

Housing & Care 21

Housing & Care 21 - Barnet

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Requires Improvement ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 27 and 28 July 2016. This was an announced inspection. We gave the provider 48 hours notice of the inspection as this is a domiciliary care agency and we wanted to ensure the manager was available in the office to meet us. This service had not been inspected since its registration on 14 February 2014.

Housing and Care 21- Barnet is a domiciliary care service run by Housing and Care 21. The service provides personal care to over 300 people. They support people with dementia, mental health needs, a physical disability, learning disability or autistic spectrum disorder, sensory impairment and people who misuse drugs and alcohol. The service supports both older people and younger adults in their own homes. Housing and Care 21- Barnet offered two independent domiciliary care services. These included reablement service for a maximum of six weeks, and long term domiciliary care service. Housing and Care 21- Barnet were in the process of re-organising their services due to a change of funding from the local authority. At the time of inspection 310 people were receiving services and half of the people were receiving reablement services.

The service had a manager who had been recently appointed. They had applied for registration with the Care Quality Commission (CQC). Following the inspection, the provider told us the newly appointed manager had resigned from the role. The registered manager is a person who has acting with the CQC 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.

People using the service and their relatives told us they found staff caring and helpful. They told us that their individual health and care needs were met. People told us that staff respected their privacy and dignity. Staff were able to demonstrate their understanding of the needs and preferences of the people they cared for by giving examples of how they supported people.

Care plans were easy to follow and recorded individual needs, likes and dislikes. Risk assessments were individualised and detailed information on safe management of the risks. However, not all care plans and risk assessments were regularly updated and reviewed. There were gaps in the care delivery records. We checked medicines administration records (MAR) and found that clear and accurate records were not being kept of medicines administered by staff.

There were safeguarding policies and procedures in place. Staff were able to demonstrate their role in raising concerns. Staff had a good understanding of the safeguarding procedure and the role of external agencies.

Staff files had records of application forms, interview notes, criminal record checks and reference checks.

Staff told us they were supported well and we saw records of staff supervision and appraisals. Staff told us

they attended induction training and additional training, and records confirmed this.

The service did not have robust systems and processes in place to assess, monitor and improve the quality and safety of service provided. There was evidence of regular monitoring checks of the service. However, the checks did not always pick up the gaps in the records.

We found that the provider was not meeting legal requirements and there were breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to record-keeping and systems and processes to improve the quality of the services.

You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe. The service had individualised risk assessments but not all were regularly reviewed. There were gaps in medicines administration records.

People using the service and their relatives told us they felt safe. Staff were able to identify abuse and knew the correct procedures to follow if they suspected any abuse or neglect.

Requires Improvement ●

Is the service effective?

The service was not always effective. There were gaps in people's care delivery records.

Staff received suitable induction training and additional relevant training. Staff received regular supervision.

Staff understood people's right to make choices about their care.

People using the service told us their health and care needs were met. People were referred to health and social care professionals as required.

Requires Improvement ●

Is the service caring?

The service was caring. People using the service and their relatives found staff caring and attentive towards their needs.

Staff were able to identify the needs and preferences of the people they supported.

People told us they mostly had the same staff team.

People told us they were treated with dignity and respect.

Good ●

Is the service responsive?

The service was not always responsive. People using the service and their relatives told us their complaints were not always acted on. There was a complaints procedure in place and complaints logs were maintained.

Requires Improvement ●

People's care plans were individualised and included people's social histories, wishes and preferences.

Staff understood people's individual needs and abilities and supported them with their wishes.

Is the service well-led?

The service was not always well-led. People and their relatives told us they found their concerns were not always acted on.

Staff felt well supported. However, their concerns were not always adequately addressed.

Staff told us the management team were friendly and approachable.

The audits and checks to monitor the quality of the service did not always pick up gaps in care delivery and MAR records.

Requires Improvement 

Housing & Care 21 - Barnet

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.

The inspection took place on 27 and 28 July 2016. This was an announced inspection. We gave the provider 48 hours notice of the inspection as this is a domiciliary care agency and we wanted to ensure the manager was available in the office to meet us.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We looked at the information sent to us by the provider in the Provider Information Return, 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 contacted local authority commissioners and safeguarding teams about their views of the quality of care delivered by the service.

The inspection was carried out by one adult social care inspector, an inspection manager and three experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with the manager, operations manager, two care coordinators, one member of senior care staff and six care staff. Following our inspection, we spoke to 21 people and seven relatives.

