

# North London Homecare and Support Limited

# North London Home Care & Support Limited Enfield

## Inspection report

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Date of inspection visit:  
10 May 2016

Date of publication:  
07 July 2016

## 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?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 10 May 2016. We gave the provider two days' notice that we would be visiting their head office. We gave the provider notice as we wanted to make sure the registered manager was available on the day of our inspection.

North London Home Care & Support Limited Enfield provides support and personal care to people living at home. There were approximately 78 people using the service at the time of our inspection. The registered manager told us that most of the people were currently receiving personal care. The provision of personal care is regulated by the Care Quality Commission.

There was a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People told us they were well treated by the staff and felt safe and trusted them.

Staff could explain how they would recognise and report abuse and they understood their responsibilities in terms of keeping people safe.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person ways to mitigate risks.

People told us that staff came at the time they were supposed to or they would phone to say they were running a bit late.

The service was following appropriate recruitment procedures to make sure that only suitable staff were employed at the agency.

Staff we spoke with had a good knowledge of the medicines that people they visited were taking. People told us they were satisfied with the way their medicines were managed.

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities and staff told us that they were provided with training in the areas they needed in order to support people effectively.

Staff understood that it was not right to make choices for people when they could make choices for themselves and people's ability around decision making, preferences and choices were recorded in their care plans and followed by staff.

People told us they were happy with the support they received with eating and drinking and staff were aware of people's dietary requirements and preferences.

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Care plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any changes by staff at the office.

People and their relatives told us that the management and staff were quick to respond to any changes in their needs and care plans reflected how people were supported to receive care and treatment in accordance with their current needs and preferences.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry.

The agency had a number of quality monitoring systems including yearly surveys for people using the service and their relatives. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

## 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 told us they felt safe with and trusted the staff who supported them.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person ways to mitigate risks.

There were systems in place to ensure medicines were administered to people safely and appropriately.

### Is the service effective?

Good ●

The service was effective. People were positive about the staff and felt they had the knowledge and skills necessary to support them properly.

Staff understood the principles of the Mental Capacity Act (2005) and told us they would always presume a person could make their own decisions about their care and treatment.

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities and staff told us that they were provided with training in the areas they needed in order to support people effectively.

### Is the service caring?

Good ●

The service was caring. People told us the staff treated them with compassion and kindness.

Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

### Is the service responsive?

Good ●

The service was responsive. People told us that the management and staff listened to them and acted on their suggestions and wishes.

They told us they were happy to raise any concerns they had with any of the staff and management of the agency.

**Is the service well-led?**

The service was well-led and people we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

**Good** ●

# North London Home Care & Support Limited Enfield

## **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 checked 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.

This inspection was undertaken on 10 May 2016. We gave the provider two days' notice that we would be visiting their head office.

After our visit to the office we talked to nine people who used the service and nine relatives over the phone. The inspection and interviews were carried out by one inspector and two experts-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 the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. We also reviewed other information we had about the provider, including notifications of any safeguarding concerns or other incidents affecting the safety and wellbeing of people.

We spoke with five staff who supported people with personal care, the registered manager and registered provider.

We looked at five people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at six staff files as well as other records held by the agency including meeting minutes as well as health and safety documents and quality audits and surveys.

## Is the service safe?

### Our findings

People told us they were well treated by the staff and felt safe with them. One person told us, "I trust the staff, I feel safe. They do a good job." Relatives told us they had no concerns about safety and that they trusted the staff who supported their relatives. A relative commented, "Yes my mum feels safe. They help her get up and make sure she's okay."

Staff could explain how they would recognise and report abuse. They told us and records confirmed that they had received training in safeguarding adults. Staff understood how to "whistle-blow" and were confident that the management would take action if they had any concerns. Staff were aware that they could also report any concerns to outside organisations such as the police, the local authority or the Care Quality Commission.

