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Care Individual

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

The service provided personal care to adults living in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection, the service provided personal care to one person.

People's experience of using this service

Relatives told us people were safe and were familiar with staff who provided care to their family members. They told us they were happy with the service they received.

Risks associated with people's needs were assessed and staff understood how to mitigate these risks. Staff provided care to people in their own homes and arrived at times that suited them. Staff supported people with their medicines when required.

People were protected from abuse and staff were recruited safely. Staff followed infection control procedures. Staff provided support to people at the assessed times. However, we have made a recommendation about developing a more robust rota system for staff because there was not a suitable system in place for managers to monitor staff.

Staff were supported with training and development to ensure they had the skills to provide safe care. Staff received informal supervision from managers that was infrequent. We have made a recommendation about the supervision and appraisals of staff so that any concerns or issues they had could be addressed and recorded.

People were supported to maintain their health and nutrition. They were supported to access health care professionals, such as GPs and district nurses when required.

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 treated people with dignity and respected their privacy. People received care and support from staff who were kind and compassionate. Staff developed positive relationships with people and their relatives. They understood people's needs, preferences and what was important to them.

Care plans were person centred and detailed people's support needs. People and relatives were supported with complaints they wished to make.

The management team carried out checks to ensure staff were providing a good standard of care. People and relatives were able to provide their feedback about the service and this helped the service to drive

further improvements.

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

Rating at last inspection

This was the first inspection since the service registered with the CQC on 30 April 2018.

Why we inspected

This was a planned inspection based on the date the service was first registered.

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.

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 ●

Care Individual

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. At the time of the inspection, the service provided personal care to adults living in their own homes.

The service had an individual registered with the Care Quality Commission. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

Our inspection was announced. We gave the provider 48 hours' notice because we needed to be sure that the provider or registered manager would be in the office to support with the inspection.

What we did before the inspection

Before the inspection, we reviewed relevant information that we had about the service including safeguarding alerts or incidents affecting the safety and wellbeing of people. We also requested feedback from social care professionals.

The service completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with the provider of the service, the manager and two care staff. We reviewed documents and records that related to people's care and the management of the service. We reviewed one care plan and four staff recruitment files. We also looked at staff training records, audits and other records relating to the management of the service.

After the inspection

We spoke with one relative by telephone. We were unable to speak with people due to their needs. We continued to seek further evidence and clarification from the provider.

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

- Relatives told us the service was safe. A relative said, "Yes the staff are safe with my [family member]."
- There was a safeguarding procedure for staff to follow. There was also a whistleblowing policy for staff to report concerns they feel were not sufficiently addressed by the provider.
- Staff had received training in safeguarding adults. Staff told us that should they suspect an incident of abuse had taken place, they would report it to the management team and the relevant authorities.

Assessing risk, safety monitoring and management

- Risks to people were assessed and control measures were in place to ensure people were safe. Risk assessments included any medical or health conditions people had, such as risk of falls and incontinence. Risks to people were reviewed as their needs changed.
- Staff told us risk assessments provided them with sufficient information. One staff member said, "Yes, the risk assessments are helpful and I understand them."
- We noted that risk assessments were not clearly set out in people's care plans and were hard to find, which may make it difficult for staff to access. We addressed this with the management team who ensured that a separate file was created for risk assessments.

Staffing and recruitment

- There were enough staff employed to meet people's needs.
- People were supported by the same staff for continuity of care. A relative told us, "Yes, generally it is the same carers."
- If staff were running late due to traffic or transport delays, they or the management team notified the person or a relative, to reassure them they would arrive as soon as possible. A relative said, "We get a call if carers are late or I call the office to check."
- There was not a system in the office for monitoring the times staff arrived for their calls each day because the service was very small. Staff completed timesheets and daily notes and these were submitted weekly.
- Timesheet records showed that staff arrived and completed tasks within scheduled times.
- Due to the limited number of people using the service, a rota system was not in place. We asked the management team how they knew which staff were on duty at any given time. They told us they were not always sure because staff were just assigned hours and knew which hours they would be covering.