We looked at 13 care plans and 11 staff files including recruitment, training and supervision records and one month's staff rosters. We also reviewed the service's statement of purpose, selected policies and procedures, accidents / incidents and complaints records, staff team meeting minutes, quality audits and spot checks and care delivery records for people using the service. We also reviewed the documents that were provided by the manager (on our request) after the inspection. These documents included the handling of people's money and professional boundaries policies, updated supervision form and completed people's feedback questionnaires.

Is the service safe?

Our findings

People using the service and their relatives told us that they felt safe. People's comments included, "Yes, I feel safe with staff," "I feel safe and the staff leaves my house clean and safe." and "I feel safe with the staff, there are no problems." Relatives' comments included, "Yes, the staff make my family member feels safe." and "The staff are lovely, makes my family member feel safe."

People and their relatives told us they usually had the same staff team which they found reassuring as staff knew how to support them. Their comments included, "My family member is supported by the same staff most of the time." and "My family member receives the same staff."

Staff told us they had received training in safeguarding. Staff were able to describe the types and signs of abuse. They told us they would report any concerns to the manager and if they were not available then to the office staff. Staff were able to demonstrate their role in identifying abuse and reporting it to the relevant parties including the management and the family. The service maintained effective operations to prevent abuse of people using the service.

We checked safeguarding records, they were clear and accurate. The manager described the recent safeguarding case and the process they had followed to raise the safeguarding alert. The manager was able to explain the measures they had implemented to prevent similar incidents. They told us the provider had introduced a new system 'Stay Alert' to encourage staff to recognise, report and record signs of abuse and concerns. The manager told us staff were given 'Stay Alert' handbooks that detailed information on reporting signs of abuse and concerns. We saw leaflets on 'Stay Alert' in the staff training room. Staff we spoke to were aware of this new system.

People told us that if they did not feel safe they would contact the office. Their comments included, "If I didn't feel safe, I would tell my daughter and she would ring the office." and "I was given a number to ring if I didn't feel safe." Staff we spoke to told us they had received training in whistleblowing. The staff told us they were encouraged to raise concerns and were provided with the contact details of various agencies. Staff told us if they were not satisfied with the management's response to their concerns, they would contact the local authority and CQC. The manager told us safeguarding and whistleblowing were standing agenda items of the staff team meetings. We checked staff meeting minutes and there were records of discussions on safeguarding and whistleblowing.

People and relatives told us punctuality of visits was usually reliable. They told us that staff would contact them if they were running late, and office staff would contact them if there were any changes to staff attending their care visits. Their comments included, "Most of the time staff comes on time, no problems." "Yes, the staff comes on time.", "The staff is very good, they arrive on time and stay for about 30 minutes." And "They were never late. I never felt let down." However, some people told us that the regular staff were fine but they have had problems with the replacement staff attending care visits and time-keeping. One person told us, "One staff was very late regularly for some reason," "Sometimes the staff didn't come in the evening till 9pm. I didn't have my tea until then. Well it was too late by then, I didn't want to then." and

"Timekeeping was very bad. If you say you're going to come between 8 – 10 don't turn up at 12, it's too late then for some to wait for a wash for that long."

The manager told us they used a log-in system to monitor staff attendance and timekeeping for enablement service. However, for the domiciliary care service they relied on staff and people using the service to inform them of any punctuality and time-keeping issues. Some people told us some staff did not write accurate and actual times of arrival. The manager told us they were going to implement a handheld system to monitor staff's punctuality and timekeeping.

The manager told us they maintained a computer roster system that helped them identify whether care staff were booked on care visits or available and free. The system also helped identify which staff had visited people before, and was aware of people's specific needs and abilities. We saw staff's names against people receiving care, the time and duration of care visits on the web-roster system. The care coordinators had designated north, west and south teams that helped them allocate staff as per geographical location. The care coordinators allocated staff for the following week to help staff plan their work week.

We found risk assessments met people's individualised needs. The manager told us that the risk assessments were reviewed every year and during the year if people's needs changed. However, not all risk assessments were updated. The manager told us they were in middle of reviewing the current risk assessments. Risk assessments were for areas such as medicine management, moving and handling, environment, nutrition, falls and personal care. Staff we spoke to demonstrated a good understanding of people's health and care needs, and the risks and their management involved in their care delivery.

People and their relatives told us staff gave them medicines on time. One person told us, "The staff gives me medicine on time." And the other person told us, "I self-administer medicines but staff always checked I had taken it."