Staff had undertaken first aid training and knew the procedure to follow if the person they were supporting became ill or had an accident. If someone had an accident this was recorded. We saw that the registered manager analysed past accidents to see if action could be taken to reduce the risk of further occurrences.

Before people were offered a service, a pre-assessment was undertaken by the registered manager or team leader in the person's home. Part of this assessment involved looking at any risks faced by the person or by the staff supporting them. We saw that risk assessments had been undertaken in relation mobility, falls, nutrition and food preparation if applicable.

Where risks had been identified, the management had thought about and discussed with the person ways to mitigate these risks. For example, we saw that risks to a person's safety had been identified in relation to staff supporting the person to move and transfer safely. A risk assessment had been undertaken and it was agreed that an appropriate hoist would be provided and two staff would always be present to assist this person with transfers. We saw that this risk assessment had been signed by the person or their relative to indicate they had been consulted about this and agreed with the measures taken to reduce risks.

Risk assessments were being reviewed on a regular basis and information was updated as needed. The registered manager told us that all staff were informed of any changes in a person's care needs or risks and staff confirmed they were kept updated. Staff knew the risks the people they supported faced and were able to describe these risks to us. These matched the risk assessments recorded in people's care plans.

Environmental risk assessments had been completed to ensure both the person using the service and the staff supporting them were both safe. For example, we saw risk assessments had been developed for staff who were working alone with people as well as having safe access to people's homes.

People told us that staff came at the time they were supposed to or they would phone to say they were running a bit late. One person told us that they had been phoned by staff when they were stuck in traffic. Another person told us that staff were, "Always on time." "Traffic is horrendous and they are pretty good considering. If they are quite late, they will call." Another person commented, "If they are late, they will call

or the office will call. It's usually due to traffic or their prior calls have held them up."

Staff did not raise any concerns with us about staffing levels and told us that they had enough time to carry out the tasks required and that they would inform their manager if they felt they needed more time to complete complex tasks or any additional tasks. One person commented, "They stay the full time and I feel comfortable to raise anything." This was the general view of most people we spoke with but one person commented, "They don't often stay for the full [allocated time] usually rushing off to the next call."

The registered manager told us that the minimum amount of time that was offered by the agency was half an hour for personal care or twenty minutes if the person just needed reminding and prompting with their medicines.

Staff had undertaken training in the management of medicines and were aware of their responsibilities in this area including what they should and should not do when supporting people or prompting people with their medicines. Staff told us that the training had made them feel more confident when supporting people with their medicines. After staff had been trained they undertook observed competencies by a senior staff to ensure that they understood the training and were able to put this into practice.

Staff we spoke with had a good knowledge of the medicines that people they visited were taking. The management at the service undertook spot checks on staff at the person's home. These spot checks included medicine audits. People told us they were satisfied with the way their medicines were managed. Comments included, "[The staff] do take care of her medication and she has had a risk assessment" and "I trust them implicitly with his medication. He is very happy with both carers."

We checked a random selection of six staff files to see if the service was following appropriate recruitment procedures to make sure that only suitable staff were employed at the agency. Recruitment files contained the necessary documentation including references, criminal record checks and information about the experience and skills of the individual. We saw that the agency carried out checks to make sure the staff were allowed to work in the UK. Staff confirmed that they were not allowed to start work at the agency until satisfactory references and criminal record checks had been received.

## Is the service effective?

### Our findings

People who used the service and their relatives told us they had confidence in the staff who supported them. A relative commented, "They are very good. They take time for my mum. They chat with her and are well trained to look after her, all her needs are met and she has a good rapport with them." Another relative told us, "They appear to be well trained. They are aware of her needs and change their patterns to accommodate."

Staff were positive about the support they received in relation training. One staff member commented, "It's always on a regular basis." Another staff member told us, "The trainer is excellent." Staff told us about recent training they had undertaken in moving and handling. They said this had improved their understanding of how to keep themselves safe as well as the person they were supporting.

