London Borough of Enfield

Reardon Court Domiciliary Care AgencyReardon Court Domiciliary Care Agency

Inspection Report

Reardon Court,
26 Cosgrove Close,
London,
N21 3BH
Tel:020 8447 9980
Website:www.enfield.gov.uk

Date of inspection visit: 6 May 2014
Date of publication: 12/01/2015

Contents

Summary of findings

Overall summary

Reardon Court Domiciliary Care Agency is a service for 26 people receiving personal care in extra care sheltered housing. It is part of a wider care complex including a care home and a day centre. The service had a registered manager who was also the registered manager for the provider's residential care home. A team leader provided the day to day management of the service.

Although, most people and their visitors told us people felt safe we found that aspects of the service were not safe. People we spoke with told us of concerns they had about the competency of agency staff who were brought in when there was a shortage of permanent staff. We also found some medicines administration errors. Care was effective. People were supported to receive the care they wanted and needed. Most people and those significant to them told us that staff were caring and kind. However, we were told by people that some care staff were not respectful to some people.

The care provided was not always responsive to people's needs. Most people were supported to express their views and make decisions about their care and support. However, staff and managers were not aware of best interest decisions and capacity assessments for people who were unable to make some decisions.

People and relatives told us that the team manager and staff were approachable. Regular audits were made of the service and accidents, incidents and complaints were monitored. Some improvements identified by the service had been made and others were planned. However we found some issues during our visit which had not been identified by the audits. Effective staff recruitment, training and support for staff was in place. Most people's views of the service were sought.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Most people and their visitors told us that people felt safe. Staff knew how to recognise and respond appropriately to incidents or allegations of bullying, harassment, avoidable harm and abuse. Staff were aware of people's individual risk assessments which included moving and handling and falls.

Some staff were not aware of people's capacity to make decisions and most staff had not received recent training in the Mental Capacity Act 2005 (MCA). The manager identified that improvements were needed in staff training in relation to their understanding the requirements of the MCA.

Most people and their relatives told us there were enough staff on duty with the right skills. Effective recruitment procedures were in place to ensure that staff employed were suitable and had the necessary skills to work in the service. However some people and their relatives had concerns about the competency of some agency staff. The manager had responded by pairing agency staff with permanent staff.

Some medicine recording errors had been identified by the service and we found some errors and omissions on people's records. The manager told us and we saw that refresher medication training was planned for staff.

Are services effective?

People told us they were receiving the care they needed, they knew most of the care staff and they and their relatives had been involved in their care planning. Relatives told us they were listened to as relatives of service users. Staff told us of people's preferences and were supported to understand peoples care needs.

People were supported to maintain good health and have access to healthcare services and receive healthcare support. This included district nurses, doctors and chiropodists.

People's end of life care needs were being planned. Most people or their representatives had discussed people's wishes with staff. Some staff had been trained in end of life care and further training was planned.

Are services caring?

Most people told us that they were treated with kindness, their individual needs were met and staff were approachable.

Summary of findings

Most people and their relatives told us that they were treated with dignity and respect. Although there were some concerns from some people. The provider's audit of the service identified that a staff dignity representative was to be identified to promote dignity in providing care across the service. People's records were stored securely and access was limited to those records.

People were encouraged to make their views known about the service and these were respected. Regular "tenants meetings" and spot checks were taking place. Improvements identified by people and staff were acted upon by the provider. Relatives told us that they were listened to and people using the service were well supported.

Are services responsive to people's needs?

Most people were supported to express their views and make decisions about their care and support. Most people told us they made decisions about their care and some received support from relatives. The manager identified improvements were needed in recording people's best interest decisions and capacity assessments for people who were unable to make some decisions.

People mostly received personalised care that was responsive to their needs. Staff identified, discussed and responded to people's needs. People were supported to have access to other services including the provider's adjacent service for social activities. People, their representatives and staff were encouraged to raise concerns about the service.

Are services well-led?

The service had a registered manager. A team leader provided the day to day management of the service and reported to the registered manager. Most people told us they knew the team leader of the service but they did not know the registered manager.

The provider's audit identified improvements needed to the service and resources were identified. Some improvements had been actioned and some planned. We observed people being asked for their views and participating in a meeting identified by the audit. The service learnt from mistakes and incidents. Appropriate action had been taken by the manager which included referring people to other services where necessary, changing practices and planning training for staff. Although improvements had been made we found medicines administration errors and staff and managers gaps in knowledge of people's capacity assessments and best interest decisions.

