

Mrs Claudia Alexander

# Golders Green Nursing

## Inspection report

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### 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:

Golders Green Nursing is a domiciliary care service providing personal care and support to people living in their own home. Commissioned care packages consist of a minimum of four to six hours per care call, with many people commissioning full day or night time care where required. The registered manager and nurse manager responsible for the management and delivery of care are both qualified nurses who continue to maintain their registration with the Nursing and Midwifery Council. Golders Green Nursing was providing personal care and support to 27 people aged 65 and over at the time of the inspection.

### People's experience of using this service:

People were highly complementary of the care and support that they received from Golders Green Nursing. We were told that the service and care staff were, "excellent", "fantastic", "helpful" and "professional."

People and relatives told us that they felt safe with the care and support that they and their relative received. Staff knew how to identify signs of abuse and who to report their concerns to.

Risk assessments in place assessed risks associated with people's care and health needs and gave direction on how to minimise known risks and keep people safe.

People received their medicines safely and as prescribed.

Recruitment processes in place ensured that only those staff assessed as safe and competent to work with vulnerable adults were recruited. We were told that there were currently sufficient numbers of staff available to meet people's needs safely.

Support mechanisms were in place for staff to effectively carry out their role which included induction, regular training, supervisions and annual appraisals.

People's capacity to make day-to-day decisions had been considered and assessed. The service was working within the requirements of the Mental Capacity Act 2005.

People had good health care support. Staff worked in partnership with health and care professionals.

Care plans were person centred and gave comprehensive information about the person, their needs and how they wished to be supported.

People and their relatives knew who to speak with if they had a complaint or concern to raise and were confident their concerns would be addressed.

Checks and audits in place enabled the service to monitor, learn and improve the quality of care and

support people received.

More information is in the detailed findings below.

Rating at last inspection: Good (Report Published 11 November 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 ●

# Golders Green Nursing

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one adult social care 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. The expert by experience supported this inspection by carrying out telephone calls to people and their relatives to gain their feedback about the service.

#### Service and service type:

Golders Green Nursing is a domiciliary care agency. It provides personal care and support to people living in their own houses and flats. It provides a service to older adults.

The service had a 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 visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in to support the inspection process.

#### What we did:

Prior to the inspection, we reviewed the information that we held about the service and the provider including notifications affecting the safety and well-being of people who used the service. We reviewed the Provider Information Return (PIR) which the provider had sent to us. A PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection we spoke with five people using the service and eight relatives to obtain their feedback on the care and support that they or their relative received. We spoke with the registered manager, the nurse manager and six care staff members.

We looked at the care records and medicines administration records for four people who used the service. We also looked at the personnel and training files of four staff. Other documents that we looked at relating to people's care included risk assessments, staff meeting minutes, handover notes, quality audits and policies and procedures.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe with the care staff that supported them. One person told us, "They are brilliant. I have had the same carer for four years. I certainly feel safe." Another person when asked if they felt safe stated, "Oh yes, definitely."
- Relatives also expressed the same positive feedback and told us, "Absolutely, they keep her safe", "Yes, I feel she is safe and things are so much better with this agency" and "They [staff] are very reliable and helpful."
- All staff demonstrated a good understanding of how to protect people from abuse, the possible signs of abuse and the steps to take to report their concerns.
- Staff knew and understood the term 'whistleblowing' and named external agencies such as the CQC or the local authority who they could contact to raise their concerns without fear of recrimination.
- The registered manager was aware of their responsibilities around reporting any safeguarding concerns identified to them to the appropriate authorities. The service had not been alerted of any safeguarding concerns since the last inspection.

Assessing risk, safety monitoring and management

- Risks associated with people's care needs had been assessed and gave guidance to care staff on how to safely support people to minimise those known risks.
- Assessed risks included moving and handling, choking, skin integrity, falls and the environment.
- Where people had known risks associated with specific health conditions or needs, these were not always formally assessed. However, the registered manager gave assurance that they and the care staff team supporting people with those specific risks knew them well and were aware of how to support people ensuring their safety at all times.
- Staff that we spoke with also demonstrated awareness of people's risks and how they were to support them to remain safe.
- During the inspection process, in response to our feedback, the service immediately drew up risk assessments for people who could be at risk due to a diagnosis of diabetes, the use of a catheter or behaviours that challenged.