We viewed medicines administration record sheets and noted that there were gaps in them. Some of the MAR sheets were created by the staff as opposed to the service's policy of senior care staff creating MAR sheet. The MAR sheets that were created by staff and not senior staff had key information missing such as people's allergies. The MAR sheets were incomplete and not clear. For example, one person's MAR had records missing for two days. The reason for non-administration of medicines form was not completed. The service carried out a MAR audit. However, the missing records were not addressed. We asked the manager, they told us they were not sure of the reason. During and following the inspection the manager did not give us reasons for the missing records.

The above evidence is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of inspection we were provided with the service's new medicines policy and procedure, and medicines administration record sheet (MAR). This updated policy included the new guidelines around recording of medicines administration. The manager told us staff were given training on the medicines policy and procedure. Staff we spoke with confirmed had received this training.

Staff were able to explain how they administered medicines. Staff told us people's care plans had instructions on how to administer medicines. The manager told us people and their relatives collected medicines from the pharmacy. Some people had arrangements with their local pharmacies to deliver the medicines.

We looked at staff files; all contained an application form, interview assessment notes and copies of identity documents to confirm people's right to work. Staff files had Disclosure and Barring Service (DBS) criminal record checks. To avoid having to renew DBS every year, the service maintained annual DBS self-declaration form. On this form staff declared if they have had any caution or conviction since the last DBS check. We saw records of one staff member supervision meeting stating police involvement since their last DBS check. The care coordinator told us the deputy manager had carried out a risk assessment since the staff member's incident with police and had applied for a new DBS check. However, there were records of the risk assessment notes but no records of the application.

Following the inspection, the deputy manager confirmed they had arranged a meeting with the staff member to renew their DBS check as soon as they had returned from their sick leave.

Is the service effective?

Our findings

People using the service and their relatives told us they were happy with the care provided by staff. They felt staff knew their individual health and care needs and were able to provide the right support. One person told us, "Yes, my health and care needs are met." and "The staff knows my needs, what I like and don't like. They do their best to keep me well."

People and their relatives told us staff gave them choices and asked permission before supporting them. Their comments included, "Yes, they [staff] do ask for permission before they support me. They ask me about my likes." And "They [staff] ask for permission before supporting me and know my needs and wants."

Staff told us they felt well supported by management. Staff told us if they needed help they would either call the office or visit their line manager. Their comments included, "My line manager is very supportive." "My line manager listens to me, and I feel supported." However, staff told us at times it was very difficult to get through to the office by telephone. The staff told us if the office telephone line was busy for a long period they would call office staff on their personal mobile phones and they would answer them. The staff told us the 'out office hours' line was not very accessible as sometimes they had to wait too long. One staff member told us, "The other day, I was put on hold for half an hour and I needed help as I was at a person's house." The manager told us each office staff member had an individual extension number to the phone line. In order to ensure people and staff calls were answered they would create a telephone rota for all the office staff members.

Supervisions and appraisals are important tools to ensure staff have structured opportunities to discuss their training and development needs with their manager. The service's supervision policy stated that each year staff should receive a minimum of four supervision sessions including one observation of at work session and one appraisal. We looked at the staff supervision and appraisal records, and it showed staff were receiving appropriate and regular support to enable them to do their job effectively.

Staff told us they received relevant training. They gave examples of the training they had completed. They said the training was helpful. We saw staff training records. The service accessed the provider's regional trainer for moving and handling training and moving and handling refresher course. The service's two care coordinators recently completed train the trainers' course. They were responsible for arranging and conducting induction training and other relevant additional training. This meant they had flexibility in how and when they delivered training sessions. We saw the staff training matrix and tracker that clearly detailed staff names, training courses staff were booked on and future training dates. The service introduced a new e-learning system that staff were encouraged to access remotely and undertake learning in their own time. At the time of inspection, we saw the e-learning system. The care coordinator told us the office staff team had received the training in how to use the system and were in the process of training the rest of the staff team. .

Staff attended a five day induction course that they commenced as soon as they were selected for the role and before they started work. The induction included training around policies and procedures,

communication, safeguarding, moving and handling, health and safety and first aid. The staff were required to shadow existing staff members before attending care visits on their own. Once the staff had attended the induction and shadowing the manager would sign their induction off and they would be allocated to people using the service. Staff also received additional training in medicines administration, dementia, nutrition and hydration. We saw the staff induction training programme and completed records.

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.

