

Care-Away Limited

# Newham Branch

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

Newham Branch is an extra care service that provides care to people living across two sites. Newham Branch is registered to provide personal care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single households in a shared site or building. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection only looked at people's personal care service. 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 69 people receiving personal care.

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

People and their relatives told us they felt safe with the staff. Risk assessments were in place to protect people from known risks and staff were always aware of risk when in people's homes. People's equipment was checked regularly to provide safe care. People were protected from the risk of infection.

The service was sending statutory notifications promptly to the CQC. The service had quality assurance processes in place. The registered manager understood their responsibilities in relation to duty of candour.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good. (Report published on 28 June 2019).

### Why we inspected

We carried out this inspection following a routine review of information we held about this service. Our intelligence indicated that there may be a higher level of risk at this service. We checked whether the provider had met the requirements of a recommendation we made about the management of equipment and recording safety checks. We also found at our last inspection the provider was not always sending notifications promptly to the CQC. We checked whether the provider had improved submitting notifications.

CQC have introduced targeted inspections to follow up on a Warning Notice or other specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

### Follow up

We will continue to monitor information we receive about the service until we 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?**

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# Newham Branch

## Detailed findings

### Background to this inspection

#### The inspection

This was a targeted inspection to check whether the provider had met the requirements of a recommendation we made about the management of equipment and recording safety checks. We also found at our last inspection the provider was not always sending notifications promptly to the CQC. We checked whether the provider had improved submitting notifications.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of one inspector and an 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.

#### Service and service type

This service provides care 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 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.

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

We gave the service 24 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority. 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

We spoke with the registered manager.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed three people's care records, accidents and incidents records, complaint records, various policies and procedures and quality assurance documents. We spoke with four people who used the service and four relatives. We also received feedback from the deputy manager, one senior care worker and five care workers.

# 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 good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check they had met the requirements of a recommendation we made about the management of equipment and recording safety checks. We will assess all of the key question at the next comprehensive inspection of the service.

### Assessing risk, safety monitoring and management

- At the last inspection we found equipment checks were not being recorded in people's risk assessments. Records showed these were now being completed. One staff member told us, "There is a yearly check for equipment and if we notice any damages, we report to the equipment team. Senior staff observe the equipment every three months during the support plan review." Another staff member said, "[Equipment is] checked and labelled. The hoist gets a certificate that it has been checked. I always check it is updated. If not, I would report it to the manager. I report anything." This meant the service was ensuring that equipment was safe for people to use.
- People and their relatives told us they felt the service was safe. One person said, "Yes, feel safe with [staff] as they and managers communicate well with [me]." A relative told us, "[Staff] are brilliant and always ensure [relative is] safe."
- Risks to people's health and wellbeing were assessed, managed and regularly reviewed. They were for areas such as fire risks, infection control, equipment, environment, medicines, moving and handling, falls, and finances.

### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely. One relative told us, "Staff have been really good making sure they have the correct PPE when coming to provide care to [relative]."
- Staff completed training in infection prevention and control. Records confirmed this. One staff member said, "My provider has provided training for infection control as well as PPE procedures, which I believe to be very helpful and effective." Another staff member told us, "The company is providing us with regular training for infection control and PPE procedures, and checks if we are following correct procedures."
- Staff had access to personal protective equipment such as gloves and aprons. One staff member told us, "I can always get apron, gloves and hand gel. I don't have a problem." Another staff member said, "There is enough PPE for staff such as gloves, aprons, [eye protection glasses] or visors, [and] hand sanitizers."
- We were assured that the provider's infection prevention and control policy was up to date.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check the provider was sending notifications promptly to CQC. We will assess all of the key question at the next comprehensive inspection of the service.

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

- At our last inspection we found the provider was not always sending notifications promptly to CQC. Records showed notifications were now being completed and sent without delay.
- The registered manager was aware of the statutory notifications they needed to submit to us by law.
- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in its performance. Spots checks on staff were completed and helped to monitor their performance. One staff member said, "They do spot checks every three months or something like that. They spot check personal care, medication, the right PPE, if you wash your hands." Another staff member told us, "During the spot checks senior staff check if the carers read the support plan, wear correct PPE, use equipment correctly, respect [people], communicate well with [people], add enough detail to log sheets and your arrival and departure [time]."
- The registered manager understood their responsibilities in relation to duty of candour. The registered manager told us, "Making sure we are open and transparent at all times. Understanding we have a duty of care to individuals. Put your hand up if something goes wrong. It is a legal requirement to be open and transparent." Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.