

North London Community Care Agency Limited

North London Community Care Agency Ltd

Inspection report

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Date of inspection visit:
08 August 2019
13 August 2019

Date of publication:
13 September 2019

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

About the service

North London Community Care Limited is a domiciliary care agency that provides personal care to older adults, people with a physical disability and mental health needs living in their own homes and flats. At the time of the inspection the agency was providing a service to seven people.

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

People using the service and their relatives were very positive about the quality of care they received. They trusted the staff and felt safe with them. People were involved in all aspects of their care decisions and assessing potential risks to their safety. Ways to reduce these risks had been explored and were being followed appropriately.

Staff understood their responsibilities to keep people safe from potential abuse, bullying or discrimination. Staff knew what to look out for that might indicate a person was being abused.

Staff treated people as unique individuals who had different likes, dislikes, needs and preferences. Staff and management made sure no one was disadvantaged because of their age, gender, sexual orientation, disability or culture. Staff understood the importance of upholding and respecting people's diversity. Staff challenged discriminatory practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff understood the way people expressed their views and the service made sure no one was disadvantaged because of the different ways people communicated.

Everyone had an individual plan of care which was reviewed on a regular basis.

All staff had clear roles and responsibilities and understood the values of the service.

Staff had been trained in the management of medicines and suitable policies and systems were in place. People told us they were satisfied with the support they received to manage their medicines where this was part of their care package.

Staff were positive about working for the agency and told us they appreciated the support, encouragement they received from the registered manager.

Both people who used the service and the staff who supported them had regular opportunities to comment on service provision and made suggestions regarding quality improvements. People told us that the management listened to them and the registered manager was keen to improve the service in co-

production with people who used it.

People knew how to complain if they needed to and the registered manager asked if people were satisfied and happy with the service on a regular basis. Everyone working at the agency understood the need to be open and honest if mistakes were made.

The management team worked in partnership with other organisations to support care provision, service development and joined-up care.

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

This service was registered with us on 10 August 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on our agreed inspection frequencies for newly registered services. As a result of this inspection the service has been rated 'Good'.

Follow up

We will 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

North London Community Care Agency Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.

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

What we did before the inspection

We reviewed information we had received about the service since it was registered with us on 10 August 2018. 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 two people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, two office staff and four care workers.

We reviewed a range of records. These included four people's care records. We looked at four staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including quality audits, monitoring reports, risk assessments as well as policies and procedures relating to the running of the service.

After the inspection

The registered manager sent us documents and additional information we had requested at the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People who used the service and relatives we spoke with told us they trusted the staff and felt safe with them coming into their home. One person told us, "I'm 100% safe." A relative commented, "I trust them, they know [my relative]."
- Staff had completed safeguarding awareness training and understood the procedures they needed to follow if they suspected abuse. Staff knew they could report any concerns they had about people's welfare to other authorities including the police, social services and the CQC.
- Staff understood that discriminating against people on the grounds of their protected characteristics was not only unlawful but abusive. One staff member told us, "Everyone has the right to be treated like anybody else." The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against.

Assessing risk, safety monitoring and management

- People told us, and records showed they had been involved in discussions about any risks they faced as part of the assessment of their care needs.
- Staff understood the potential risks to people's safety and welfare and knew what action they needed to take to mitigate these risks. A staff member told us, "We are always talking about service users' safety." Information about risks was recorded in people's care plans and was being reviewed regularly.
- We saw that the service had systems for identifying, assessing and acting on environmental risks for each person. There was a policy and procedure relating to lone working which was being followed appropriately.

Staffing and recruitment

- People who used the service and their relatives told us there were rarely any issues with timings or lateness. One person who used the service told us, "They call me if they are 15 minutes late. I think it's only happened once. They are always on time." Another person said, "The same staff come all the time."
- Staff told us the time they were allocated was generally enough for the tasks required. They told us that if they felt there was not enough time they would speak with the registered manager. We saw examples where the registered manager had negotiated more time for some people who used the service. People told us they did not feel rushed by the staff.
- Staff files contained appropriate recruitment documentation including references, criminal record checks and information about the experience and skills of the individual.
- Staff we spoke with confirmed that they could not start working for the service until they had received a satisfactory criminal record check.

Using medicines safely

- At the time of this inspection only one person required support with taking their medicines. Records of this were maintained by staff and audited weekly by the registered manager. All staff had received medicine training and there were policies and procedures in place. We spoke with the registered manager about the guidelines for medicines in community care services, published by the National Institute for Health and Care Excellence. They told us they would look at this to ensure it matched their procedures.

Preventing and controlling infection

- Staff had completed infection control and food hygiene training and understood their roles and responsibilities in relation to these areas of care. They told us they were provided with sufficient amounts of personal protective equipment.