Staff were supported by the provider and registered manager through supervision, appraisals and training to deliver care and

Summary of findings

treatment to people to an appropriate standard. Staff were encouraged to question practice and participate in the development of the service. We were told that staff felt part of a team and the team leader was very good. Staffing levels were assessed by establishing the dependency levels of people individually and across the service. We were told some agency staff had been used to fill gaps due to a recruitment freeze which had now been lifted.

Summary of findings

What people who use the service and those that matter to them say

We spoke with eight people who use the service and four relatives

Most people and their relatives told us that people using the service felt safe. One person told us, “I definitely feel safe.” One relative told us they didn’t think that her relative “has never been better cared for". Another relative told us they felt their relatives were both safe and they didn’t have to worry about them. However, one person told us that agency staff did not know how to use the hoist, they felt frightened and had told permanent staff.

One person told us that care staff were “good and respectful”. Another person told us, “The girls here are lovely.” Most people told us that they were asked for their permission before care was given. Another person told us, “Staff asked sensitively about my future wishes.”

One relative told us, “My relative is treated as a complete human being and an individual.” Although one person told us that there “were occasions when care was given without being given the courtesy of being asked”. Another person told us that one care worker ignores them, doesn’t ask permission before doing anything, turns the television off when they are watching it and talks about other service users. We were told, “Sometimes they think you are deaf.”

One person told us, “Staff can’t do any more for me and I am not left for hours at a time.” Another person told us there were “plenty of staff” and that the “carers were always around”. However one relative told us they felt that there were enough staff except when permanent staff were on holidays and the service had to rely on agency staff who did not always turn up. Another person told us they sometimes have to wait for care staff for 20 minutes.

One relative told us that their family member enjoyed the social activities available and could attend the provider’s day centre adjacent to the service. Most people told us they received visitors which included relatives, friends and health care professionals. Another relative told us, “I couldn’t wish for a better place for my mum and dad to be in” and that the care that their parents were receiving was “so good”. Records showed that one relative had complimented the service by writing their relatives’ “confidence has grown and abilities improved”. People told us that they were asked for their views, how they were and what could be improved.

Reardon Court Domiciliary Care AgencyReardon Court Domiciliary Care Agency

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 regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

The inspection team consisted of two people – an inspector and an expert by experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed all the information we held about the service before our visit.

There were 16 people using the service on the day of our visit. We spoke with eight of them and four relatives. We looked at the care records of four people and two staff records. We spoke with two care workers, the manager of the extra care sheltered housing service, the registered manager and the provider's service manager.

We looked at records and reviewed information given to us by the provider and managers. We looked at audits and incidents logs, service user and relative meeting minutes, staff meeting minutes and staff records during the visit, and a selection of the provider's policies and procedures of the service following the visit.

Are services safe?

Our findings

Most people and their visitors told us that people felt safe. For example, one person told us, “I definitely feel safe.” One relative told us they didn’t think that their relative “has ever been better cared for." Another relative told us they felt their relatives were both safe and they didn’t have to worry about them.

Staff we spoke with knew how to recognise and respond to incidents or allegations of bullying, harassment, avoidable harm and abuse. Staff were aware of the provider’s safeguarding policies and procedures. Staff told us they would report concerns initially to their manager. Staff knew to refer to external agencies where appropriate and were aware of the provider’s whistleblowing policy.

Most staff had not received recent training in the Mental Capacity Act 2005 (MCA). One care worker we spoke with was not aware of some people’s capacity to make decisions or how it was assessed and reviewed. They told us that they would ask people’s permission before giving care. The provider’s quality audit identified that mental capacity issues needed to be checked. The manager identified improvements were needed to staff training in relation to staffs understanding of the requirements of the MCA.

Records showed that individual risk assessments were completed for people. Staff were aware of these assessments which included moving and handling and falls. The manager explained how people were referred to the Falls Prevention Team and records showed that a meeting was planned with the team to discuss the procedure.

Staff told us risk assessments were in place for staff to administer medicines to some people to ensure that it was received safely. People told us they received their medicines when they needed it. Some people were responsible for administering their own medicines and told us that care staff checked to ensure that this had been taken. Some medicine recording errors had been identified by the service. We found some omissions on one person’s records in that staff had not always signed medicines records when administering medicines and had not used the correct code to show where the person had refused medication. Staff told us of some side effects to look out for. For example rashes appearing on people. Most people and relatives we spoke with had not been asked if people had any and were not aware of the side effects of their medication. The manager told us and we saw that refresher medication training was planned for staff.

Effective recruitment procedures were in place to ensure that staff employed were suitable to work at the service. We reviewed two staff recruitment records which showed that checks were undertaken before staff began work and recruitment, selection and employment processes were in place. Staff records showed staff had criminal record checks, two written references, evidence of the right to work in the UK, proof of identity, a full employment history and evidence they were physically and mentally fit for work.