Staffing and recruitment

- Staff were recruited safely.
- The service carried out the required checks which included obtaining references confirming past conduct in similar roles, a criminal records check and proof of identity. This ensured that only those staff assessed as safe to work with vulnerable adults were recruited.
- Each person receiving care and support were allocated a regular team of care staff to ensure that they received consistent support from staff who they knew.

- People and their relatives confirmed that staff always arrived on time and where they were running late they were always informed of this. One person told us, "They do. About once a month they may be five or ten minutes late. They call me to tell me." One relative stated, "We are always kept informed."
- The registered manager told us that they had sufficient number of staff to meet the needs of people they currently supported safely.

#### Using medicines safely

- At the last inspection in October 2016, we made a recommendation to the service to ensure they followed current guidance on maintaining medicines administration records when prompting and administering medicines. At this inspection we found that the service was doing this.
- People were receiving their medicines safely and as prescribed. People and their relatives confirmed this. One person told us, "One of my carers does my dosette box. They make sure I have all I need." One relative said, "Yes, it's done and on time."
- Records relating to the prompting and administration of medicines were complete and no gaps or omissions in recording was noted.
- Care plans detailed people's prescribed medicines which included information about the medicine, what it was prescribed for and any known side effects.
- Where people had been prescribed medicines that were to be given 'as and when required' (PRN), a PRN protocol was not always available to care staff which gave direction and guidance on how and when to administer the medicine. PRN medicines can include painkillers.
- We brought this to the attention of the registered manager who explained that care staff were always required to call them or the nurse manager to inform them of when people required a PRN medicine and why before it was given. PRN medicines can include painkillers. However, the registered manager assured us that PRN protocols would be put in place. We received confirmation of this following the inspection.
- All staff had received medicines training. The registered manager told us that formal competency assessments for staff were not completed as they were always regularly observed and monitored on an ad-hoc basis.
- Regular checks were carried out by the registered manager and nurse manager to ensure people were receiving their medicines safely and as prescribed. Again, these were not formally recorded. We informed the registered manager to look at ways in which they could formalise their audit processes.

#### Preventing and controlling infection

- Records confirmed that all staff had received infection control training. Care staff had access to personal protective equipment to prevent and control the spread of infection.

#### Learning lessons when things go wrong

- Processes were in place to ensure that any accidents or incidents were recorded, investigated and learned from to prevent future re-occurrences.



# 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

Good: 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

- The registered manager carried out a comprehensive assessment upon request for a package of care to confirm that the service could effectively meet the needs of the person. Information collated included personal information about the person, known medical conditions and current care needs.
- The pre-service assessment was completed in partnership with the person, involved relatives and health care professionals where appropriate.
- An initial care plan was formulated using the information gathered during the assessment which was then reviewed and updated after two weeks of the care package commencing.

Staff support: induction, training, skills and experience

- People and their relatives confidently told us the care staff were appropriately skilled and trained in their role. One person told us, "Yes, all the carers are given a period of time each year so that they can update their NVQ's." Relatives comments included, "I think they are good at their jobs for sure" and "Fantastic they are brilliant."
- Care staff told us and records confirmed that they received regular training and support which enabled them to carry out their role effectively. This included supervisions and annual appraisals.
- Topics covered through training included end of life care, dementia care, falls prevention, safeguarding, moving and handling and first aid.
- The registered manager told us that they were very selective when recruiting prospective staff members and only employed those staff with experience and qualifications in a caring role. Some care staff were qualified nurses.
- All staff employed received a comprehensive induction, followed by introduction to a prospective client with a period of shadowing of an experienced care staff until the staff member was assessed as competent to work independently.

