

Mrs Ifeoma Nwando Akubue

Nwando Domiciliary Care

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

Nwando Domiciliary Care is a domiciliary care agency providing personal care to 14 people aged 65 and over at the time of the inspection.

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.

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

The recording of creams applied to people needed to be consistent.

We have made a recommendation about the management of medicines.

People told us they received their medicines on time and staff were trained in this area with their competence assessed.

People told us they felt safe with staff and they arrived on time. People were protected from coming to harm as they had appropriate risk assessments and staff were always updating the main office with information if they thought someone was unsafe.

Staff were aware of their safeguarding responsibilities and knew the different signs if they thought someone was at risk of abuse.

Assessment of people's needs was carried out to ensure people could be fully supported by the service. People told us staff asked for their consent before care was delivered. People told us they were offered choices when they received care and support.

People and their relatives told us staff were kind and caring. Staff respected people as individuals and did not discriminate against people when providing care. People's privacy and dignity was respected.

People received personalised care at all times, and this was reviewed to ensure care was continuing to meet their needs. People were involved in planning their care with their relative. People's communication needs were clearly stated to support staff have effective communication in a format that best suited them.

People and their relatives knew how to complain and how to give positive feedback to the service. Quality assurance systems were now embedded and effective to monitor the service people received.

The registered manager and other managers were committed to improving the service and continuously learning to ensure they had the skills to provide people with high quality care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was requires improvement (published 21 February 2019).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well- led.

Details are in our well-led findings below.

Nwando Domiciliary Care

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 two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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. This was because it is a small service and 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. The provider was not asked to complete a provider information prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with eight members of staff including the registered manager, care manager, Human Resources

and Finance Officer and five care workers.

We reviewed a range of records. This included four people's care records and medicine records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke to two people who used the service and three relatives. We looked at training data and quality

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and staff were aware of signs to look for should they suspect someone was at risk.
- People told us they were safe at the service. One person said, "I do feel safe with them, they are cheerful and point things out." Another person said, "Oh yes, I feel safe."
- Relatives told us their family member was kept safe with staff. One relative when asked if their family member was safe said, "Oh definitely." Another relative said, "Yes, [person] is safe with the carers."
- Staff displayed a zero tolerance towards abuse and had the safety and wellbeing of people they supported at the forefront of the service they provided.
- A member of staff said, "I will not accept abuse, I need to safeguard my client." Another member of staff said, "If I see something or someone tells me anything (that could be abuse) I have to protect the client, I have to call the office and report it."
- Staff were confident their registered manager and other managers in the office would act on reports of abuse, however, staff were aware they could blow the whistle if no action was taken.

Assessing risk, safety monitoring and management

- People had appropriate risk assessments to reduce the risk of harm.
- Risk was reviewed annually however, the registered manager advised this would be done sooner where any changes to risk had been identified.
- Risk assessed included, moving and handling, pressure area and skin care, environmental, fire and mental health.
- Where equipment was used such as a hoist, staff had been trained in the safe use of these. Service dates of equipment were also recorded to ensure equipment was safe to use in people's homes.

Staffing and recruitment

- People were supported by staff who had been recruited to the service safely.
- Records confirmed the service followed their recruitment policy. Staff had to complete an application form detailing previous employment history and any experience. Staff also attended an interview, provided references and completed a criminal record check with the Disclosure and Barring Service to ensure they were suitable to work with people at the service.
- There were sufficient staff available to meet people's needs. People and their relatives were happy with staff time keeping.
- Staff visited people on time and stayed for the full duration of the visit and sometimes longer. One person commented, "They are always on time, and if they need to will stay over the (allocated) time."

- Staff told us they travelled locally and where they worked in double ups (pairs) they always travelled together with one member of staff driving to ensure they both arrived at the same time. This had proven effective as it greatly reduced the risk of one member of staff arriving at the start of the visit.