Staff were provided with mobile phones to enable them to respond promptly to emergencies and people’s urgent requests for personal care.

Most people and their relatives told us there were enough staff with the right skills. One person told us, “Staff can’t do any more for me and I am not left for hours at a time.” Another person told us there were “plenty of staff” and that the “carers were always around”. However, we were told of some concerns regarding agency staff who were used to provide cover when there was a shortage of permanent staff. One relative told us they felt that there were enough staff except when permanent staff were on holidays and the service had to rely on agency staff who did not always turn up. One person told us that agency staff did not know how to use the hoist, they felt frightened and had told permanent staff. Staff knew which people needed care from two care workers and told us they were also concerned about agency staff’s competency when hoisting people. The manager told us that they were aware of these concerns and all agency staff providing care were now paired up with permanent staff. Staff told us and records showed they had received manual handling training and were observed by managers to ensure they were hoisting people correctly.

Are services effective?

(for example, treatment is effective)

Our findings

People told us they were receiving the care they needed, they knew most of the care staff and their relatives had been involved in their care planning. People's records reflected their preferences, the service they required, their religious and cultural needs, advanced care planning discussions and current needs. People told us they had choice in some aspects of their care and support. For example what clothes to wear. People could choose to have meals from the provider's adjacent service and were given menus with a selection of meals to choose from. Other people ordered their own food to be delivered or brought in. One person told us they were asked whether they wanted to get up in the mornings. One person told us that their relative supported them with their cultural needs and in observing their culture. A relative told us their family member's wishes were met and they felt that staff had got to know the person very quickly. There was a choice of whether people attended the provider's scheduled activities and events.

Relatives told us they were listened to by the manager and staff service if they had anything to say. One relative said that they had developed a particularly good rapport with one staff member, another told us staff were always helpful and answered their questions. Another relative told us they were happy with their family member's care and they had met the manager to improve and develop this. One relative expressed frustration at the service's automated phone system which they said made it difficult to speak to the correct person.

Staff told us that they were supported to understand people's care needs and preferences and had received induction from the provider. This included being introduced to the person by permanent staff, reading the care plans to know people's needs and their likes and dislikes.

There were staff handover meetings between shifts so staff coming on duty had the most up to date information about changes in people's needs. People's needs were discussed and some staff made their own notes. The provider's audit identified this as an area for improvement and the manager told us that record keeping and procedures were being reviewed and updated.

People were supported to maintain good health and have access to healthcare services and receive healthcare support. People and their relatives told us and people's records showed they had access to healthcare services including doctors, district nurses, dentists, chiropodists and social workers. Some people told us that they were weighed and records showed that this was to monitor their health. Staff told us and records showed that people had been referred to healthcare professionals as needed. We saw that staff understood the care people needed to keep them safe. When one person told a care worker they were not feeling well, the care worker told them they would arrange for the GP to see the person the next day.

The provider had arrangements to meet people's end of life care needs. Staff told us and records showed that most people had discussed their wishes with staff and had Do Not Attempt Resuscitation forms (DNAR) and funeral plans in place where these had been chosen by the person. Where people were unable to take part in these decisions, staff involved people's representatives. One person told us, "Staff asked sensitively about my future wishes." A guest room was available for families who wished to remain close to their dying relatives. Records showed that the provider participated in the North London Hospice steering group and an agenda item was to be added to staff meetings to improve the service.

The manager told us that some staff had been trained in end of life care and further training was planned. We saw records to confirm this. Staff told us this included pain relief, bringing in other agencies, involving families and living wills. There were no people at the service at the time of our visit who were receiving end of life care.

Are services caring?

Our findings

Most people told us that they were treated with kindness and their needs were met. People told us that staff were approachable and one person told us, “They treat you like lords, I can’t fault them in any way.” Another person told us, “The girls here are lovely.” One person told us that there had been improvements and staff seemed to be more caring.

Most people told us that staff took account of their individual needs. People’s records included their individual needs and staff we spoke with were aware of those needs. This included people’s religious needs. We saw that people received visits from religious ministers including visits from Catholic and Greek Orthodox priests. People told us they were supported to go out with care staff, relatives or individually and they were asked by care staff when they wanted to get up.