We recommend the provider adopts a formal approach to developing rotas to ensure there is more robust oversight of the service, to prevent serious incidents occurring.

After the inspection, the provider confirmed with us they were implementing a rota system.

- Safe recruitment procedures were in place to ensure staff were suitable to work with people.
- Pre-employment and background checks were carried out before staff started work, including professional references, proof of identity and criminal record checks.

Using medicines safely

- At the time of our inspection, staff did not fully support people with their medicines. However, they did apply topical creams and ointments to people when required. Body charts were in place to illustrate where creams and ointments should be applied on the person. A relative said, "Staff do this [apply cream] sometimes but I am responsible for medicines for my [family member]."
- Staff recorded they had applied the creams in daily notes. A staff member said, "We record everything in our daily notes, such as when we give cream."
- However, suitable guidance or protocols were not in place for staff relating to when and how they should administer these types of medicines. The management team took action to address this and provided us with a protocol for staff after our inspection.

Preventing and controlling infection

- Infection control procedures were in place.
- Staff were provided with personal protective equipment (PPE), such as disposable gloves to prevent infections spreading.
- Staff told us they washed their hands thoroughly before and after providing personal care.

Learning lessons when things go wrong

- There was a procedure for reporting any incidents and accidents. There were no reported accidents or incidents in the service since their registration.
- The manager told us should there be incidents or if things went wrong in the service, these would be analysed and lessons learned to prevent re-occurrence.

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

- People's needs and choices were assessed before they started to use the service. The assessment was undertaken by the management team. This ensured the service would be able to provide people with the support they needed.
- Assessments of the person's home environment, mobility and personal care needs and their nutritional requirements were carried out.

Staff support: induction, training, skills and experience

- Staff were suitably trained and delivered a good level of care. A relative said, "Yes, the staff seem to be trained."
- Training included topics such as health and safety, safeguarding adults, the Mental Capacity Act (2005), administration of medicines and moving and handling.
- New staff received an induction and had taken part in shadowing experienced staff to help them get to know the role and the people they supported. A new member of staff told us, "I am loving it so far. I have got more training coming up. It's been very good."
- There was a procedure for staff to attend supervision meetings with managers to discuss their development and any concerns they had. The provider told us supervisions took place but they were unsure of the dates. We did not see records of supervisions. The provider said staff members were given a copy of their supervision meeting record to sign but they had yet to be returned. Annual performance appraisals of staff had also yet to be carried out.
- Staff told us they felt supported and had attended individual and group supervisions with other staff and the manager. However, we also did not see records of group supervisions.

We recommend the provider seeks best practice guidance on carrying out effective supervisions and appraisals of staff to ensure they are fully supported.

After the inspection, the provider showed us records of supervision meetings that had taken place and were signed by staff.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff had received training in the MCA and were aware of its principles. They ensured they gained consent from people before carrying out any tasks, for example when assisting them with personal care.
- Where people lacked the capacity to make decisions for themselves, records of capacity assessments were available to confirm decisions could be made in their best interest.
- Relatives told us they and their family members had consented to the care, were involved in decisions about their care and had signed their care plans.

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

- People were supported with maintaining a healthy and balanced diet. Their dietary requirements and preferences were recorded. This gave staff guidance on how to support them.
- A staff member said, "We support [person] with food and drink if they request it, such as biscuits or water. Usually their [relative] would provide this."

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

- People had access to healthcare professionals such as GPs to help maintain their health and wellbeing.
- Staff told us they knew how to respond if there was an emergency. A staff member said, "Yes I know what to do. I would call an ambulance."
- Staffed worked with other professionals such as district nurses to provide effective and timely care to people.

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 people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated with respect by staff. Relatives told us staff were kind and caring in their approach. A relative said, "I think the staff are kind and caring and friendly."
- Relatives told us they got to know staff well, which helped to develop positive relationships with them and their family members.
- Staff ensured people were treated fairly and they did not discriminate people based on their cultures, gender, sexuality and religion. One member of staff told us, "Yes, it is very important that people are treated equally. Their colour or religion doesn't matter."