Staff understood people's right to make choices about their care. We found care records made reference to people's capacity. The care plans had information on how and when to support people to make decisions. People's care plans stated who could make legal decisions on people's behalf should they lack capacity to make a decision regarding their care. Staff knew who to contact when necessary. The care coordinators had received e-learning training on MCA and deprivation of liberty safeguards DoLS. However, other senior staff and care staff had not received training on MCA. The manager told us training on MCA was booked.

We viewed the care delivery records, there were inconsistencies in recording. There were some clear and detailed care delivery records. However, some care delivery records content was repetitive and did not give detailed information on how people were being supported or include details on people's nutritional and hydration intake. Staff did not always include start time and the time they finished care visits. This meant the service could not be sure if people had received care as per the agreed duration.

The manager acknowledged that there were gaps in the care delivery records and they undertook to remedy this. They told us they were identifying ways to access people's care delivery records at regular periods so as to check the care records on an ongoing basis. This would highlight any issues with care delivery records.

Most people using the service and their relatives told us their nutrition and hydration needs were met. Their comments included, "They help me with lunch and explain what they are doing," "The staff gives me food and drinks and gives me choices in that." And "Although they don't cook for me, they always make sure there is food available and always a cup of tea (or whatever is at the ready)." However, one person was not happy with the support they had received around food and drinks. They told us, "The staff should leave more drink for me when they leave. More water especially as it has been so hot."

Most of the people using the service and their relatives told us they did not require help with contacting health and care professionals. However, some people required that support and told us staff and management contacted health and care professionals as and when required. We evidenced records of correspondence and referrals to various health and care professionals.

Is the service caring?

Our findings

People using the service and their relatives told us they found staff very caring and friendly. People told us, "Yes, the staff is very caring and listens to me. They are friendly and treats me nicely," "The staff supporting me is a gentle soul and friendly. We have a nice chat. They are very supportive and share a nice relationship." and "The staff are caring and nice. They are good listeners. One relative told us, "The staff are very caring and listens to my family member; they have a laugh and a chat."

People and their relatives felt they were involved in planning and making decisions about their care. People and their relatives told us they mostly had the same staff to support them. One person said, "Yes, I have had the same staff for a long time, we get on well with each other." And the other person told us, "Yes, I get the same staff."

Staff we spoke with were able to describe the needs, wishes and preferences of people they cared for. Staff told us how they cared for them to meet their individual needs. For example, one staff told us, "The person I support they prefer to eat a specific dish every day for tea. I ensure that they get what they like and want." Staff spoke passionately about their job and the relationship they had established with people they cared for.

The manager told us at the time of the initial referral the senior staff engaged with people and their relatives to identify people's needs, wishes and preferences. The manager told us the same process was followed once a year whilst reviewing people's care plans.

People and their relatives told us staff treated them with dignity and respect. People's comments included, "The staff treats me with respect and dignity," "I have the same staff. The staff listens to me and treats me with respect." One relative told us, "The staff are very good with my family member. They treat them well and respect them. My family member has the same staff all the time, they respect my family member's dignity, and they close the door when needed. My family member cannot do anything for themselves, the staff does everything."

Staff were able to describe the importance of dignity in care. The staff told us they made sure they treated people the way they liked to be treated. They would close doors when assisting people with shower and personal care. The staff told us they would talk to people politely and knocked on their doors even when they had keys to their flat. They told us they listened to the people with patience and supported them at their preferred pace.

We saw people's personal information was stored securely which meant that their information was kept confidentially. Staff were able to describe the importance of people's confidentiality.

Is the service responsive?

Our findings

People using the service and their relatives said that staff were responsive to people's health and care needs. Staff understood importance of person-centred care. One person told us, "I feel understood," and "The staff knows me well and understands me." One relative told us, "Yes, they understand my family member and their needs," and "Well, they know my family member very well. They have a good relationship and they do explain everything."

The manager told us, people were being supported with their culturally specific needs, for example, preparing meals that met people's religious and culturally specific diet needs. Staff told us they understood people's cultural and religious needs and supported them with those needs. For example, ensuring meat and milk crockery and cutlery belonging to people from Jewish backgrounds are washed separately. The service tried to match staff with similar cultural background, similar spoken languages to meet the needs of people from the same cultural backgrounds and preferred languages. Staff told us they wore protective shoe cover at a person's home in order to meet their religious needs and wishes.

