

Disability Action in the Borough of Barnet

Barnet Independent Living Agency

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection was announced and took place on 11 January 2017. We gave the provider short notice of the inspection as we needed to make sure we were able to meet with the registered manager, access records and gain permission from people using the service to telephone them or their representatives.

The last inspection of the service was carried out in February 2014. No concerns were identified with the care being provided to people at that inspection. Since then, the service has moved office address.

The service is a homecare agency based in Colindale, Barnet. It specialises in providing care and support to people with physical and/or learning disabilities. At the time of this inspection, the agency was providing a regulated care service to eight people living in their own homes.

The service had a registered manager at the time of the 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 2008 and associated Regulations about how the service is run. However, the registered manager was not present as we were informed at the start of the inspection that they had just resigned from their role. At the time of drafting this report, the provider had not informed us of the name of a replacement manager.

The office coordinator was ensuring the day-to-day running of the service in the absence of the registered manager, but was not in a position to provide effective long-term leadership. We found that some processes to ensure the smooth running of the service were slipping behind schedule, and so there was ineffective governance at the service.

Whilst the service risk assessed the care and support provided to people, the assessments were not kept consistently up-to-date and in some respects omitted relevant information. This did not help to ensure people's safety when receiving care.

Whilst staff received training for most aspects of their roles, the quality of their supervision and support was not consistently of a standard needed to ensure that people received effective care.

The provider was not ensuring that all relevant aspects of The Mental Capacity Act 2005 were being implemented, particularly as staff had not been trained on how the Act applied to their care and support of people.

People using the service and their representatives generally provided positive feedback about the service. We found the service to be caring and responsive.

People's views were of primary importance in establishing what service was to be provided. Their care plans

(known in this service as 'job descriptions') guided staff on addressing people's needs and preferences. The plans were mostly up-to-date. People were well-supported in terms of health and nutrition.

People were listened to, and their views were acted on where possible. The service learnt from people's concerns and complaints.

People decided which staff attended to them. They were supplied with the same staff member or small team of staff, which helped positive and caring relationships to develop.

In many ways, people received a safe service. Staff recruitment processes were robust, but the service had not successfully recruited enough staff to ensure they could always provide people with planned care visits. They informed people in advance when this occurred.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were about failing to ensure safe care, failing to ensure appropriate staff support for their care roles, failing to establish and implement procedures for working in line with The Mental Capacity Act 2005, and failing to oversee and govern the service effectively. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe. Whilst the service risk assessed the care and support provided to people, the assessments were not always kept up-to-date and in some respects omitted relevant information.

Staff recruitment processes were robust, but the agency had not successfully recruited enough staff to ensure they could always provide people with planned care visits. They informed people in advance when this occurred.

Records relating to people's medicines support were not kept under proper review to ensure their accuracy.

The service had procedures to ensure that people were protected from abuse.

Requires Improvement ●

Is the service effective?

The service was not consistently effective. Whilst staff received training for most aspects of their roles, the quality of their supervision and support was not consistently of a standard needed to ensure that people received effective care.

The provider was not ensuring that all relevant aspects of The Mental Capacity Act 2005 were being implemented, particularly as staff had not been trained on how the Act applied to their care and support of people.

Nonetheless, the service provided support for people's health and nutritional needs.

Requires Improvement ●

Is the service caring?

The service was caring. People were treated respectfully. They were supplied with the same staff member or small team of staff, which helped positive and caring relationships to develop.

People decided which staff attended to them, and their views were of primary importance in establishing what service was to be provided.

Good ●

Is the service responsive?

Good ●

The service was responsive to people's needs and preferences. People were listened to, and their views were acted on where possible. The service learnt from people's concerns and complaints.

People's care plans guided staff on addressing people's needs and preferences. The plans were mostly up-to-date.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led. With the registered manager recently leaving, the service did not have effective leadership. Consequently, some processes to ensure the smooth running of the service were slipping behind schedule.

However, the service was still promoting a positive and empowering culture. Feedback from people using the service and staff was generally very positive about the management of the service.

Barnet Independent Living 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 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 took place on 11 January 2017 and was announced. We gave the service 48 hours' notice of the inspection because it is small and we wanted to ensure that the registered manager would be available.