Most people and their relatives told us that they were treated with dignity and respect. We saw that care staff knocked before entering people’s flats. Although some relatives told us that, some care staff did not wait to be invited in by people. One person told us that care staff were “good and respectful”. Most people told us that they were asked for their permission before care was given. One relative told us, “My relative is treated as a complete human being and an individual.” People’s records were stored securely and access was limited to those records

We did receive some information of concern from people. One person told us that there “were occasions when care was given without being given the courtesy of being asked”. Another person told us that one care worker ignored them, didn’t ask permission before doing anything, turned the television off when they were watching it and talked about other people using the service. We were told, “Sometimes they think you are deaf.” However, the provider had identified that improvements were needed. For example, the provider’s audit of the service identified that a staff dignity representative was to be identified to promote dignity in providing care across the service. In addition, the service manager told us that further training was planned for staff and this would include using case scenarios to demonstrate dignity and respect to staff.

People were encouraged to make their views known about the service and these were respected. Records showed that regular meetings were taking place. We observed one meeting where people were asked for their views on a range of issues including the quality of their care and the food provided by the day centre. Where actions had been identified in meetings these were addressed. For example records of a previous meeting identified that some people wanted a space to be able to eat together and this had been provided.

We looked at the provider’s spot check records. These were visits to people’s flats to check people’s personal care records and to ask people for their views about the service. Records showed that issues identified by people were fed back to service user meetings and included the action that was being taken by the provider to deal with those issues including informing and directing staff. For example, staff were reminded to knock and ask permission before entering flats. People were then asked at the following meeting if there had been improvements.

Relatives told us that they and their family member were listened to by staff. One relative told us they had developed a particularly good rapport with one staff member. Another relative told us staff were always helpful and answered their questions. We spoke to one relative of a person who told us that all their family had said how much better their relative was since receiving care from this service. Another relative described the staff as “warm and friendly”. Staff told us they listened to people and would respect people’s wishes if they refused care but would explain why it was needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Most people were supported to express their views and make decisions about their care and support. People told us that care was explained to them and they were given time to make decisions about their care. Most people told us they made decisions about their care and some received support from relatives. Relatives told us they were involved in planning their relatives care. One relative told us they were quite happy with their family member's care and they had been able to meet with the manager to work to improve and develop their care plan. Another relative told us they were provided with updates on their relatives care, were asked for their opinion and how improvements could be achieved. Records showed that weekly meetings were held and people were asked for their views and suggestions to improve the service.

We identified some areas that required improvement. The manager told us that people's relatives were involved in some people's care and there were currently no independent advocates. We noted that the provider's quality audit had identified that capacity issues needed to be checked. We discussed this with the manager who told us improvements were needed in recording people's best interests decisions and capacity assessments. However we were not told when this would be taking place.

People mostly received personalised care that was responsive to their needs. People told us that they had been involved in initially planning their care. However, we were told the review of the care for some people was infrequent. The manager told us that peoples care plans were reviewed annually or when peoples care needs changed. One male service user told us there were no male care staff to support them. We were told that staff key worker roles were being reviewed to enable care staff to be more involved in understanding and developing people's care planning. The provider's quality audit confirmed this. Records also showed training had recently been provided to care staff on personalised care planning and care plans were being reviewed and updated.

Most people told us that their emergency call bell was responded to quickly. However, we saw that one person's emergency call bell was out of reach and we brought this to the attention of the manager. One person told us that they had waited 20 minutes for a response from staff. We found call bells were responded promptly during our visit. Most people told us there were enough staff to meet their needs. One person told us that there were always plenty of care staff around. Another person told us, "Staff can't do any more for me and I am not left for hours at a time."

Records showed people's individual care needs were discussed at staff meetings to identify the best way to care for them. For example, one person was to be referred to the occupational therapist service for an adjustable bed. Staff told us that one person's first language was not English. Staff spoke to the person's relative as requested by the person if staff could not communicate effectively with them to explain their care. The manager told us that one care worker spoke the person's language and the provider had access to an interpreting service but it had not been necessary to use.

One relative told us their family member enjoyed the social side of mealtimes provided in a communal lounge. Another relative told us their family member was diabetic and staff had planned their meals specifically. People also used the provider's male and female hairdressing service. Some people attended "tenants meetings", quizzes and film sessions whilst others told us they chose not to attend. One relative told us that their family member enjoyed the social activities available and could attend the provider's day centre. Most people told us they received visitors which included relatives, friends and health care professionals. Another relative told us, "I couldn't wish for a better place for my mum and dad to be in" and that the care that their parents were receiving was "so good". Records showed that one relative had complimented the service by writing their relative's "confidence has grown and abilities improved".

People and their representatives were encouraged to raise concerns about the service. Records of a recent "tenant's meeting" showed how to complain was discussed. Although one person told us they would be concerned about complaining in case there were repercussions most people told us they could speak to staff or the manager about any concerns or if they had a complaint. Another person told us, "Sometimes the manager comes to see me and asks how I am." We reviewed one complaint that had been made since our previous visit and found that this had been responded to appropriately and in accordance with the provider's policy. Records of a recent staff meeting

Are services responsive to people's needs?

