

Nationwide Care (Finchley) Limited

Whetstone Office

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Whetstone Office, commonly known as Nationwide Care, provides personal care and support to people living in their own home as part of a supported living scheme. The service comprises several small houses or purpose-built flats (supported living units) where people have their own bedrooms and access to shared communal living areas. The service also provides support to people living in their own individual accommodation.

Not everyone who used the service received personal care. 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. 19 people were using the service at the time of the inspection, out of whom 10 people received personal care.

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

Right Support

The service supported people to have the maximum possible choice, control and independence. Staff supported people to make decisions, following best practice in decision-making.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People had a choice about their living environment and were able to personalise their rooms.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

The service worked with people to plan for when they experienced periods of distress so that their freedoms were restricted only if there was no alternative. Staff enabled people to access specialist health and social care support in the community.

Right Care

People received kind and compassionate care. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies. Staff had training on how to recognise and report abuse and they knew how to apply it.

People's care and support plans reflected their range of needs and promoted their wellbeing and enjoyment of life.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Staff and people worked together to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

Staff knew and understood people well and were responsive to their individual needs. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

People and those important to them were involved in planning their care. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 April 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 16 February 2021 during which we found breaches in relation to safe care and treatment, fit and proper persons employed, and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Whetstone Office on our website at www.cqc.org.uk.

Recommendations

We made a recommendation for the provider to review their recruitment procedures to ensure these were in line with best practice.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Whetstone Office

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience who contacted relatives by telephone for feedback on the care people received. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support primarily to people living in 3 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

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

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used information gathered as part of monitoring activity that took place on 22 February 2022 to help plan the inspection and inform our judgements. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited 2 of the supported living units and spoke with 4 people who used the service and 1 relative about their experience of the care provided. We also observed interactions between people and staff.

We spoke with staff on duty, including 4 care workers, a newly appointed manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 5 people's care records and multiple medicines records. We looked at 5 staff files in relation to recruitment. We reviewed a variety of records relating to the management of the service, including policies and procedures, complaints, accidents and incidents records, staff training records, audits, and meeting minutes.

Following our visit to the service, we spoke with the relatives of 5 people on the telephone, and an additional staff member.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Staffing and recruitment

At our last inspection, we found systems were either not in place or robust enough to demonstrate safe recruitment. This placed people at the risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvements had been made at this inspection and the provider was no longer in breach of regulation 19.

- The service carried out safe recruitment checks to ensure the right staff were employed.
- Staff files showed written references, a fully completed application form, interview record, proof of identity and a Disclosure and Barring Service check (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- However, references for some staff contained discrepancies. For 1 staff member, details of their most recent employer (referee) were not documented on their application form. For another staff member, their employment dates on one reference differed from the dates stated by the staff member in their employment history. Gaps in staff employment histories were not always explored.

We recommend the provider review their staff recruitment procedures in line with best practice.

- Following the inspection, the registered manager took immediate action to address these issues, and provided assurances on their approach to safe recruitment. Gaps in employment histories were also clarified.
- Newly recruited staff were closely supervised and managers visited the premises frequently to monitor staff performance and provide additional support where needed. This meant staff were deployed safely to ensure people received safe care.
- There were enough staff deployed to meet people's needs safely. People received support from a regular staff team. One person told us, "They (staff) treat me well." Comments from relatives included, "I find the staff to be largely very overqualified" and "The staff are very kind and caring."

Using medicines safely; Preventing and controlling infection

At our last inspection, we found medicines and infection control were not always safely managed. This placed people at risk of harm and was a breach of regulation 12 (Safe care and treatment) of the Health and

Enough improvement had been made in the management of medicines and infection control at this inspection, and the provider was no longer in breach of regulation 12.

- People received their medicines as prescribed. Staff were trained and assessed as competent to administer medicines.
- Medicines administration records were clear, legible and completed appropriately by staff when administering medicines. Guidance was in place to instruct staff when to administer 'when required' medicines – these were medicines such as painkillers and medicines for anxiety.
- People's medicines were stored safely and staff kept an audit of medicines which were stored in their original boxes. We performed a random check and found medicine stocks corresponded to audits carried out by staff.
- Staff supported people to have regular reviews of their medicines. This reduced the risk of over-medication which helped people to stay well and have a good quality of life. A relative told us a person took a certain medicine for their anxiety when required. They confirmed this medicine was reviewed and the psychiatrist had prescribed a lower dose, and added, "Staff are not giving [this medicine] as often."
- Processes were in place to protect people from the risk of infections. Premises looked clean and hygienic. Staff were trained in infection control and wore personal protective equipment as required.
- People were able to have visitors without restriction. A relative told us, "I've got no concerns over infection control." A second relative said, "They were actually brilliant during COVID-19, they kept [person] safe."