Before the inspection, the provider completed 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 also checked for any notifications made to us by the provider, any safeguarding alerts raised about people using the service, and the information we held on our database about the service and provider.

The inspection was carried out by one inspector and an Expert by Experience, who is someone who has personal experience of using or caring for someone who uses this type of care service. Their involvement was limited to phoning people using the service for their views.

During the inspection, we spoke with three people using the service, two people's relatives, two care staff, the care coordinator and the finance officer.

During our visit to the office premises we looked at three care plans (known by the service as 'job descriptions') for people using the service along with other records about people's care including visit schedules, medicines records and care delivery records. We also looked at the personnel files of two staff members and records about the management of the service such as staff visit rotas and complaint records. We then requested further specific information about the management of the service following our visits.

Is the service safe?

Our findings

People and their relatives told us the service was safe. People's comments included, "They often remind me of things that I forgot to do and talk about the necessities of locking doors and windows" and "Yes I feel very safe while she's here." A relative added, "They help him where he needs to go and they're very aware."

We found that service delivery risks were assessed at the start of providing a service to a new person. Care plans guided staff on how to help keep people safe, for example, with accessing and leaving the person's property. Where care was shared with other providers, the service ensured that they undertook their own risk assessments. Care plans in these cases also guided staff on what to do if the staff from the other provider did not arrive as planned. The environment was risk assessed. Some people's risk assessments resulted in plans on how to escape from the property in the event of a fire.

However, risk assessments were not comprehensive. One person's care plan guided staff on some aspects of safe hoist use such as never hoisting alone, and there were extensive checks to ensure that relevant equipment had been serviced. However, the specific risk assessment relating to the moving and handling of the person was over 18 months old. It was additionally only completed in respect of the equipment used, and so did not include information on the person's needs and abilities nor the tasks that were being assessed. The risk assessment relating to the complex healthcare support that they had for percutaneous endoscopic gastrostomy (PEG) feeding dated from 2013 and so may not have been up-to-date in respect of their current needs. PEG feeding is when a person receives a special type of feed through a tube inserted directly in the stomach when they have difficulty with eating and drinking.

Another person's risk assessments had no record of review since September 2014. The assessment additionally did not refer to the safe handling of the person's money given that staff were filling out finance charts to account for the money spent on shopping each week. A third person's moving and handling review dated from 2014 despite them receiving ongoing hoisting support. We also found that where staff provided people with medicines support, there was no risk assessment about that in place.

The service's monitoring spreadsheet for reviewing people's risk assessments showed that for the eight people receiving personal care support, three had not had a review since the start of 2016, if not earlier. This did not demonstrate that the service undertaking timely reviews of people's risk assessments.

Care plans and feedback showed us that the provider was mitigating some aspects of safety risks in relation to people's care. However, the above evidence demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most people reported needing no support for their medicines, but one person told us the staff member did it "very well." A staff member said, "They provide good explanation of the medicines and I understand clearly what I have to do." People's care plans provided some guidance to ensure safe medicines support, for example, on checking that stock was not running low plus who to inform by when if it was.

When we checked medicines records, we found that some were inaccurate. In one person's case, the records did not state the dosage except where it was a variable-dose medicine. For another person, the medicines record on file did not accurately match their hospital discharge record. However, the coordinator spoke with staff and subsequently assured us, in conjunction with records seen, that staff were providing the person with their medicines as prescribed.

There were mixed views about whether there were enough staff. One person said, "I get the impression they haven't been recruiting, but I haven't had any missed visits." Another person explained that they used several agencies "so it's gone quite smooth with me." A relative said, "There sometimes appears to be no other carers on their books." A staff member told us, "They stopped providing us with replacement carers when I want to leave. And we have to find them privately and it is very difficult."

The coordinator confirmed that there were occasions when it was difficult to provide staffing cover, which they said was not ideal. However, they told us that people using the service were aware of this and that the agency tried not to "leave them in the lurch." For example, some people also used staff from other agencies, and so it was arranged with them to use those staff as cover. Others arranged for respite care. Feedback and records confirmed this. One person said, "They would let me know if they couldn't come." A relative told us, "The carers and the agency are reliable and approachable and if something cannot be done or put in place they inform me in good time." Therefore, whilst the service did not guarantee that they could always provide suitable staff to people, but they informed people of this in good time of this and helped them to make alternative arrangements.