(for example, to feedback?)

showed that staff's awareness was raised in relation to reporting concerns or complaints from people. Staff told us they would listen to people's concerns and report them to the manager.

Are services well-led?

Our findings

The service had a registered manager who was also the registered manager for the provider's residential care home adjacent to this service. A team leader provided the day to day management of the service and reported directly to the registered manager. Most people told us they knew the team leader of the service but they did not know the registered manager.

Managers and staff told us that the provider's services had been reorganised and policies and procedures were being reviewed. The provider was monitoring and auditing the quality of the service. An audit of the service had been undertaken in March 2014 and improvements to the service had been identified. An action plan including a timetable and resources needed to carry out the improvements was in place. These included improvements to care plans and reviews, helping people to manage their finances and promoting tenants engagement and inclusion. Some improvements identified in the audit had been implemented which included weekly "tenants meetings". The plan had been reviewed recently and included the progress that had been made of each action identified. The service manager told us that the quality audit frequency had recently been increased from six monthly to quarterly to enable the action plan to be monitored more closely.

Health and safety and fire risk assessments and audits had been completed for the service and were scheduled for discussion in staff and "tenants meetings". The quality audit identified other risk assessments were being updated which included infection control and finance.

The service manager who was visiting the service on the day of our visit told us the care staff key worker role was being developed to enable care staff to be more involved in people's care planning and support. The provider's quality audit action plan identified improvements were needed to care plans. As a result a briefing to staff on personalised care plans had recently taken place. This included an interactive discussion with staff.

Records of staff meetings showed that staff were required to demonstrate that they had followed the provider's policies and procedures which included recording people's choices, the care provided to people and people's health. We saw this was reflected in people's records. Staff told us and records showed that they were supported to question practice at team meetings and individually during one to one supervision. For example staff had made suggestions on improvements to the auditing of medicines and these had been implemented. Staff told us that they were well supported in particular from the team leader.

Improvements to engaging people and including people in service design had been identified by the provider's audit. Weekly "tenants meetings" had been established. A survey of people's views was discussed which identified that some staff were not knocking on doors and this was relayed back to staff. We attended one meeting and saw that people were asked for and gave their views on the care they received and made suggestions for improvements to the service.

Records showed that staff had been briefed on the service's audit action plan and an away day was planned with staff to develop the service. People told us that they were asked for their views, how they were and what could be improved.

The service learnt from mistakes and incidents. We reviewed four incidents and accidents which all involved falls. Appropriate action had been taken by the manager which included referring people to the falls clinic, updating peoples risk assessments and replacing a person's pendant alarm. The manager told us that errors had been found in people's medicines records in six instances where staff had not signed to show that medicines had been administered. Medicines were now administered only by permanent staff. Records showed that this had been discussed with staff and a full medicines audit had taken place. Further staff training and an external medicines audit from a pharmacist were planned.

Records showed that flat checks were being made by the manager. This included reviewing people's daily progress notes, medicines records and risk assessments. The care provided by staff was discussed with the person and the action needed. Although we saw that some issues were discussed at staff meetings the flat check records we reviewed did not show when the action identified had been completed and it was not clear if all issues identified had been dealt with. We found errors in the medicines records of one person we visited.

Records showed staffing levels were assessed by establishing the dependency levels of people individually and across the service. The assessment estimated the number of care hours each person required per day

Are services well-led?

depending on their individual needs. We saw the staff rota planned for the week. Staff were deployed based on people's needs. However some staff told us that there were sometimes shortfalls and they were not clear who was supervising agency staff. The manager told us that there had been a recruitment freeze whilst the service was being reorganised and agency staff had been used to cover any gaps. However we were told recruitment would now commence to provide more permanent staff and there would be less reliance on agency staff.

Staff were supported and monitored by the provider and registered manager to deliver care and treatment to people to an appropriate standard. Records showed and the manager and staff told us that staff supervisions and appraisals had been completed. Staff told us they were able to participate in regular staff meetings. Staff had received additional training and refresher training. Further training was planned to develop the key worker role and to provide all staff with end of life care training. The manager told us and the provider's quality audit showed that a training review was planned and all staff had been reminded to ensure that their training was current. Staff told us training including induction training was good and one care worker told us, "We are encouraged to do training."

Staff told us that managers were helpful and they "will help in any way". We were told that staff felt part of a team and the team leader was very good. Staff were encouraged to participate in the development of the service, their views were sought and mostly acted upon.