forward to become the registered manager and they had started the process of registering them.

People told us they were happy with the service and felt it was well managed. One person said, "Things are fine and I am happy with the service." A relative commented, "She [person using the service] is happy with the support and I am happy with the service." Staff told us they liked working for the management and that the manager was approachable. One staff member told us, "The service is very well managed and I enjoy my job. The manager is available if I needed support. We get sent regular texts asking how we are doing and emails related to our work such as changes in care needs or things to remember." Another staff member said, "The manager is very supportive...she spares time to listen to me and feel comfortable talking to her."

The service maintained records of people's care delivery including care plans, risk assessments, care reviews and daily care logs. People's care plans were regularly reviewed and records confirmed this. People's daily care logs were not brought in the office regularly and there was no evidence of them being audited by the management to ensure the care was provided as per the care plan including care visit times. We looked at three people's daily care logs over a two month period and found some gaps and inconsistencies. For example, one person's daily care logs had two gaps and staff had not recorded if they were turning the person as per their care plan. We fed this back to the management who told us they would remind staff to record repositioning the person in their daily care logs and that they had introduced a new daily care log audit sheet that they would complete on a monthly basis. We found not all people's care plans had signed consent forms. The management told us they had been sent out to people for them to sign them and would be completed by 6 October 2017. These inconsistencies in records and the provider's failure to notify us in a timely manner in change of the service manager, did not assure us that the service was currently well-led.

These issues are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management held staff meetings every two or three months where they encouraged staff to raise any concerns or make suggestions. We reviewed the last three months' staff meeting minutes and saw topics discussed included staff training, people's concerns and care updates, policies such as whistleblowing and end of life care; safeguarding matters and MCA.

The provider 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 plans, 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 provider conducted an annual survey in April 2017 to seek feedback from people and their relatives regarding the quality of care. The analysis showed the majority of respondents were satisfied and no issues were raised. The provider was planning to conduct another survey at the end of October 2017.

The service received monthly visits from the provider's quality assurance "Practice Excellence" team that audited the service against CQC's five domains and identified areas of improvement. They drafted an action plan which they sent to the service manager and the regional manager. We looked at the service's latest audit outcome and action plan which indicated areas identified for improvements, deadlines to achieve them and the actions achieved.

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 persons failed to effectively operate systems to:</p> <ul style="list-style-type: none"><li>* assess, monitor and improve the quality and safety of the services provided;</li><li>* assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others;</li><li>* accurately and completely maintain records in respect of each service user, and evaluate and improve their practice in respect of the processing of the information.</li></ul> <p>Regulation 17(1)(2)(a)(b)(c)</p>