

Mrs Ifeoma Nwando Akubue

Nwando Domiciliary Care

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 responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 15 June 2016. At which breaches of legal requirements were found. This was because the service did not have effective systems and processes to assess, monitor and improve the quality and safety of the service. Staff did not receive one-to-one supervision and training, lack of information on people's care records regarding their capacity to make decisions.

After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches. We undertook a focused inspection on the 17 and 23 January 2017 to check that they had followed their plan and to confirm that they now met legal requirements.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Nwando Domiciliary Care' on our website at www.cqc.org.uk.

Nwando Domiciliary Care is a domiciliary care service that provides personal care to people with learning disabilities, autistic spectrum disorder, dementia, physical disability, sensory impairment and older people in their own homes. At the time of this inspection the service was providing personal care to three people. Nwando Domiciliary Care is owned and managed by Ifeoma Nwando Akubue. There is no requirement for a separate registered manager. We have referred to her as the registered person.

At our focused inspection on the 17 and 23 January 2017, we found that the provider had followed their plan which they had told us would be completed by the 16 August 2016 and overall, we found that the provider had addressed the breaches of these regulations.

People's risk assessments were reviewed. They detailed risks to people and how to safely manage them. Appropriate action had been taken to induct staff in their roles and appropriate security and references checks were carried out to confirm staff's suitability to work with vulnerable people. New systems had been introduced in relation to staff training and supervision, and staff told us they found training and support provided helpful. Regular staff meetings were taking place.

Staff showed understanding of the Mental Capacity Act 2005 (MCA) and the implications of this legislation and how they sought consent from the people before supporting them.

The care plans were reviewed and were personalised and captured people's needs, likes and dislikes. The daily care records were in place but were not consistent and did not always include information on nutrition and hydration intake.

There were records of spot checks, care plans and staff personnel files audits. People using the service and their relatives were asked for formal feedback. The service was in the process of seeking formal feedback

from staff and professionals.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

We found that sufficient action had not been taken to improve the safety of the service.

The service maintained detailed risk assessments.

Staff knew safeguarding and whistleblowing procedures, and were comfortable in raising concerns to relevant agencies.

Requires Improvement ●

Is the service effective?

We found that action had been taken to improve the effectiveness of the service.

Staff were receiving induction and on-going training to support them in their jobs effectively. Staff were receiving regular supervision and felt supported in their roles.

Staff showed a good understanding of the Mental Capacity Act 2005 and the implications of this legislation. There were clear records of people's capacity in their care records to enable staff to support them appropriately.

While improvements had been made we have not revised the rating for this key question to good; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for effective at the next comprehensive inspection.

Requires Improvement ●

Is the service responsive?

We found that action had been taken to improve the effectiveness of the service.

People's care plans were revised. They were individualised and included people's personal histories, likes and dislikes.

While improvements had been made we have not revised the rating for this key question to good; to improve the rating to 'Good' would require a longer term track record of consistent

Requires Improvement ●

good practice.

We will review our rating for effective at the next comprehensive inspection.

Is the service well-led?

We found that action had been taken to improve how the service was managed.

The registered provider was able to demonstrate their responsibilities under their registration with the Care Quality Commission.

There were records of spot checks and audits to monitor the quality of the service. People were asked for formal feedback.

While improvements had been made we have not revised the rating for this key question to good; to improve the rating to 'Good' would require a longer term track record of consistent good practice.

We will review our rating for effective at the next comprehensive inspection.

Requires Improvement 

Nwando Domiciliary Care

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 was 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.

We undertook a focused inspection of Nwando Domiciliary Care on 17 and 23 January 2017. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection 15 June 2016 had been made. We inspected the service against four of the five questions we ask about services: is the service safe, effective, responsive and well-led. This is because the service was not meeting legal requirements in relation to these questions.

The inspection was undertaken by one inspector. Before our inspection we reviewed the information we held about the home, this included the provider's action plan, which set out the action they would take to meet legal requirements. We spoke with the local authority commissioning team.

During and after the visit to the service we spoke with the registered person, administrator and two care staff. At the visit we looked at four people's care plans and records, six staff personnel files, staff training attendance records, staff allocation sheets, staff meeting minutes, staff supervision records, quality assurance audits and surveys.

Is the service safe?

Our findings

At our comprehensive inspection on 15 June 2016 we found that people's risk assessments were incomplete and not personalised. Staff files did not have appropriate recruitment paperwork including application form and security checks. Staff's reference checks were not always verified by company stamp or headed paper.

This was a breach of Regulation 17 and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 17 and 23 January 2017 we found the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 17 and Regulation 19 described above.

Staff we spoke with told us they were recently trained in safeguarding and whistleblowing procedures. They were able to describe the types and signs of abuse. They told us they would report any concerns to the registered person. Staff were able to explain what whistleblowing meant and how they would whistleblow. The registered person told us staff were encouraged to raise concerns, contact details of various agencies were provided to staff should they wish to contact them.

The service had reviewed and updated people's risk assessments. The risk assessments detailed risks to people and how to manage risks that were identified. Risk assessments were for areas including moving and handling, environment, waterlow, psychological and personal care. However, risk assessments for some areas were not completed. For example, a person with diabetes and swallowing difficulties did not have risk assessments in those areas. Although, the risk was identified as part of the care needs assessment and included in people's care delivery plan, the service did not maintain separate risk assessments for those areas. We spoke to the registered person about this and changes were subsequently made.

Staff we spoke to demonstrated a good understanding of people's health and care needs and risks involved in supporting them. They told us the new risk assessments were easy to follow and found them useful and said they were given sufficient information to support people safely.

We checked staff personnel files and found they had all the required recruitment documents including application form and interview notes. Two staff personnel files did not have reference checks. Following the inspection, the registered person sent us the missing references. People's references were appropriately verified and security checks were carried out.