Whilst few new staff had been successfully employed in recent years, we found that the service vetted staff appropriately. Records showed that new applicants were required to fill out an application form and attend an interview with the service. Checks of identification and two relevant referees took place. Criminal records (DBS) checks also occurred before the new staff member was set up to work with people, and were then updated periodically. Records and feedback additionally showed that the service took seriously its responsibility to ensure that it only employed staff who had the legal right to work.

Nobody reported any concerns in relation to abuse. Staff knew to report suspicions of abuse to the office. The London-wide multi-agency abuse guidelines were available in the office. Where needed, people's care plans guided staff on specific matters where the person was at risk of abuse, so as to help keep them safe. Since our last inspection, the service had informed us of one allegation of abuse, raised by someone using the service. A staff member supported them to make the allegation. The service reported the matter to the local authority as required. The coordinator informed us the allegation was upheld and disciplinary action was taken against a staff member.

Is the service effective?

Our findings

Everyone we spoke with said that they would recommend this service to friends and family. One person explained, "I think because it is a small agency it is a very personalised service." Another person said, "They do a very good job and are well trained." A relative told us, "They currently provide an excellent standard of care; I'd be lost without them." They added that when there had been emergencies, "Two of the carers in particular are skilled sufficiently to take their own initiative and deal with issues as they arise."

A staff member told us, "The strength is the training courses." Another staff member said, "I am very happy with the supervision and the training programmes are very helpful." They explained how they were kept informed of people's needs.

Staff training records showed that most staff had up-to-date training on relevant topics such as health and safety, medicines and safeguarding. Many additionally had a national training qualification in care (NVQ). The coordinator explained that staff were given a training provider's paper manual to work through for each topic, which was then marked by that provider. A few staff were subsequently retaking certain courses. Practical training was organised for moving and handling skills and emergency first aid. Additionally, healthcare professional support was provided where new equipment such as hoists were provided for individuals.

Staff were providing complex health care to a few people, including two people taking medicines, food and fluids via percutaneous endoscopic gastrostomy (PEG) equipment. Records and feedback from the coordinator showed that relevant staff had been trained on carrying out these procedures by relevant healthcare professionals. However, there was no formal process, for assessing these staff members' on-going competence with this equipment, embedded into the provider's training policy and documented in practice. This did not ensure that relevant staff could demonstrate appropriate competencies to meet the person's PEG needs.

The coordinator told us that the service aimed for four staff developmental supervisions per year. There was no staff supervision policy provided on request. However, the service's quality auditing policy expected quarterly staff supervisions. Monitoring records indicated that supervisions occurred three times for each staff member in 2016.

Records of face-to-face supervisions showed considerable attention to detail and had elements of appraisal with the process. However, two of each staff member's supervisions were in practice them filling out a supervision form that was sent to the office for checking. The coordinator stated that the staff member was then contacted if concerns arose from what they filled out. However, this paper process meant staff were not consistently given the opportunity to discuss work concerns and their development, so as to ensure that they were carrying out their work duties effectively.

The coordinator was not able to tell us of when they last received a supervision session. They explained that there were no staff meetings but that circulars were occasionally sent to staff. The latest one supplied to us

was from May 2016. These processes did not assure us of consistently effective support of staff members in their roles.

The above evidence about insufficient staff support and supervision processes, and of no staff competency assessments in respect of complex healthcare procedures, demonstrates a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We found that the service was not consistently working within the principles of the MCA.

As part of starting to provide care to new people, the service established if anyone was legally acting on their behalf such as through Lasting Power of Attorney arrangements. Where this was the case, we saw that care services were discussed with the person's relevant representative, and that care plans reminded staff of who to contact if needed.

The coordinator told us the service had no policy on the MCA but used national guidance on implementing it. Records showed that staff had not received training on how the MCA impacted on their work, which the coordinator confirmed as correct. We found no direct reference to the MCA within people's care records, including no mental capacity assessments for consent to care packages where consent had been signed for by people's relatives. This put the provider at risk of failing to follow legal requirements of the MCA in respect of people they were providing services to.

The above evidence demonstrates a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us of good support with food and drink. One person said, "They prepare veg for me so somebody helps chop them." Another person told us of staff preparing meals, "setting the table, leaving mugs out and we have a dishwasher and they will put things in it." People's care plans provided staff with sufficient guidance for people's food and drink needs. They reminded staff of any cultural expectations for the individual. Where needed, they guided staff to check that there was enough food in the person's home and what to do if there was not.