Staff were required to attend mandatory training as part of their induction. Staff told us they were provided with training in the areas they needed in order to support people effectively and safely. They told us that this covered safeguarding adults, food hygiene, moving and handling, infection control and the management of medicines and we saw relevant certificates in staff files we looked at. In addition to the mandatory training, staff told us that they were also offered nationally recognised vocational training. They said they could also discuss any training needs in their supervision.

Staff confirmed they received regular supervision and annual appraisals. Spot checks and observed competencies were also part of the staff supervision system. Staff told us that the spot checks, undertaken by team leaders, were a good way to improve their care practices. They also told us that the management praised them when they saw good practice which they said was reassuring and supportive. One staff member told us that supervision was a positive experience. They said, "It's an open discussion." Another staff member told us, "It makes me think about issues."

Staff told us about the induction procedure they undertook when they first started working for the agency. They told us this was useful and involved looking at policies and procedures, undertaking essential training and shadowing more experienced staff until they were confident to work on their own. A relative we spoke with confirmed, "If they have new staff they shadow an experienced person."

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.

Staff understood the principles of the MCA (2005) and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals and advocates.

People told us that staff always asked for their permission before carrying out any required tasks for them and did not do anything they did not want them to do. Comments included, "They do ask permission" and "Yes, they always ask what I want them to do."

Staff told us it was not right to make choices for people when they could make choices for themselves and people's ability around decision making, preferences and choices were recorded in their care plans.

There was information incorporated into people's care plans so that the food they received was to their preference. Where appropriate and when this was part of a person's care package, details of their dietary needs and eating and drinking needs assessments were recorded in their care plan and indicated food likes and dislikes and if they needed any support with eating and drinking. We also saw nutritional risk assessments had been completed where needed to make sure that staff supported people safely. We were told that people's food and fluid intake was monitored and recorded when this was required by their GP. People told us they were happy with the support they received with eating and drinking.

A person who used the service told us, "They help me by cutting up my food. I get everything ready but find cutting my food difficult, so they help." A relative told us, "His carer went above and beyond, she varied his diet and lets me know what food he needs, makes him fresh food, gives fresh fruit and omelettes and sandwiches." Another relative commented, "They will buy her food. She has a very sweet tooth and they know her preferences."

Where the agency took primary responsibility for organising people's access to healthcare services and support, we saw that records were maintained of appointments made and attended to GPs, dentists, optician and chiropodists. One person told us, "They get me ready for hospital transport."

Care plans showed the provider had obtained the necessary detail about people's healthcare needs and had provided specific guidance to staff about how to support people to manage these conditions. Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts. A relative commented, "If there are any problems they call me and I sort it out."

## Is the service caring?

### Our findings

People told us they liked the staff who supported them and that they were treated with warmth and kindness. Comments about the staff were very positive and included, "[My relative] is always relieved to see them. Yes, they are kind and compassionate. They spend time chatting about their and her family. As I said, they have become friends. I can't praise them enough," "They are very kind" and "The new staff are doing a thorough job. They are very amiable and overall they are fine."

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Care plans included the views of people using the service and their relatives. People told us that staff listened to them respected their choices and decisions. One relative told us, "They are very good with involving both Dad and me in decisions." Another relative commented, "His care plan is assessed regularly and discussed with him."

Relatives told us they were kept up to date about any changes by staff at the office.

All the staff we spoke with had undertaken training in equality and diversity and understood that racism, homophobia or ageism were forms of abuse. They gave us examples of how they valued and supported people's differences. They told us that it was important to respect people's culture and customs when visiting and gave us examples in relation to food preparation and preferences. One staff member said they would always take their shoes off or wear shoe covers when visiting someone if this was requested.

Staff told us they enjoyed supporting people and demonstrated a good understanding of peoples' likes and dislikes and their life history.

People confirmed that they were treated with respect and their privacy was maintained. A relative told us, "I would say he is treated with the utmost respect."