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

- People were supported with their nutrition and hydration needs where this was an assessed need. People told us that they were happy with the support that they received which was based on what they needed. One person told us, "We go out together for lunch and my carer cooks my supper for me. She is good at it." Another person stated, "They will heat up meals for me and make me food on a tray when I want."
- Relatives also confirmed this to be the case and told us, "They make sure she has a balanced diet" and "Yes, they support her."
- People likes, dislikes and preference in relation to food and drink had been clearly documented within their care plan. Information recorded also included any specialist dietary requirements and support needs and how care staff were to support people with these.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service supported people to access a variety of health care professionals and agencies to ensure they received the appropriate support where this was an assessed need.
- This including referring to and accessing health care professionals which included occupational therapists, speech and language therapists and physiotherapists. The service also supported people to attend appointments where required.
- In addition to supporting people with accessing services, the registered manager and nurse manager were qualified nurses and had maintained their registration PIN with the Nursing and Midwifery Council. This meant that they were available to support people with minor nursing needs where required.
- People and their relatives felt that their and their relatives' health care needs were appropriately met and that they were always kept updated about any concerns or developments.
- Within the service, care staff maintained regular logs of people's health and wellbeing, so that the team could work together to ensure people received effective care and support.

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".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Services providing domiciliary care are exempt from the Deprivation of Liberty Safeguards (DoLS) guidelines as care is provided within the person's own home. However, domiciliary care providers can apply for a 'Community DoLS'. This is applied for through the courts with the support of the person's local authority care team. Nobody currently using the service was subject to a Community DoLS.

- Where possible, people had been involved in making decisions about all aspects of the care and support that they received and this was clearly documented within their care plan. One person told us, "We have mutual communication."
- Where people were assessed as lacking capacity to make decisions, care planning and best interest decisions had been recorded which involved relatives and health care professionals where required.
- Care staff gave examples of how they supported people effectively which took into account their ability to make decisions where possible. One staff member explained, "Its literally about the person and if they are capable of making their own decisions. We have to assume people have their capacity but if not we have to make decisions in their best interest. If they lack capacity family members and the multi-disciplinary team would be involved. Anything we do personal care, medication or food everything we try and get consent, I give them choices not too many as too confuse them and if I know the person I get to know what they like."

## 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

Good: 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

- We asked people and their relatives whether they found the care staff that supported them kind and caring and whether they were well treated and supported. The responses received were overwhelmingly positive.
- People's feedback included, "Oh yes, thoughtful, kind and considerate and they have a sense of humour", "Such devoted girls" and "Yes, I will give you my four C's – Care, Competencies, Commitment and Continuity."
- Relatives told us, "The carer liaised with the specialist to make sure my mother has great care" and "They go above and beyond to make sure that she feels cared for."
- The service predominately supported people from the Jewish community and so ensured that care staff understood people's religious and cultural needs in this regard. Information leaflets were provided to care staff giving them the information they needed to on how to support people so that their cultural and religious needs were respected.
- Care staff understood each person's needs were different in relation to equality and diversity and told us that they would support them according to their choices and wishes. People's needs and wishes around specific cultural or religious needs had been clearly documented within their care plan.

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

- People told us that they were involved in making decisions relating to their care and support needs. They told us that care staff listened to them and delivered care how they wanted.
- People's likes, dislikes and care delivery preferences were also recorded within their care plan.
- The registered manager and the care staff team demonstrated that they knew people very well. During the inspection we heard both the registered manager and nurse manager speak with people and relatives to address and alleviate any queries they had. The registered manager told us, "The most important part is that we are always visiting people and are always in touch with them."
- Care staff explained that the people were always supported in ways that they wished to be and that gaining their consent was an important part of the process. One care staff member told us, "Every single person has their own personalised care package."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives confirmed that care staff were very respectful of their privacy and dignity. One person told us, "Yes, of course, this is very important." A relative stated, "They treat my [relative] with lots of dignity."
- Care staff gave examples of how they ensured people's privacy and dignity was always upheld. One care staff explained, "When it comes to personal care I make sure the person has given their consent, speak to the person, tell them what I am doing, make sure I cover them, I talk to the person, closed environment."

- Care staff also understood the importance of supporting people to maintain their independence and gave examples of how they helped people to do this. Examples included, "We encourage them because you don't want to take that little bit of independence from them. Its like feeding themselves, you let them do as much as they can as long as they are willing and able to do that" and "We always involve them in their care. We recognise their strength and abilities and we encourage them."