Learning lessons when things go wrong

- The service had policies and procedures in place for reporting and recording of accidents and incidents and staff understood these.
- The service had accident and incident forms in place and the registered manager told us they would follow their procedures where required.
- The registered manager told us there had been no accidents and incidents since the service started. However, there were monthly governance meetings where any potential learning would be discussed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs we saw were comprehensive, expected outcomes were identified, and care and support regularly reviewed.
- People's needs assessments included the person's life history, support needs around mobility, medicines, skin care, physical health, diet and hydration, personal hygiene and social and emotional needs.
- Care plans included information around the person's important relationships, culture and spiritual needs and preferences such as care staff gender.

Staff support: induction, training, skills and experience

- People told us staff were good at their job and knew what they were doing when providing support. One person told us, "They are highly professional."
- Staff told us that the induction process was useful and involved four days training as well as shadowing more experienced staff before they felt confident to work alone. Talking about the induction process one staff member said, "It was so good, made me feel more confident."
- Staff told us, and records showed that staff were provided with the training they needed to support people effectively. The registered manager told us they always met with staff and went through the training they had just completed so they could check if the staff member had understood it. Staff told us they appreciated this support and guidance from the registered manager. We saw records of staff training were being maintained and monitored so refresher training could be booked when required.
- Staff confirmed they received regular supervision from the registered manager and felt supported by this process. One staff member told us, "We talk about care, how I feel and if I need extra help." Another staff member commented, "We talk about training, what I have and what I need."
- Most staff had only recently been employed at the service so had not yet undertaken a yearly appraisal. We spoke with the staff member who had, and they told us, "It was really helpful. We looked at improvements I'm making and if I'm happy with my job."

Supporting people to eat and drink enough to maintain a balanced diet

- At the time of the inspection only a few people required minimal assistance with eating and drinking and people's meals were provided by their family. Sometimes staff assisted with food preparation to help the person retain their independence. A relative told us, "They get the food ready and they wait till [my relative] has finished her meal. I'm happy with that."
- Staff told us, and records showed that no one who used the service currently had any risks associated with eating and drinking. Staff had completed food hygiene, infection control and first aid training.
- Staff understood people's cultural or religious requirements in terms of food and drink and people told us

this was respected.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and management worked collaboratively across services to understand and meet people's needs. The service had clear systems and processes for referring people to external services.
- Where people required support from other professionals this was supported, and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as doctors, health services and social services.
- The registered manager understood where they may need to refer people to other services such as occupational therapists, physio-therapists and speech and language therapists. They gave us an example of where they had requested an occupational therapist assessment of someone's home as they did not think it suitable for the needs of the person. They told us the person had been rehoused as a result.

Supporting people to live healthier lives, access healthcare services and support

- Care plans showed the registered manager had obtained the necessary detail about people's healthcare needs and had provided specific guidance for staff regarding what action they needed to take if people became unwell.
- Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. Staff sometimes attended hospital or GP appointments with the person if this was required. However, most often relatives undertook this task.

Ensuring consent to care and treatment in line with law and guidance

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".

- We checked whether the service was working within the principles of the MCA and found that it was. Staff had attended MCA training and were aware of the need to always obtain consent when they supported people.
- People's ability to consent to care and treatment was recorded in their care plans. No one who currently used the service was unable to consent to care and treatment.
- People told us that staff asked their permission before assisting them, offered choices and valued their decisions. One person we spoke with told us, "They ask me always, 'what do you want me to do?'" A relative commented, "They ask permission, they never force [my relative]. The staff use 'Makaton' they understand it." Makaton is a unique language programme that uses symbols, signs and speech to enable people to communicate.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant that people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they received a caring service from staff who were respectful and thoughtful. One person told us, "They are nice to me. [The staff member] started in January so today, we know each other well." A relative commented, "They are very kind people."
- People told us, and records showed that the service was committed to delivering person-centred care that reflected people's diverse needs in respect of the protected characteristics of the Equality Act 2010. A staff member told us, "We don't discriminate against anyone."
- At the time of the inspection the people who used the service and the staff supporting them, came from the same cultural and religious background. This meant that staff understood people's religious and cultural needs. People were very positive and appreciative about this. A relative told us, "We speak the same language." A staff member said, "We are from the same communities, I can speak to her in our own language and she understands."
- Feedback from people, gained through spot checks and monthly phone calls, showed they were positive about how the service met their cultural and religious needs.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives were involved in the assessment, planning and review of their care provision.
- People told us, and records confirmed that people were involved in making decisions about their care on a daily basis. Staff respected people's views in relation to their care and followed their lead with sensitivity. A relative told us, "We have to work together. We are the parents, we decide and exchange information."
- The registered manager told us they worked with advocates as well as holding drop in sessions every Friday. The purpose of these sessions was to help people with letters and correspondence which the registered manager translated for them if required. The registered manager told us, "The drop-in service every Friday is to support the somalin community as the language barrier is a major issue for access to services."

