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Islington - London

Inspection report

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Date of inspection visit:
28 April 2016

Date of publication:
17 June 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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 28 April 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.

Islington – London (also known as Blue Poppies Care and Support Services) provides support and personal care to people living at home. At the time of our inspection there were 30 people using the service. Of those, there were 15 people receiving support with personal care. The provision of personal care is regulated by the Care Quality Commission.

There was a registered manager in post. 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.

The agency was not always ensuring that risks to people had been appropriately mitigated. This was in relation to infection control and a clinical task that had been transferred to the agency staff from healthcare professionals.

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

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

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 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 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.

We identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This breach was in relation to safe care and treatment. 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 always safe. Risks to people's safety had not always been appropriately mitigated.

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

Staff could explain how they would recognise and report potential abuse and knew what to do if they were concerned for people's safety.

Requires Improvement 

Is the service effective?

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.

Staff were provided with training in the areas they needed in order to support people effectively.

Good 

Is the service caring?

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.

Good 

Is the service responsive?

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 manager of the agency.

Good 

Is the service well-led?

Good 

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 registered manager and told us they appreciated the clear guidance and support they received.

Islington - London

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 28 April 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 one person who used the service and four relatives. We also received written feedback from one person who used the service and one relative. We contacted three social care professionals who knew the service well to gain their views. The inspection and interviews were carried out by one inspector.

We reviewed previous inspection reports before the inspection. We also reviewed other information we have about the provider, including notifications of any safeguarding or other incidents affecting the safety and wellbeing of people.

We spoke with seven care staff who supported people with personal care and the registered manager of the service.

We looked at five people's care plans and other documents relating to their care including risk assessments and daily notes. We looked at 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 who used the service and their relatives told us they were well treated by the staff and felt safe with them. Relatives told us they had no concerns about safety and that they trusted the staff who supported their relatives. A relative told us, "I trust them like family." One person who used the service said, "I do trust the staff coming into my home."

Before people were offered a service, a pre-assessment was undertaken by the management in the person's home. Part of this assessment involved looking at risks faced by the person and by the staff supporting them.

We saw that risk assessments had been undertaken in relation to people's mobility, medicine management and nutritional and hydration needs if these were part of their package of care.

We saw, from the five care plans we looked at, that one person was being provided with clinical support from staff and one person was being provided with support with infection control. However, risk assessments had not been completed to look at potential risks and problems associated with staff undertaking these clinical and infection control procedures. Staff who carried out the clinical procedure had undertaken training but their competencies had not been observed or recorded to evidence they were carrying out the tasks safely.

Although staff we spoke with knew about the potential risks associated with this procedure, these were not recorded or assessments undertaken to reduce potential risks. This meant that both the people who used the service and staff who supported them were at risk of potential harm.

This was in breach of Regulation 12(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Detailed risk assessments had been undertaken for other activities or tasks that were being undertaken by staff. These were, by their nature task focussed and did not take into account how risks might be different based on the individual person. The registered manager told us that she would introduce a more person centred assessment of risk for each individual.

People using the service and their relatives confirmed that risks to their safety had been discussed with them. One relative praised the staff for thinking about risks to the person's safety and commented, "The staff think about how to minimise risks all the time." They also told us that staff often made suggestions to the family about how risks might be reduced.

The manager told us all staff were informed of any changes in a person's care needs or risks and staff confirmed they were kept updated.

We saw environmental risk assessments had been developed for staff who were working alone with people

as well as having safe access to people's homes. A relative commented, "[The registered manager] and the care worker have done two extensive examinations of the house and facilities and covered in detail all aspects of safety."

Staff knew the procedure to follow if the person they were supporting became ill or had an accident. Each person had a fire action plan in the event of a fire occurring when staff were present and able to evacuate the individual.

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.

We saw that the registered manager had taken appropriate action when a safeguarding concern arose at the service including taking appropriate disciplinary action. The registered manager had used the issues raised by the safeguarding matter to learn from and to remind staff of the importance of maintaining accurate records.

People told us that staff usually came at the time they were supposed to and that they didn't feel rushed. One person commented, "They have always been on time or been in touch if delayed."

Staff did not raise any concerns with us about staffing levels. They 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. People told us that the staff worked the agreed amount of time and often asked if there was anything more they could do before they left.

Staff supported a number of people with their medicines and this generally meant prompting people to take their medicines at prescribed times. In some cases staff took primary responsibility for the administration and management of medicines. Staff confirmed that they had undertaken training in the management of medicines and had also undertaken observed competencies to make sure they were safe. These observed competencies were undertaken by senior management but these were not currently being recorded.

We spoke with the registered manager about the new guidance that was being introduced shortly regarding the management of medicines for domiciliary care agencies by the National Institute for Health and Care Excellence (NICE). The manager was aware of this and told us that the current systems of medicines management at the agency would be revised as a result of this guidance as well as current NICE guidance regarding the management of medicines.

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. People described the staff as "professional" and "flexible". A person who used the service told us, "The staff are by and large friendly, supportive, professional and efficient."

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, and infection control. We saw relevant certificates in staff files we looked at. In addition to the mandatory training, staff told us that they were also offered vocational training. Staff told us that they could also discuss any training needs in their supervision.

Staff confirmed they received regular supervision and yearly appraisals. A staff member told us that supervision was a positive experience. They said that their supervision was a good way to, "Look at ways I can improve." In relation to yearly appraisals the staff member told us, "I feel valued."