Using medicines safely

- Where creams needed to be applied these had recorded in the daily logs and not always recorded on the medicine administration record nor was there a body chart to indicate where the cream had been applied. After the inspection we were sent information to show a body chart had been completed for creams.

We recommend the provider consider current guidance in the administration of creams.

- Staff were trained in the safe administration of medicines and had their competency assessed before they could administer them, records confirmed this.
- We viewed medicine administration records and found they had been completed correctly with no gaps.

Preventing and controlling infection

- People were protected from the risks of infection as staff followed good hygiene practices.
- Staff received training in infection control to provide them with the necessary skills to reduce the spread of infection.
- Staff told us they were provided with sufficient amounts of personal protective equipment which included gloves and aprons. A member of staff said, "If we are running out [registered manager] will always drop some off."
- People using the service told us staff reduced the risks of infection. One person said, ""Staff always wash hands or wear gloves and aprons. The first thing they do is come in and put their gloves and aprons on."

Learning lessons when things go wrong

- The provider had systems to share information about lessons learnt when something went wrong.
- Records confirmed incidents had been recorded with action of how to learn and prevent similar occurrences in the future.
- Incident forms had sections stating what learning needed to take place to improve staff skills and knowledge if necessary.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were fully assessed by the service to ensure they could be met by the service.
- People and their relatives were involved in the assessment process.
- Initial assessments detailed people's needs, current and past health conditions and life history.

Staff support: induction, training, skills and experience

- Staff received appropriate and regular training to support them in their role and to provide effective care.
- People using the service and their relatives told us staff were competent and good at their roles. One person said, "Yes they are well trained."
- Records confirmed staff completed an induction before they began working with people which involved completing training, reading policies and procedures and understanding their job role.
- As part of their training staff completed the care certificate, the care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff completed training in the following; safeguarding, medicines, infection control, manual handling, safeguarding, hygiene, medication, behaviours that challenged, dementia.
- Staff told us they were well supported to perform their role and enjoyed training.
- Staff received regular supervision and an annual appraisal where they were required to have one. A member of staff said of supervisions, "I do find them useful, it's a time to really speak with my manager."

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

- People received support from staff to ensure they had enough to eat and drink.
- People and relatives confirmed staff would help heat meals of choice and leave a drink available for people.

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

- People were able to access healthcare services as they needed.
- Healthcare professionals were involved in people's care to provide additional support. For example, the district nurse visited to provide welfare checks to people at risk of pressure sores.
- Staff were constantly observed people's change in health needs and sought appropriate advice to support them stay healthy.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were able to have maximum control over their lives and to make choices about their care.
- Consent to care was requested from people before care was provided. People told us staff asked them for their permission before providing support. One person said, "Yes, they ask first before they use the hoist, they tell me everything they will do."
- Staff understood the principles of the MCA 2005 and people's mental capacity was assessed when they started to use the service.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; respecting equality and diversity

- People were supported by a team of staff who were kind and caring.
- People who used the service and their relatives spoke well of the staff providing support. One relative said, "[Staff] are very polite and caring, they are excellent." Another relative said, "They [staff] are just lovely people, people you can have a conversation with, I would be devastated if they changed."
- Staff enjoyed the work they did and were happy they were helping people live their lives. A member of staff said, "I have this conscience to do well [for people], this is a human being. I'm passionate about [care], when you leave their home you feel good."
- Staff often went the extra mile for people, a member of staff gave an example of how they would wash and style someone's hair as they were unable to visit the salon. The member of staff said, "I spend a bit longer doing this, it is what makes [person] happy, I will call my manager to let her know."
- Staff respected people as individuals and did not discriminate against people regardless of their background, health condition or sexuality were welcomed by the service. A member of staff said, "We have to respect people who identify as lesbian, gay, bisexual or transgender, I'm going there to do my job I give them the same care, I don't judge. We have to respect their choice."