## Is the service responsive?

### Our findings

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

Good: 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's care plans were detailed and person centred and listed their likes, dislikes and preferences on how they wanted to be supported.
- Personal information was also available about the person's life history, relationships and things that were of importance to them so that the service could tailor the care and support in response to their needs. One relative told us, "A female carer has always been requested and granted and we have asked for a carer with a knowledge of Judaism and the carer they supplied was great."
- Care plans were compiled in partnership with the person, their relative and any involved healthcare professionals. Care plans were reviewed annually or sooner in response to any change in needs.
- Golders Green Nursing specialise in providing care and support to people with day and/or night time support. Due to the number of hours provided in one stretch, alongside people receiving support with personal care, care staff also supported people to access the community and participate in activities and pursue their interests.

Improving care quality in response to complaints or concerns

- People and their relatives knew who to speak with if they had any complaints to raise and were confident their concerns would be appropriately addressed.
- Since the last inspection, the service had not received any complaints. However, we saw processes in place which would enable the service to record, investigate and take appropriate actions in response to a complaint.

End of life care and support

- The service was not currently providing any end of life care at the time of this inspection.
- However, the service worked closed with local hospices to ensure people were supported according to their wishes towards the end of their life.
- The registered manager explained that end of life wishes were only discussed when that time approached. The registered manager told us, "We work very closely with North London Hospice. The hospice deal with the pain and the symptoms and we deal with the holistic side which is dealing with person and their family. Both are equally important. Will try and keep people at home where possible."
- One relative told us of their experience of when their relative received end of life care and told us, "Totally five of them [care staff] came to my [relative] funeral. When my [relative] went to hospital the young carer turned up at 1am. They were so devoted to him."

# Is the service well-led?

## Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives knew the registered manager and nurse manager very well and spoke positively of the communication between them.
- People told us, "[Registered manager and nurse manager] come to see me. They even came to see me when I was in hospital", "Yes, I have met them. They are lovely" and "She [registered manager] is lovely, the manager is easy to talk to."
- Relatives feedback included, "She [registered manager] seems lovely, great communication between me and this service" and "Absolutely professional."
- The registered manager was very clear about the aim to provide high quality care and told us, "We are very hands on."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A management structure was in place which all staff understood. Support staff knew who to speak with if they had any concerns.
- All staff spoke highly of the managers and told us that they were available and approachable at any time. One staff member told us, "Yes one of the best that's why I stay. Yes, she [registered manager] has a very good approach to us and she levels with us and so it easy for us to say our thoughts and whatever concerns we have."
- The registered manager and nurse manager carried out regular checks and quality audits to monitor the quality of care people received with a view to learning and improving. This included the review of records, oversight of medicine administration and unannounced spot checks.
- Where issues were identified the registered manager and nurse manager made sure that these were addressed immediately and processes put in place to prevent any future re-occurrences.
- We noted that not all checks and audits were recorded as part of a formal process. We highlighted this to the registered manager who assured us that going forward they would look at formalising the oversight process.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager and nurse manager told us that they were in contact with the people they supported on a weekly basis. They also tried to ensure everyone was visited on a weekly basis and were also available as and when required. The registered manager stated, "The most important part is that we are

always visiting people and are always in touch with them. People and their relatives confirmed this to be the case.

- Regular contacted enabled the service to obtain feedback from people and their relatives about the quality of care that they received and where issues were identified these could be addressed immediately.
- People and their relatives were asked to provide their feedback about the care and support that they and their relatives received through the completion of an annual satisfaction survey. The most recent exercise was completed over the last three months.
- Feedback received was positive. Where concerns were noted these were dealt with immediately.
- The service did not hold meetings for care staff due to the nature of the work and logistical difficulties in getting the full staff team together. The registered manager told us that they were regularly in contact with individual care staff to exchange information and guidance.
- The registered manager also used technology as a way of maintaining contact with the staff team. Regular memos were sent through to staff via email and for immediate information exchange instant messaging through mobile phones was utilised. One staff member told us, "[Registered manager] communicates with you on the phone at all times, all the time if there are changes she will let you know by email and text."
- The service worked well with other agencies to support people's care and wellbeing. This included a variety of healthcare professionals and the local authority.
- The service was a single provider but had established relationships with other local service providers in order to share practices and learn from each other.
- Where there had been referrals, appointments or on-going engagement with a partnership agency, this was well documented in people's care files.