Walthamstow Employment & Nursing Agency Limited

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Inspection report

783-785 Lea Bridge Road
Walthamstow
London
E17 9DZ

Tel: 02085217689

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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?	Requires Improvement

Summary of findings

Overall summary

Walthamstow Employment & Nursing Agency provides personal care for people in their own homes, some of whom may be living with dementia. We inspected the service on 28 and 30 December 2016 and at the time of this inspection 130 people were using the service.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 20 September 2013, the service was found to be meeting the legal requirements. At this inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we asked the provider to take at the back of the full version of this report.

The provider checked the quality of the service provided but was inconsistent in documenting the outcomes of these checks. People and their relatives were asked for their views about the service. Staff had regular staff meetings to receive updates on the service.

The service had safeguarding and whistleblowing policies in place and staff knew what action to take if they suspected someone was being abused. Safe recruitment checks were carried out. People had risk assessments done to ensure safe care was provided and potential risks were minimised. There were systems in place to ensure people were supported to manage their medicines safely.

Staff were supported with regular training opportunities and supervisions. The registered manager and staff were knowledgeable about their responsibilities around the Mental Capacity Act (2005) and when they needed to obtain consent from people. Staff were aware of people's nutritional and hydration needs.

People and relatives thought staff were caring and respected their dignity. Staff were aware of people's needs and preferences. Staff demonstrated their awareness of how to provide dignified care, and encourage people's independence.

Care plans were personalised and staff demonstrated awareness of providing personalised care. Complaints were dealt with appropriately and in accordance with the provider's policy. The provider also kept records of compliments about the service.

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. Staff were knowledgeable about safeguarding and whistleblowing procedures. Relevant recruitment checks were carried out for new staff including criminal record checks which were up to date.

People had risk assessments in place to ensure risks were minimised and managed. There were appropriate arrangements in place for the administration of medicines to ensure people received their medicines as prescribed.

Is the service effective?

Good

The service was effective. People and relatives thought staff were well trained. Staff were supported because they received supervisions and training opportunities.

The provider and staff were aware of what was required of them to work within the legal framework of the Mental Capacity Act (2005) and when they needed to obtain consent from people.

The service assisted people to liaise with healthcare professionals as needed. Staff were aware of people's nutritional and hydration requirements.

Is the service caring?

Good

The service was caring. Staff demonstrated a good understanding of people's needs. People and relatives thought staff were caring.

Staff were knowledgeable about respecting people's privacy and dignity. People had mixed views about whether their dignity was respected. People were encouraged to maintain their independence.

Is the service responsive?

Good

The service was responsive. Care plans were comprehensive and

were written in a personalised way. Staff knew how to deliver care in a personalised manner and were aware of people's preferences.

People and their relatives knew how to raise concerns or make a complaint. The provider had a complaints policy and responded to complaints in accordance with this policy. The service kept a record of compliments received.

Is the service well-led?

Requires Improvement

The service was not consistently well led. Although the provider had systems to audit the quality of the service provided, they did not always document the outcomes of these checks.

People, relatives and staff spoke positively about the management team.

The provider had systems in place to obtain feedback from people including feedback surveys and telephone monitoring. The service had regular meetings for care staff. The registered manager kept up to date with training and changes in local care provision policy.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 and 30 December 2016 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be available. One inspector carried out this inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the evidence we already held about the service. This included the last inspection report and notifications the provider had sent us.

During the inspection we spoke with the registered manager, the home care manager and the training manager. We reviewed 14 care records, 17 staff files and records relating to the management of the service including medicines, staff training, complaints, policies and quality assurance. After the inspection, we spoke with five people who used the service, three relatives, and five care staff.

Good

Is the service safe?

Our findings

People and relatives told us they thought the service was safe. Everyone we spoke with told us they had the same staff visiting them most of the time and different staff came only if their regular staff were temporarily absent from work.

The registered manager told us they tried to allocate the same staff to people who used the service in order to provide continuity of care. The service had an electronic system of allocating staff which contained care tasks to be carried out for individual people using the service. Staff logged in and out using this system. This system showed where there were gaps due to staff absence, alerted office staff to missed calls and showed staff availability so the visit could take place by an alternative member of staff. As an extra measure of assurance, care co-ordinators checked visits had happened by calling either the person who used the service or if the person did not have a phone by calling the staff member.