Is the service effective?

Our findings

At our comprehensive inspection on 15 June 2016 we found that staff did not receive regular supervision and the registered person did not maintain supervision records. Staff did not receive induction and mandatory training in key areas to enable them to do their job effectively. People's care records made no reference to people's capacity and instructions for staff to know when to support people to make decisions. People's daily care records were inconsistent and did not include information on how people were being supported.

This was a breach of Regulation 11, Regulation 17 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 17 and 23 January 2017 we found the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 11, Regulation 17 and Regulation 18 described above.

Staff we spoke to told us they were now receiving regular formal supervision and they found them useful. Staff were now receiving supervision in line with the provider's policy and sufficient support to enable them to carry out their responsibilities. We saw supervision records. The registered person told us they were reviewing their appraisal procedure and had scheduled staff appraisal dates.

All staff were formally inducted in their roles, we saw staff induction records. Staff told us they had recently been on various key training courses including safeguarding, moving and handling, health and safety, fire safety, dementia and mental health awareness. Staff training records seen confirmed this. Staff told us they found attending the training helped them refresh their knowledge and they now felt more confident in their jobs. The registered person told us the staff would receive annual refresher training in areas such as safeguarding, health and safety, and moving and handling. Staff were also booked on further specific trainings such as autism awareness.

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's care plans had clear information on who could make decisions on people's behalf should they lack capacity to make a decision regarding their care. The service sought consent from people to deliver care and share their information, records seen confirmed this. Staff had received training on MCA and DoLS and staff we spoke with had a good understanding of consent, and how they obtained people's consent when offering to support them.

We viewed the daily care records; they had improved since the last inspection. The daily care records

detailed information on how people were being supported including personal care, nutrition and hydration. However, there were still some inconsistencies, for example not all staff recorded their time of the care calls and nutrition and hydration intake. The registered person told us as they were aware of the inconsistencies. They were reviewing daily care records format to encourage staff and make it simple for them to record information on how people were supported. They said with the introduction of a new electronic system would enable to staff to record care calls arrival and end time quickly and easily.

Is the service responsive?

Our findings

At our comprehensive inspection on 15 June 2016 we found people's care plans were incomplete and were not person-centred and lacked sufficient information about people's needs, abilities, likes and dislikes.

At our focused inspection on 17 and 23 January 2017 we found the provider had followed the action plan they improve people's care plans.

The service had reviewed all people's care plans. People's care plans were personalised, included information on their life history, medical history, allergies, medication, likes and dislikes, wishes and preferences and aspirations. For example, one person's care plan mentioned "[name] has good appetite and only eats small amounts, needs constant encouragement to eat. Prefers to eat vegetables, chicken and fish based meals but does not like eating red meat. Favourite is vegetable meals. Likes to have a fruit shake, to prepare it preferably at 7.30pm."

People's cultural and religious background and needs were also captured in their care plans. For example, one person's care plan mentioned the person's religion and they practiced it. The registered person told us people were offered gender specific care. We saw records of this in people's care plans and it corroborated with staff rota and daily care records.

The care plans also included information on what was important to people and their hobbies and interests. For example, one person's care plan stated "[name] would like staff to greet them in Italian language and hygiene and food are important to me." Another person's care plan mentioned "football, food, family and neighbours are important to me and did not like too much change in care staff." The registered provider told us they introduced new staff members to this person if their regular staff member was going to be absent as they did not like changes in staff. This gave the person an opportunity to ascertain if they liked the staff member and if they didn't they would personally carry out the care visits as the person knew the registered person well.

The registered person told us people's reviewed care plans were being kept in the office and in people's homes for staff's easy access. Staff we spoke to confirmed this. The registered person told us they would review care plans on a yearly basis and as and when people's needs changed.

Is the service well-led?

Our findings

At our comprehensive inspection on 15 June 2016 we found the service did not carry out any audits and maintain records of the spot checks to monitor the quality of the service. The service was not seeking formal feedback from the people using the service, their relatives, staff and professionals to monitor the quality of the service. The registered person did not maintain records of staff meetings.

This was a breach of Regulation 11, Regulation 17 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our focused inspection on 17 and 23 January 2017 we found the provider had followed the action plan they had written to meet shortfalls in relation to the requirements of Regulation 17 described above.

Staff told us there were regular staff meetings; they met every Saturday informally and had monthly formal staff meetings. We saw records of these meetings. The records show they were well attended by staff and discussions around how to improve the service, people's health and care needs, staff training needs, quality checks took place. Record keeping and timely care notes was a standing agenda item as according to the registered person it was an area that needed improving. They were constantly and consistently encouraging staff to improve the information they included in people's daily care notes. Another standing agenda item was communication and hence, the registered person had introduced weekly informal drop in staff meetings where staff could visit the office to share information related to the service and care delivery.

We saw records of spot checks, people's care plans and staff personnel file audits. We saw gaps that were identified were acted on straight away. For example, we saw a spot check where it was recorded that one staff member was seen not displaying their identity badge on their arrival. The action point on the spot check was for the staff member to request an identity badge as a matter of urgency. The registered person confirmed the staff member was provided with an identity badge.

There were completed feedback surveys for people using the service and their relatives. They were all positive and demonstrated that people and their relatives were happy with the service. However, we did not see any surveys for staff and professionals. The registered person told us they were in the process of drafting staff and professional survey forms and would be done in the next month. The registered person told us they were going to introduce bi-monthly telephone feedback calls that would enable them to seek feedback from people and their relatives on the care delivery and to listen to any concerns or issues they may have. They would carry out spot checks on a quarterly basis. The registered person visited people at least every two weeks and were able to pick up on any issues and or concerns. The service had not received any complaints.