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people's independence and people's needs were assessed so the staff would only provide support with tasks the person was unable to do themselves.
- Care plans contained information to encourage people to complete personal care tasks they were able to and staff encouraged people. This supported people to maintain as much independence as possible.
- Respect for privacy and dignity was at the centre of the service culture and values and staff knew this. People and their relatives consistently told us staff treated them with dignity and respect.

- Staff gave us examples of how they maintained people's dignity and privacy both in relation to personal care tasks and that personal information about people should not be shared with others.
- Personal information held by the service and relating to people using the service was being treated confidentially and in line with legal requirements.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this newly registered service. This key question has been rated Good. This meant that people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were involved in planning their care, from the initial assessment through to reviews and updates when required. There was a strong emphasis on collaboration and we saw people who used the service and their relatives had been involved in updating care plans as required.
- Care plans gave staff information in areas such as people's background history, likes and dislikes, health and social care needs, care outcomes, and how they would like to be supported.
- Staff at the service understood what person-centred care meant and the importance of treating people as unique individuals with specific needs and preferences.
- We noted that some of the care plans contained wording that was more appropriate to a medical plan of care. For example, we saw the phrase, 'vital signs remain within established parameters' in a number of care plans. There was no more information or description of what this phrase meant. The registered manager agreed that there was no reason plans should include this or similar medical phrases. When we returned on the second day of the inspection, we saw the registered manager was going through people's plans and removing any unnecessary wording.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Staff supported people to carry out activities and encouraged them to maintain links with the community and their family and friends where this was part of their care provision.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The care documentation showed that the service identified and recorded people who had different communication needs. Staff understood the way that people expressed and communicated their needs and wishes. Staff gave us examples of where they needed to write information down for the person or use Makaton. This meant the provider met the accessible information standards (AIS).

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint and they felt their concerns would be heard. One person told us, "The agency told me if had any complaints to call them. I'm happy with them." A relative told us, "The [registered] manager calls me every month and asks how the staff are and if I have any problems. I'm very satisfied."

- Records showed that no complaints had been received since people started to use the service. Records also showed that people were asked if they had any complaints each month and when the registered manager carried out spot checks.

End of life care and support

- The registered manager told us that currently no one using the service required palliative care. However, the relevant policies and procedures were in place so that staff understood this important aspect of care should it be needed.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant that the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People who used the service and their relatives were positive about how North London Community Care Agency was run. One person told us, "It's a good service. [the registered manager] is a good lady." A relative commented, "The service is very good, the [registered] manager calls me all the time."
- Staff told us they felt very well supported in their role. One staff member told us, "[The registered manager] is brilliant, very supportive." Another staff commented, "[The registered manager] calls me all the time and says, 'Are you okay?' and 'I'm here for you'."

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

- Both the registered manager and staff understood their responsibility to be open and honest if mistakes were made. Staff told us that the registered manager had spoken to them about this issue at team meetings. A member of staff told us, "You have to be honest, you can't hide it if you do something wrong."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Continuous learning and improving care

- Staff understood the values of the organisation and how they put these values into practice on a day to day basis. These values were discussed at staff meetings and during supervision sessions with the registered manager.
- People told us they were regularly contacted by the registered manager and office staff to ask them for feedback on the quality of the service and they also received spot checks by the registered manager to check the quality of the service. We saw completed quality assurance checks, carried out by the registered manager. These were very positive about the quality of care provided by staff and management. Comments included, "I want to thank NLCCA for the quality of care that has been provided to me," and "I would like to give compliment about the great service that has been provided."
- Records showed that audits took place in a regular basis to make sure the continued safety of both people using the service and the staff supporting them.
- Staff confirmed there was equal treatment of employees.
- The registered manager held regular staff meetings. Staff told us they found these meetings useful. Topics discussed included people's welfare, health and safety, reviewing risk and discussion around equality and diversity issues.

- Records from the most recent staff meeting, held in July 2019, showed that the registered manager and the community trust, that the office was part of, were planning community events. These included celebrating people from Muslim, Jewish and LGBT communities.
- Everyone we spoke with told us they felt included in the development of the service and we saw examples of improvements being implemented that had been suggested by staff and people using the service.

Working in partnership with others

- From discussion with the registered manager, staff and people using the service, it was clear the registered manager was transparent, collaborative and open with all relevant external stakeholders and agencies. They told us, "I am always learning, there is always something new to learn."
- We saw the registered manager worked in partnership with key organisations to support care provision, service development and joined-up care. These included local authorities, community groups and health care professionals.