The provider had a process in place for recruiting staff that ensured relevant checks were carried out before someone was employed. For example, we found staff had criminal record checks carried out to confirm they were suitable to work with people and these were up to date. We saw staff had produced proof of identification, confirmation of their legal entitlement to work in the UK and had provided written references.

The provider had policies in safeguarding and whistleblowing which gave guidance to staff on their responsibilities if they suspect somebody was being abused. Staff were knowledgeable about how to recognise and report concerns of abuse and about whistleblowing. Comments included, "If I suspect something is going on with [person who used the service], I have to immediately whistleblow to my office, social work team, Care Quality Commission." , "If I can see something is not right, to alert the office that this is what is going on." , "If you see anything [abuse], you can blow the whistle. You go to the office and if nothing is being done go to social services or talk to the police" and "If you see any signs of abuse, you must make sure you tell WENA (Walthamstow Employment and Nursing Agency). I know we can also go to the Care Quality Commission."

The provider had an up to date policy on handling money which gave guidance to staff on when they were allowed to handle money belonging to people using the service and the procedure they must follow. The service had a system in place for recording financial transactions on behalf of people who used the service. We reviewed these records and saw transactions were detailed and signed by the person who used the service and the care worker. Receipts for money spent were kept and part of the audit included checking the store loyalty card number on the receipt belonged to the person who used the service.

People had risk assessments documented in their care plans to assess the safety of delivering care in the person's home. For example, one person had an environment risk assessment which identified there was a risk of falling and stated, "Person has a brace on left leg and uses a crutch to mobilise. Weakness in leg may cause it to give way." The provider carried out tick box risk assessments of people's environment which looked at the interior and exterior of the home, domestic appliances and special needs equipment. Where risks were identified, further information about the risk was detailed and guidance for staff on how to

minimise the risk was documented. For example, one person had a risk assessment for manual handling which gave details of the equipment to use and stated two staff were needed to assist the person with transfers.

The service had a medicines policy which gave clear guidance to care staff of their responsibilities regarding medicine administration. Appropriate arrangements were in place for the safe management of medicines. Staff had up to date training relating to medicine administration and records showed their competency was evaluated before they were allowed to administer medicines unsupervised.

Each person using the service who needed assistance with their medicines had a medicine booklet as part of their care plan. This booklet contained a list of the medicines on one sheet including the dosages and when they should be taken. A sheet was attached for staff to sign when they administered the medicines. We saw Medicine Administration Record (MAR) sheets had been completed by staff correctly with the time of administration recorded and reasons for gaps in administration documented.

Good

Is the service effective?

Our findings

People and relatives told us they thought staff had the skills needed to provide care. New staff were given an employee handbook which included guidance on all aspects of care. The training manager told us and records confirmed new staff were required to complete an induction workbook during their two week induction. The induction included attending five days of training, policy and procedures, documentation and ten hours shadowing experienced staff. The training manager told us evaluations of staff knowledge and practice were done during the induction period, one month and six months after commencing employment.

Records showed staff had completed training in the Care Certificate standards of care through induction, in-house training and supervision. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. At the time of inspection all training was done in a classroom setting in the office and took place every two weeks. The provider was planning to introduce e-learning refresher training for staff to keep their knowledge and skills updated.

Records showed staff received support through supervisions. The provider's supervision procedure was for staff to have one face to face formal supervision a year. Staff were encouraged to attend the office for informal supervision to discuss any issues or concerns they may have. Topics discussed during supervision included emergency procedures, communication, use of equipment, documentation and training. The provider also had a procedure for staff to receive an annual appraisal to discuss what had gone well during the last year and to identify areas for improvement.

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

Records showed that people had signed their care plans to agree to them and some people had also signed a consent to care form. Staff were knowledgeable about gaining consent from people before delivering care. Comments included, "I have to let [person who used the service] know what I want to do and if they give me the go ahead then I carry on. I tell them 'This is what I came for. Do you want me to do this?' ", "I always ask [person] if this is okay with them. They really appreciate this" and "I ask for consent whenever I am doing any tasks." This meant the service had systems in place to obtain consent and was working within the principles of the MCA.