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

- People were involved in decisions about their care which helped them to retain choice and control over how their care and support was delivered.
- People and relatives were consulted about people's care plans. One relative said, "I was involved with my [family member's] care and their care plan."
- We noted that a relative had signed an agreement with the service about how they would look after their family member when the care staff were not present to ensure that any risks were identified and understood. This showed how people and relatives were supported with their decisions.
- Staff were familiar with people's likes, dislikes and preferences. A staff member said, "I get on very well with [person and their relative]. I help pick out their clothes and have a laugh and a joke. I listen to them as well. It's really nice to hear all their old stories."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Relatives confirmed staff respected their family member's privacy at all times. A relative said, "The staff are respectful of my [family member's] privacy." A member of staff told us, "I make sure I cover the person and close doors and curtains to give them privacy."
- People's level of independence was detailed in their care plans, such as whether they were able to walk unaided, tend to their own personal hygiene or eat and drink without assistance.
- Staff told us they were aware of the importance of confidentiality. They knew to whom they could share confidential information with.

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 people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support that met their individual needs.
- Care plans contained information on people's specific preferences, including their religious or cultural background. This helped staff get to know people to enable them to provide a personalised service.
- The care needs of people using the service were reviewed and their care plans were updated when required.
- Staff worked together and completed daily notes after completing their tasks and detailed important information that required attention or follow up.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place to ensure concerns from people were addressed and investigated. A relative told us, "I would contact [responsible individual] if I was not happy with something."
- Records showed that no complaints had been received since the service was registered with the CQC.

Meeting people's communication needs

From August 2016 onwards all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was compliant and ensured that people had access to information in a suitable format, such as a welcome leaflet about the service.
- People's communication needs were documented in their care plan and provided information to staff on how to communicate with people effectively. One person's care plan stated, 'Sometimes [person] is confused but they are able to communicate their needs to the carers.'

End of life care and support

- The service did not support people at the end of their life at the time of our inspection.
- The provider told us they would liaise with specialist end of life care professionals to ensure people received dignified care should people require this level of care.

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.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was managed by the provider of the service and a manager. The manager said, "I am very excited to be working here to help develop the service. I work very well with [responsible individual]."
- Spot checks were undertaken by the manager to observe staff practice when providing care. They also contacted people by telephone and spoke to them to check they were satisfied with the service.
- The manager said, "We are very thorough and make sure the staff are performing as they should. We observe moving and handling practice and personal care to make sure staff are helping the client safely."
- Staff understood their responsibilities to provide a good service to people and were professional in their approach.
- Policies and procedures for the service were in place although they required updating following changes made to the address and location of the service. The provider told us they would update them.

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

- Person-centred care was provided to people and the management team knew people well. A relative said, "I think it is a good service. I know the managers and they are helpful."
- Staff were happy with the support they received and told us the management team was approachable and helpful. A staff member said, "The managers are really nice, lovely people. I enjoy working for them. They are very supportive and we can go to them with any concerns."

Continuous learning and improving care

- People and relatives were able to provide their feedback about the service.

The service used performance management tools to help identify any areas for improvement. These included annual questionnaires for people or their relatives to complete. We saw that current feedback was positive.

- The management team told us they planned to improve and develop the service as it expanded and had already begun investing in technology to help monitor visits and devise rotas.
- The provider told us they had learned about how best to recruit staff to ensure they recruited people who were suitable and would provide good quality person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Relatives were satisfied with the service and told us they felt engaged, involved and listened to. A relative said, "The managers listen to me and help us when we have any issues."
- Staff told us they felt engaged with the service. They met with the management team to discuss any issues and share important information or ideas.

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

- The provider understood their legal responsibilities to people and kept them up to date and informed with developments.
- They recognised if mistakes were made and ensured these were improved upon to prevent reoccurrence. For example, where there was persistent lateness from staff or when staff failed to follow procedures.
- The provider knew the relevant regulatory authorities with whom to report incidents in the service.

Working in partnership with others

- The provider worked well with health and social care professionals, such as multidisciplinary teams and district nurses to help maintain people's care and support needs.
- We did not receive any concerns from health and social care professionals.