There was good feedback about health support. One person told us that if their staff member detected any sign of bodily infection, "she will take me to my local GP." A relative said, "Both the carers and the agency update me with all visits from GPs and other healthcare professionals."

People's care plans provided good information on their health care needs and when staff would need to contact community healthcare professionals for support. Records showed that staff followed the guidance and paid attention to the views of the person, or their family member where appropriate, as part of this.

Is the service caring?

Our findings

Everyone reported that the service was caring. One person said that their staff member "treats me with respect." Another person commented, "They're thoughtful. When it's Christmas time they will send a schedule to see what I want covered and they made sure I knew that I would be charged double so I would not be surprised by the bill." Relatives reported that they and their family members were treated respectfully.

People's care plans and records indicated that they were treated respectfully. For example, care plans guided staff to gain consent for care and talk with the person during care even if the person was not able to reply. Staff were reminded not to make private phone calls when attending to people.

People reported that staff were easy to talk with. One person told us, "I can talk to her honestly she will let me know the pros and cons of that thing." Some people explained that this was due to having had the same staff member for many years. A relative said, "We have a regular team of carers in place" and "They realise the importance of consistency." They explained that the staff members enabled effective communication despite their family member's deteriorating capacity to communicate. The coordinator knew which staff had attended to people before. Records confirmed that people were usually supported by the same staff member or small team of staff. This staffing consistency enables positive and caring relationships to develop, as people's needs, preferences and ways of communicating are better understood.

People told us they were involved in planning their care. We were told of regular review meetings, which one person explained as "where they review how things are going and if we want something different." Another person said that care planning occurred "when the carer came here the first time." Relatives also reported being involved. Everyone said that the agency took their views into account in planning the service.

Staff confirmed that people using the service made decisions on all aspects of their support package, including who was to provide them with support. Comments included, "Even clients make interviews for the type of people they would like to work with." The coordinator confirmed this, explaining that the person using the service decided what support they were to be provided with as long as it was legal. People also decided which staff were to visit them, generally through an interview in advance of receiving care visits.

The coordinator told us that the minimum planned visit length was two hours and many visits took longer. As a result, staff often did not attend to more than one person a day.

Staff told us of ensuring that people's information is kept confidential. Staff interview records showed that applicants were asked about their understanding of confidentiality.

Is the service responsive?

Our findings

People told us that the service was responsive. One person said, "They're prepared to step in when needed" which they attributed to the small size of the agency. Another person told us, "When things have changed in the past they're there to help." A relative said, "The strengths of BILA are that they take the time to understand the needs of the client and the family."

We found the service to be responsive to people's needs and preferences. When one person had to stay in hospital, specific care staff from the person's team were provided on request, to ensure good liaison with healthcare professionals there. Another person did not want male staff for personal care but would accept them for driving support. Their records showed that this was followed.

We found that some people's care plans provided good detail on what the person's individual needs and preferences and the support staff were to provide. For example, one person's plan identified the times of day when they needed more support due to their fluctuating abilities. It also told staff exactly where post for the person was to be placed, so that it was not missed. Another person's plan was very precise with how to provide complex healthcare support in a safe manner.

The coordinator told us that there were annual reviews of people's care packages or sooner if the office was informed of significant changes in people's needs. Records of this process showed that the person's representatives and their usual staff member were present with permission. This helped to ensure the review identified relevant matters.

Care plans were usually kept up-to-date. One person's plan was updated within two weeks of their review meeting. However, another person had a review meeting six weeks before our visit. Records of this showed that it was agreed to alter the care plan in specific ways in response to changing health care needs, including about specific mouth care and to add a medicine to their care. The coordinator explained that the updated care plan was with the person's representatives awaiting formal agreement. In the meantime, records showed that the small group of staff working with the person had been informed of these updates. This helped to ensure that staff were providing care to the person based on the agreements of the recent review meeting.

People told us that they did not have any complaints, but they knew how to make complaints. One person said, "If there are any complaints we will give them a ring and they will come down and take the problems away." A relative told us of satisfactory resolutions to past complaints, adding that "it is helpful to deal with a regular contact at BILA." People's care records in the office showed that where concerns were raised with office staff, action was taken to resolve matters, and care plans were clarified if needed to stop the matter happening again.