Staff were knowledgeable about people's food and drink requirements and one staff member said, "We

need to ask them what they want to eat." Individual nutritional and hydration needs were included in care plans. For example, one person who was at risk of malnutrition had a feeding plan to guide staff on assisting the person to eat and weight charts so that weight loss could be monitored. Another person had an allergy alert sheet at the front of their care file so that staff would be aware.

The provider assisted people to access healthcare professionals when required. For example, care records showed that the service made referrals to the community occupational therapist to request moving and handling guidance and equipment.

Good

Is the service caring?

Our findings

People and relatives told us staff were caring. One person who used the service told us, "Oh yes, everyone's very kind and helpful. They are all very good. Of course they are caring. Always very polite and caring." Another person told us, "Yes, I am happy with them." A third person told us, "I think they are [caring]. Yeah, they are okay." A relative told us, "Yes, I do think they are caring."

Staff described how they developed positive relationships with people who used the service. One staff member said, "When I go to the [person] for the first time, I have to introduce myself. I ask what do they like, what did they do before." Another member of staff told us, "Let them know you are there for them. Talk to them and listen to them. Read the care plan and then we start doing our job." Other comments included, "When you go there [to person who used the service], you introduce yourself, create a relationship by talking to them. You have to go according to their care plan" and "I read their log book. Communication is so important. Ask them how they like to be addressed."

People and relatives told us staff respected privacy and dignity. For example, one person told us, "Oh yes, they always do that." and a relative told us, "Yes, I would say so." However, one person told us, "Some of them are very good but some of the workers [care workers] really degrade you." This person told us they were happy with the service at the moment and whenever there was an issue they were able to speak with the home care manager about it.

The provider issued people who used the service with a 'Customer Information Pack' and this included their policies about equal opportunity, confidentiality and conduct. The staff handbook given to all staff included guidance on dignity and confidentiality. Records showed staff received training in providing dignified care to people who used the service.

Staff demonstrated their understanding about privacy and dignity. For example, one staff member said, "I have to treat them like my father. I close the door and I have to close the curtains." Another staff member told us, "We make sure we close the curtains and doors and we can only do what they [person who used the service] allow us to do." A third staff member told us, "Lock the door, draw the curtains." A fourth staff member told us, "Make sure they are in a room that is private, [for personal care] and there's no-one else there. Close the door and curtains are pulled."

Staff were knowledgeable about assisting people who used the service to maintain their independence. One staff member said, "I will stay with them to assess if they can do it on their own. If they are able to I will leave them to do on their own." Another staff member told us, "We give them choices. They tell us what they can do themselves." A third staff member said, "By letting them to do the little tasks themselves." This staff member gave examples of encouraging a person to take their cup to the kitchen when they finished drinking or enabling a person to take part in food preparation by letting them peel a small vegetable sitting down at the table. A fourth staff member told us, "Try to get them to do as much for themselves as they can. If they can't do it, ask 'would you like me to help you?' Encourage them."

Good

Is the service responsive?

Our findings

Staff understood how to deliver personalised care. One staff member said, "We talk to [people who used the service] and I can ask them what they want." Another staff member told us, "All of the [people who used the service] are individual. Everybody is different with different needs. I speak to the [person] and find out what their preferences are."

Care records were detailed and personalised containing the person's wishes and preferences. Clear instructions were documented for when and how specific care tasks were to be completed. Care files included information on health needs, personal care tasks, mobility needs and communication. Information was also documented on emotional needs and recreation interests.

The home care manager told us and records showed care plans were reviewed by the outreach officer and training manager at least once a year and more frequently if there was a change in need. The registered manager told us all staff had an obligation to notify the office staff if there were any changes to a person's need so the care plan could be reviewed and updated.