We viewed people's care plans; they had sufficient information to help staff provide individualised care. The care plans included people's personal details, pen portrait that detailed people's social and family history, religion and spiritual needs, and wishes and preferences. The manager told us the care plans were reviewed once a year and when people's needs changed. However, not all care plans had been reviewed regularly. They told us they were in process of reviewing care plans and were planning to update them to make them more person-centred. People and their relatives told us the care plans were reviewed and they were part of the review process. One person told us, "Yes, my care plan is reviewed once a year." One relative told us, "Yes, my family member has a care plan and it was reviewed a few months ago."

Staff told us they supported people in maintaining their interests such as art and craft, with going out to cafes for lunch and assisting with simple exercises. Their comments included, "She helps me to walk," "The staff takes me out for lunches." and "She buys me newspaper and walks me up and down the corridor."

We saw the complaints and compliments policy. We also looked at the complaints log and there were clear records of complaints that were made and actions taken. Most people using the service and their relatives told us their concerns and wishes were always listened to and acted on promptly. However, some people felt although their concerns were listened to, they were not acted on. One person said, "I have told the manager about my concerns and they say they will look into it but nothing happens." Another person said, "They don't follow through, they say things will change, timekeeping mostly. But nothing changes." The manager told us along with the care coordinator they ensure all the complaints are looked at and resolved.

The manager told us they gave information on how to make a complaint to all the people who use the service and their relatives. The manager told us, the senior staff visited people regularly and spoke to them over the phone to encourage them to raise concerns and complaints. During observation at work visits the senior staff asked people if they had any concerns or complaints.

People and their relatives told us they were asked to complete a feedback questionnaire once a year.

Is the service well-led?

Our findings

The service had a manager in post who had been recently appointed and had been in the role for just over four weeks. They had applied for a registration with the CQC.

People using the service and their relatives told us they were happy with the staff and the service. Their comments included, "I am very satisfied with the staff and the service," "The staff are the best, fantastic, cannot fault them at all." and "I am very pleased with the staff."

Most people using the service and their relatives told us they felt comfortable calling the manager to raise concerns. They felt their messages and calls were mostly returned on time. Most people were not sure who the manager was and did not know their name. One relative said, "We don't know who the manager is but feel comfortable to make a complaint". One person told us, "Someone from the office has called to see how I am getting on. I am not sure it that was the manager. Yes, I could make a complaint if I needed to."

Staff told us they felt well supported by the manager and they felt comfortable in visiting the office unannounced. They told us their line managers the senior staff and care coordinators made time for them. One staff said, "I get good support. The manager is very approachable and colleagues are like friends." The manager told us senior staff and care coordinators arranged staff meetings every quarter. The manager arranged senior staff meeting as and when required. The manager told us there were regular bulletins sent out to all the staff informing them of any changes and matters related to their role. We saw the staff meeting minutes that recorded discussions around safeguarding, missed care visits, training, staffing issues and complaints.

Staff told us they were listened to and their suggestions were taken on board. However, things did not always change. For example, several staff told us they had raised concerns regarding poor communication, and problems with the office phone line and out of office hours support. They felt nothing had changed since their complaints. The manager told us they were looking into ways of addressing those concerns as they had only just started in this role.

There were records of audits and observation at work (spot checks) to monitor the quality of the service. The service's audit process had not picked up the inconsistent recording of care delivery in people's homes and errors in MAR sheets. We saw quality assurance schedule and audits for people's care plans and saw records of the issues found and the action points.

The service gathered feedback from the people using the service and their relatives. Most people and their relatives told us they were asked for informal feedback on a regular basis and formal feedback via questionnaires once a year. The manager sought feedback in a formal manner once a year. We saw completed questionnaires for the year 2015. The overall feedback was positive. However, some people told us they were not consulted on the quality of the service. One person told us, "The supervisors should make more check-ups to make sure we are happy." Another person told us, "My biggest concern is that they came to do an assessment but never came back to see how my family member and I were getting on or to see how

the staff worked. They should make check-ups. Some of the staff they sent were not fit for the job. They have bad backs themselves and some looked so frail."

The service lacked efficient data management systems and processes to assess, monitor and improve the quality and safety of service.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the provider informed us that they had conducted an additional survey in April 2016 and the overall satisfaction score was 91%. We saw records of the survey results and an action plan that was drawn up based on the survey results. The action plan listed areas that the service needed to improve.

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
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems and process in place to assess, monitor and improve the quality and safety of service provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services). Regulation 17 (2) (a) (b) (c) (e)</p>