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

- People were able to express their views about care.
- Staff told us they asked people daily what they needed from their care.
- People told us they were fully involved in the preparation of their care plan.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected.
- Staff told us how they ensured privacy and dignity was respected when delivering personal care by closing doors and curtains when people were being supported.
- People were encouraged to do things for themselves to maintain their independence. One person said, "Yeah, I insist on washing where I can, and staff wait patiently for this to be done."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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's care was designed to meet their individual needs.
- Staff told us they spent time reading people's care plan so they could get to know them and understand people's different preferences. A member of staff said, "We read the package first, the care plan will tell us everything. It's good going in knowing the person so we can carry out our duty."
- People told us their care was personal to them and staff who visited understood their likes and dislikes. One person gave an example of how the service had changed the time to help them, they said, "I wanted the timings changed in the evening, they did this so they could come a bit earlier, they went out of their way to satisfy my request, they listened."
- A relative said, "They do employ a set of fantastic women we can't fault them, kind, they talk to [person] like an adult, understanding their wishes."
- Care plans were detailed and provided clear guidance for staff to meet people's needs.
- Records confirmed care was regularly reviewed to ensure it continued to meet people's wishes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were clearly documented in their care plan.
- Records confirmed there was guidance to provide effective communication. For example, people with slight hearing loss had stated they needed staff to speak clearly, slowly and to maintain eye contact or to write things down to support communication.

Improving care quality in response to complaints or concerns

- Systems were in place to support people and their relatives to make a complaint about the service.
- People using the service told us they were aware of the procedure to follow if they were unhappy about the care provided.
- One person using the service who raised a complaint said, "I would pick up the phone and talk to them straight away, it took a little while but it all got resolved in the end."
- Relatives knew how to make a complaint if they ever needed to. A relative said, "Oh yes, [registered manager] asks us how things are going I don't think I would have any problem."

End of life care and support

- At the time of the inspection no one using the service required end of life support.
- The service had a policy and procedure to support them in helping people plan this stage of care if the wished.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was committed to providing good outcomes for people.
- The staff team were passionate about the work they did and wanted to ensure people were fully supported.
- Staff told us they enjoyed coming to work and the atmosphere at work was like a family. A member of staff said, "[Registered manager] is very supportive, anytime you call day or night she's there. I've never come across someone that really loves their job. she is wonderful she's is very, very supportive.
- The registered manager told us they operated an open-door policy, they said, "The office is open for everyone we are like a family."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager reminded staff of their role and expectations during their staff induction and in team meetings.
- Quality assurance at the service was now embedded and taking place regularly. People and relatives confirmed they were contacted by the office regularly for feedback to check they were receiving care as planned.
- The registered manager advised daily records were audited for detail, MAR charts were audited to check for accuracy and gaps and spot checks were performed to monitor the service and seek feedback.
- The registered manager told us they were also audited by the local authority to check the quality of care provided.
- The registered manager understood their responsibility to report to the CQC when things went wrong and to be open and transparent. They said, "It's my duty to inform."

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

- The registered manager promoted equal opportunity amongst people using the service, they said, "I see them [people] a lot it's better than the phone, I speak to them regularly to get feedback."
- The service encouraged people to provide feedback so they could improve. Comments received from people and health professionals were positive. These ranged from staff arriving on time to seeing improvements to people's health since using the service.

- Staff attended regular meetings with the registered manager and other managers at the office where they were able to discuss best practice and learning from incidents that had taken place, records confirmed this.

Working in partnership with others; Continuous learning and improving care

- The registered manager was committed to developing themselves and having a staff team who were continually learning.
- The registered manager said, "I'm registered with Skills for Care (Skills for Care supports adult social care employers to deliver what the people they support need) and United Kingdom Homecare Association (UKHCA) helps organisations that provide social care (also known as domiciliary care or homecare), which may include nursing services, to people in their own homes, promote high standards of care) to support my learning."
- The registered manager worked in partnership with the local authority, social workers and health professionals such as district nurses.
- The registered manager said, "I attend the provider forums where we can all talk about best practice, we work in partnership with everyone to get support and talk things through."