People and relatives knew how to make a complaint. One person told us, "No complaints." Another person told us they had made a complaint very recently about the service and were awaiting the outcome. One relative told us they had made an informal complaint once, "Only because they changed the carer." This relative told us the complaint had been dealt with appropriately and they were given a different carer. The relative also said that carers were late sometimes, "But in the last nine months it's not been so bad." Another relative told us, "There's one [carer] who was repeatedly late so we asked for them not to come anymore."

The provider had a comprehensive and up to date policy on receiving and acting on complaints. Records showed that three complaints had been made in the last year. We saw these were responded to appropriately and in a timely manner. For example, another agency had complained about the quality of the service provided by a member of the care staff. The provider responded appropriately to this complaint, sent a different care staff member to attend to the task, and updated the care plan to give more detail. It was documented that the complainant was satisfied with the outcome.

Five compliments had been documented during the previous five months. One person who used the service had written, "I find the carers anticipate my requirements. They are willing and unfailingly cheerful. [We] look forward to seeing them each day." Another person who used the service had written, "[Care worker] has proved to be very attentive and caring, friendly and polite. She is a very good time keep and has never let us down. [Another care worker] also is so attentive and caring." A relative had written, "I think WENA did amazingly to try and meet [person who used the service] needs."

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager who told us there were systems in place to monitor the quality of the service provided. These systems included visits to people who used the service to check the quality of the service being delivered and if there was a specific issue that had been raised and auditing of records. MAR sheets were returned by care staff to the office at the end of each month to be checked. However the registered manager and home care manager told us they did not document or keep records of audits.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider did not have effective auditing systems in place to improve the quality and safety of the service provided.

The provider had a system in place to observe staff working during a spot check at least once a year in order to recognise good practice and identify areas for improvement. People and relatives confirmed these spot checks happened. One person told us, "Someone comes to check from time to time." A relative said, "We had someone a few months ago who checked and had a look around." Records showed the outcomes of these observations were discussed with the individual staff member.

Staff spoke positively about the management team and comments included, "When I call them [management] for anything, they are there for me. [Registered manager] is good." and "[Registered manager] is great. He's very good. [Management Team] listen to us." One staff member told us, "I do feel that we're supported but there could be better communication. [Registered manager] is very supportive but I feel he has a lot going on."

People and relatives told us they felt comfortable discussing concerns with members of the management team. One person told us, "Yeah, the person in charge [registered manager] is approachable." Another person told us, "I always speak to [home care manager]. She is very good, she listens." A relative told us, "I don't have a problem. [Registered manager] is very reactive. [Home Care Manager] has always been very good, easy to speak to and very efficient." Another relative told us, "[Registered manager] is very nice." A third relative told us, "[Registered manager] is very approachable."

The provider had a system of obtaining feedback from people using the service. The survey done for 2016 showed 22 responses had been received and people were satisfied with the service they received. Comments from people who used the service and relatives included, "[Staff] listen to my problems and are supportive", "Grateful for all the care" and "So far provide kind and understanding carers and accommodate [person's] needs." The surveys gave people an opportunity to give suggestions for improvements. For example, "Would like weekly rota. Would like carers to know who they are working with." The registered manager told us in response to this they now provided a weekly rota to people who used the service and told people the rota could change at the last minute if a staff member was sick.

The provider held an open day each year and invited staff, people who used the service, relatives, and representatives from social services departments to attend for food, drink and socialisation. The registered

manager told us that office staff also had regular telephone contact with people. This meant people could feel comfortable in the event they needed to raise any concerns or issues.

Staff were encouraged to visit the office once a week to collect their rota and give in their time sheets. Staff were also sent fortnightly newsletters. The four co-ordinators also met weekly for a handover. Regular staff meetings were held and we reviewed the minutes of the two most recent meetings held on 13 September 2016 and 22 November 2016. Topics discussed included welcoming new care assistants, office changes, care plans, training, missed visits and completed log books. Staff told us they found staff meetings useful.

The registered manager told us they attended the local monthly providers' forum and external training courses along with their home care manager to ensure they stayed up to date with changes in local care provision policy. The registered manager also told us the local authority had recently visited to carry out a monitoring check and they were waiting for the report to be produced.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Nursing care Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective auditing systems in place to improve the quality and safety of the service provided.