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 asked for their permission before carrying out any required tasks for them and did not do anything they did not want them to do. One person told us, "They never do anything I don't want them to." 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.

In some cases and if this was part of someone's care package, staff provided meals for people and assisted people with eating and drinking if this was required. Staff had undertaken training in food hygiene and were aware of safe food handling practices. For example, one staff told us about the importance of checking the use by date on food items.

There was information incorporated into people's care plans so that the food they received was to their preference and eating and drinking needs assessments were recorded in their care plan which indicated food likes and dislikes and if people needed any support with eating and drinking. People told us they were happy with the support they received with eating and drinking. One person told us, "The staff provide some

support with eating and drinking, and I am happy with this." A relative spoke to us about the help staff provided with eating and drinking and said, "My mum is eating very well." Another relative commented, "Very happy with support with eating and drinking."

In some cases, the agency took primary responsibility for organising people's access to healthcare services and support, but this was mostly being organised by people's relatives.

Care plans showed the agency had obtained the necessary detail about people's healthcare needs and staff 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. Social care professionals told us that the staff were good at supporting people with their healthcare needs and communicated well with healthcare professionals. They also told us that the staff were quick to get GP appointments if there were any concerns. One person who used the service commented, "The staff do support me to GP and Hospital appointments, and I am happy that they do this."

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 positive and included, "My mum gets on well with them and I get on well with them" and "Our care worker has become a friend." Another relative told us, "The staff are very caring."

People confirmed that they were involved 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, "Communication is excellent."

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

Staff we spoke with had undertaken training in equalities and diversity and understood that racism, homophobia and 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 people in their own homes. A person who used the service commented, "There is no problem in [staff] respecting background and culture." A relative told us that staff, "Respect our culture and are very sensitive."

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. One person commented, "They give me privacy and dignity when caring for me." A relative commented that the care worker, "Always follows procedures on privacy and dignity very carefully."

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 told us, "Good feedback good communication."

A person who used the service told us, "My needs and preferences don't change much and when they have, the staff responded well and with understanding." A relative told us that staff were, "Very responsive to changing needs or any requests."

Staff gave us examples of where they had contacted the agency and the person's relative if someone had become ill or looked unwell. We saw from records that the registered manager contacted the relevant health or social care professionals if people's needs changed. Social care professionals that we spoke with said the registered manager knew people very well and took swift action to make sure people were seen by the relevant healthcare professional as required.

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.

We checked the care plans for five people currently using the service. These 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.

People's needs were being regularly reviewed by the agency, the person receiving the service and their relatives. 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's care needs increased. Relatives told us that they could call the agency if they needed an extra hour or two of care and that this was provided when required.

Care plans included a detailed description 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. One person told us, "Communication at all levels is good, complaints could be made either to the worker or directly to [the registered manager] and we have confidence that she would be responsive and cooperative."

A relative we spoke with told about a complaint they made about the service, how this was investigated and

that the registered manager acknowledged that mistakes had been made and was, "Very apologetic." The registered manager told us how they had used this complaint as an opportunity for learning and training.

Is the service well-led?

Our findings

People using the service, their relatives and staff were very positive about the registered manager. A staff member commented, "[The registered manager] is ready to support us at any time. She listens and advises. She is very professional." Other staff told us the registered manager was, "Very helpful", "Responsive" and "Straightforward."

A relative told us, "We like her and have confidence in her abilities." A person who used the service said, "I have a lot of time for [the registered manager], who I view with respect. She is caring, professional and compassionate."

Staff and social care professionals told us that the registered manager treated staff very well and had high standards and expectations of staff.

Staff 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. The registered manager told us that she expected staff to treat people with respect and as if they were her own family members. It was clear these values were shared across the agency.

Staff had regular meetings with the manager to discuss and monitor any change in people's needs. Due to the practical issues with meeting as a single team, the registered manager often sent staff information and updates via email. Staff told us that they could make suggestions for improvements such as suggesting what training they would like to undertake and that the registered manager was responsive to these suggestions. For example, staff had suggested a more detailed recording system for managing people's finances. The registered manager had taken this on board and developed an improved system which staff told us better protected both the person and the staff.

There were systems in place to monitor the quality of the service provided. These included regular quality surveys, regular reviews of service provision and informal phone conversations with people using the service and their relatives. The registered manager told us that care plans and daily notes were audited to ensure that staff competencies were monitored.

People confirmed they had been asked for their views about the agency and completed surveys we saw indicated people were satisfied with the service. A relative commented, "[The registered manager] is in touch from time to time, usually by email, to monitor our satisfaction and generally keep in touch." Another relative told us, "[The registered manager] is so experienced and professional."

People who use the service told us the registered manager contacted them to see how they were and if they were satisfied with the staff and the care they received. Comments included, "It's well run. She is a very nice lady" and "I think the agency is well run."

We looked at the results of the last quality survey. This included the following comments, "Very pleased with

the quality of care and support" and "Thank you for finding such an excellent person to look after [my relative]."

The registered manager had also developed a newsletter for people using the service and staff. The last newsletter was published in December 2015 and included employee of the quarter and articles written by people using the service.

The manager was aware of the legal requirements in relation to notifications that needed to be sent to the Care Quality Commission.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | <p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure that care and treatment was always provided in a safe way for people using the service.</p> <p>Regulation 12(1)(2)(a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Safe care and treatment</p> |