People confirmed they were reminded of how to complain if needed and felt confident that the management team would address matters. As one person put it, "I would ring up the manager and just have a word. They're always very amenable." A staff member told us, "They take seriously all the reports from

clients," explaining that the service finds out what people are unhappy about.

The coordinator told us the last complaint was from the summer of 2015. There was an extensive record of the circumstances leading to the complaint. Whilst the service was ultimately unable to address the complainant's concerns satisfactorily, there was evidence that they had attempted to.

Is the service well-led?

Our findings

People told us the service was well-led. One person told us, "Things go well all the time." Another person said, "An unusual thing with BILA is they do send leaflets from time to time, for example, on how to keep warm over the winter. They go that little bit further." They added, "I recommended BILA because they really try and help." A relative told us, "The staff that I deal with at BILA always action my requests in a timely manner and offer appropriate direction, so from this perspective I feel BILA is well-led."

When we arrived at the agency's office, we were told that the registered manager had resigned a few days earlier. We were formally notified of this soon after our visits. At the time of drafting this report, we had not been informed of who was taking over as manager. We understood that the coordinator was temporarily ensuring the day-to-day running of the service; however, they were not confirmed as temporarily managing the service. They did not at that time have anyone to cover their roles in the event of them being on leave.

Everyone told us that a member of the management team visited them occasionally to check up on the service being provided. As one person put it, "They make a visit about once a year and talk about things and ask the staff if they're happy." People confirmed that this included being asked their views along with those of any staff present. However, we found that the service did not routinely turn up unannounced at anyone's home to ensure that staff arrived on time, treated people well, and were undertaking the services set out in the person's care plan. This is known as a spot-check, and is commonly carried out in this sector.

One staff member said, "Most of the clients are happy because they also give feedback on the questionnaire provided by the agency on the level of satisfaction of the service provided." We were shown results of the last survey of people's views that the service undertook. It showed much positive feedback, particularly for reliability and helping people to maintain independence. There were no negative comments. Staff survey results were similarly positive about the support they received for their roles. However, both surveys were from January 2015 and so were now two years old. This was not in line with the provider's policy of annual surveys to help ensure that they were meeting their aims and objectives.

The service kept some detailed quality monitoring documents, for example, to check that staff recruitment processes were robust, to provide oversight of staff training and support, and to monitor when people's risk assessments and annual review meetings were last updated. However, the latter documents had not consistently resulted in updates taking place in a timely manner.

The above evidence of shortfalls, in conjunction with the breaches we found at this inspection about failing to ensure safe care, failing to establish and implement procedures for working in line with The Mental Capacity Act 2005, and failing to ensure that staff were appropriately supported for their care roles, demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The coordinator explained that the service monitored staff attendance though timesheets. Most people using the service had capacity and ability to sign these, but relatives undertook this where needed.

One person told us, "There isn't a problem with the admin side; the invoices come out on time and they're accurate and so I don't have to chase them up about doing their job." We found the office to be well-organised and that records were securely kept. Office records in respect of each person using the service were kept in good detail, which helped ensure specific information could be easily accessed when needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered persons failed to establish systems of ensuring that care of service users was provided with the consent of the relevant person, or where the service user was unable to give such consent because they lacked capacity to do so, in accordance with The Mental Capacity Act 2005.</p> <p>Regulation 11(1)(3)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered persons failed to ensure that care is provided in a safe way to service users, including through:</p> <ul style="list-style-type: none">• <input type="checkbox"/> assessing the risks to the health and safety of service users of receiving the care, and• <input type="checkbox"/> doing all that is reasonably practicable to mitigate risks to the health and safety of service users of receiving the care. <p>Regulation 12(1)(2)(a)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were not effectively operated to ensure compliance with the Fundamental Standards. This included failure to:</p> <ul style="list-style-type: none">• assess, monitor and improve the quality and safety of the services provided;• assess, monitor and mitigate the risks relating

to the health, safety and welfare of service users and others.

Regulation 17(1)(2)(a)(b)

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered persons failed to ensure that staff received such appropriate support, supervision and training as was necessary to enable them to carry out their care duties.

Regulation 18(2)(a)