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

## Is the service responsive?

### Our findings

People using this service and their relatives told us that the management and staff were quick to respond to any changes in their needs. We saw from people's care records and by talking with staff that if any changes to people's health were noted by staff, they would phone the office and report these changes and concerns. Relatives told us they were kept up to date with any issues.

A relative commented, "[My relative's] care plan is often updated to reflect her changing needs and I am always consulted. We have few issues that I haven't been able to resolve." Another relative told us "If there are any problems they are in contact straight away."

Staff gave us examples of where they had called out the GP or an ambulance if someone had become ill or had an accident.

Each person had a care plan that was tailored to meet their individual needs. Care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences. One person told us, "They can be very flexible when I have let them know that I have to change something. They have always been able to accommodate." Another person commented, "They are flexible at all times." A relative told us, "If you see my dad now he's a changed man and it's because of the care he gets. I would highly recommend them."

The care plans we looked at contained a pre-admission document which showed people's needs had been assessed before they decided to use the agency. People confirmed that someone from the agency had visited them to carry out an assessment of their needs. These assessments had ensured that the agency only supported people whose care needs could be met. The registered manager told us that any specific staff training and guidance would be identified through the assessment process to make sure that staff could meet all identified needs of the individual.

People's needs were being regularly reviewed by the agency, the person receiving the service, their relatives and the placing authority if applicable. Where these needs had changed, usually because someone had become more dependent, the agency had made changes to the person's care plan. We saw a number of examples of this including an increase in care hours when someone returned from hospital with increased care needs.

Care plans included a detailed account of all aspects of people's care, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. When we asked people who they would raise any complaints with, they told us they could speak to any of the staff or management.

Last year, a complaint had been made about the service which was investigated by the local government

ombudsman. We saw that the recommendations made as a result of the investigation had been addressed and the registered manager and provider told us about the organisational lessons they had learned from the experience.

We saw that, where complaints had been raised, these had been appropriately investigated and dealt with by the registered manager and provider. There was a recorded outcome of the investigation, the complainant's satisfaction with this outcome and action taken to make sure the issue was not repeated.

One person told us, "I do know how to complain no messing. You can get straight through to them. I know what to do." A relative commented, "I did have complaints in the past about timekeeping but the office listened, I am very pleased with them, excellent service."

## Is the service well-led?

### Our findings

People using the service, their relatives and staff were positive about the registered manager. One staff member told us that the registered manager was, "Very good, always helpful". Staff told us that they felt the service was well run. Staff comments included, "We work as a team," "I feel comfortable with the manager and everyone, "[The provider] is very approachable" and "[the management] keep us updated. All the office staff are friendly and supportive."

One staff member told us, "There is good communication. We have regular meetings." Staff told us that the management listened and acted on any suggestions staff made for service improvements. For example, staff told us about recent suggestions they had made about personal protective equipment (PPE) and reviewing the geographical areas that staff were allocated.

There were systems in place to monitor the safety and quality of the service provided. These included yearly quality surveys, spot checks on staff, regular reviews of service provision and quarterly audits by the provider. The provider audited care plans and risk assessments to ensure information was accurate and up to date. One person told us, "They come in every year to check the equipment. Moving and handling is always done very professionally."

People confirmed they had been asked for their views about the agency. One person commented, "They ask for feedback every so often. They are very good." Another person told us, "Yes I had a survey through a couple of days ago. Had to speak to them about bills but that was resolved." However three of the twelve people we asked told us they had not received any surveys and one person told us they had not filled any out. One person told us, "I haven't been asked for any feedback" Another person commented, "I have not filled in feedback forms it's too difficult. You want to say something different about one or other [staff] but there isn't that option, just tick boxes." The registered manager informed us, after the inspection, that quality assurance surveys were due to be sent out shortly.

We saw completed surveys that indicated people were satisfied with the service.

Staff told us that they were aware of the organisation's visions and values. They told us that people using the service were always their priority and that they must treat people with dignity and respect. When we discussed these visions and values with the management team it was clear that these values were shared across the service.