Systems and processes to safeguard people from the risk of abuse

- There was a clear policy on safeguarding people from risks of abuse.
- However, an allegation of abuse was made a few months prior to the inspection which CQC had not been notified of. The incident was reported to the local authority and fully investigated, and was found to be unsubstantiated. We discussed this with the registered manager and nominated individual who explained that it was a minor occurrence, but assured us all incidents of a safeguarding nature would be reported to CQC promptly going forward.
- Staff received regular training in safeguarding and were aware of their responsibilities to raise concerns. If abuse was suspected a staff member told us they would, "Speak to the person, speak to the manager, keep a record of everything, and report to safeguarding and CQC [if needed]."
- People felt safe, were able to make choices and had access to different parts of their accommodation. A relative told us, "[Person] got to choose where he wants to go and do, and is very much in control."

Assessing risk, safety monitoring and management

- The service identified risks related to people's health, care and welfare, and had plans in place to mitigate those risks.
- Risk assessments were detailed, personalised and contained clear instructions. They covered areas including eating and drinking, physical environment, falls, going out and people's health. People also had a hospital passport (a document which tells the hospital about their healthcare, learning disability and communication needs) and a Personal Emergency Evacuation Plan (a document that outlines how to safely support a person to evacuate in the event of a fire) in place.
- Where people expressed their feelings through anger and aggression due to anxiety or distress, staff responded appropriately to reduce the risk of harm. People had Positive Behaviour Support plans in place which explained the right techniques to be used if they became agitated. A relative told us, "They manage his risk really well. [Person] does lose his temper on occasion and he's not violent, he responds well to structure and they are very good; we only really having a blip every three months or so now and they always let me know; it never goes beyond the first stage, it used to go so far but not anymore."

- Staff were trained to use de-escalation techniques when people's moods became elevated, and would only use physical restraint as a last resort to protect people and/or themselves from harm. Clear guidance was in place around the use of physical restraint.

Learning lessons when things go wrong

- Systems were in place to promote learning when things went wrong.
- Staff recorded accidents and incidents, including any actions taken following an accident/incident. Where there were lessons to be learnt, these were discussed in team meetings and shared in messaging groups among staff.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; Continuous learning and improving care

At our last inspection, systems for monitoring the quality of the service were not robust enough. This was a breach of regulation 17 (Good governance) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems were in place to ensure effective running of the service.
- Management staff were clear about their responsibilities and worked as a team. The registered manager was visible across the different schemes which enabled them to monitor and improve the quality of service. One relative told us, "There's a continuity person who make sure all the staff talk to each other, like a coordinator and she communicates very well between the staff, the parents and management."
- Quality assurance systems had identified and addressed most of the issues we found at the last inspection. Improvements were seen around managing people's risks and medicines, infection control and policies and procedures. Following the inspection, the registered manager assured us they had reviewed their staff recruitment practices and put strict measures in place to ensure improvements were embedded.
- Each of the supported living schemes had a designated staff member overseeing it, and a second manager was recently recruited to assist with the overall management of the service.

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

- There was an open and fair culture where each person was empowered and supported in a person-centred manner.
- We observed friendly and pleasant interactions between people and staff. People were encouraged to take part in activities of their choice and be independent.
- People knew who the registered manager was and maintained a positive relationship with them. One person told us, "I feel I can do more things here. [Registered manager] is nice, like a big sister, she listens."
- Feedback from relatives on the care and support provided to their loved ones were overwhelmingly positive. A relative said, "It really puts a smile on your face, the atmosphere when you go in and everyone's laughing, everybody knows me and it's like one big family. It's exactly what I wanted, they are just so generous and welcoming with their time." Another relative told us, "They (management) help me and

[person] all the time. I can't tell you how happy I am, I'm grateful to them every day for the care that [person] receives. They work so hard, they look after him with kindness."

- Staff were supported in their work and spoke positively of the management. A staff member told us, "The manager is good and approachable. Supported even with family matters." A second staff member said, "I feel like the managers listen to you and help you out."

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

- The service involved people and their relatives when making decisions about their care.
- Staff knew people well and communicated with them in ways they understood. People had the opportunity to engage with staff and communicate their needs through keyworker sessions. These sessions covered a range of areas, based on people's abilities and wishes, and topics included wellbeing, activities, healthy eating, promoting independence, employment/education and safety awareness. This demonstrated people were given appropriate support to experience meaningful lives.
- The service sought feedback from people and relatives through surveys and regular conversations. A relative told us, "I do get asked for feedback but mostly I just get in touch with them."

Working in partnership with others; 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 service worked in partnership with other professionals and healthcare agencies to deliver safe and effective care. These included local learning disability teams, psychiatrists, GPs and local authorities.
- The registered manager was aware of their responsibility to be open and honest if anything went wrong. We saw examples of this from the way incidents were managed.