

Saint John of God Hospitaller Services Enfield Domiciliary Care Agency - Durants Road

Inspection report

176 Durants Road
Enfield
Middlesex
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Tel: 02088047892

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Outstanding ☆

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

This inspection took place on 2 February 2016. We gave the provider one days' notice that we would be visiting their head office. We gave the provider notice as we wanted to make sure the registered manager was available on the day of our inspection. This was our first inspection of this service since it moved to another office. At the last inspection at the previous address the service was meeting all the standards we looked at.

Enfield Domiciliary Care Agency - Durants Road provides support to people living at home. There were approximately 32 people using the service at the time of our inspection. However, the registered manager told us that only a small number of people need support with personal care. The provision of personal care is regulated by the Care Quality Commission.

There was a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People told us they were well treated by the staff and felt safe and trusted them. The service had taken a creative approach to the way it involved people in keeping them safe and challenged discrimination. The approach they had taken had been embedded into their practice.

People who used the service were encouraged to take an active part in local initiatives including raising awareness of hate crimes. This included identifying what a hate crime was and how to reporting these to the appropriate authorities. People had also taken part in staff training in raising staff awareness of hate crimes. Staff could explain how they would recognise and report abuse and they understood their responsibilities in keeping people safe.

In conjunction with people, the service assessed risks to people's safety and sought to keep them safe while empowering them to lead as full a life as possible. The management had thought about and discussed with people ways to mitigate risks and helped people to look at and assess their own safety and decisions around risk taking with support from staff.

People told us that staff came at the time they were supposed to or they would phone to say they were running a bit late.

The service was following robust recruitment procedures to make sure that only suitable staff were employed at the agency.

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities and staff told us that they were provided with training in the areas they needed

in order to support people effectively.

Staff understood that it was not right to make choices for people when they could make choices for themselves and people's ability around decision making, preferences and choices were recorded in their support plans and followed by staff.

People told us they were happy with the support they received with eating and drinking and staff were aware of people's dietary requirements and preferences.

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Support plans included the views of people using the service and their relatives.

People and their relatives told us that the management and staff were quick to respond to any changes in their needs and support plans reflected how people were supported in accordance with their current needs and preferences.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry.

The agency had a number of quality monitoring systems including surveys for people using the service and their relatives. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding 

The service was safe. There were outstanding elements to the way the service kept people safe.

People told us they felt safe with and trusted the staff who supported them.

The service had taken a creative approach to the way it involved people in keeping them safe and challenged discrimination. The approach they had taken had been embedded into their practice. People were empowered to look at and assess their own safety and decisions around risk taking with support from staff.

Is the service effective?

Good 

The service was effective. People were positive about the staff and felt they had the knowledge and skills necessary to support them properly.

Staff understood the principles of the Mental Capacity Act (2005) and told us that all the people that currently use the service had the capacity to make decisions about their support needs.

Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported.

Is the service caring?

Good 

The service was caring. People told us the staff treated them with compassion and kindness.

Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

Is the service responsive?

Good 

The service was responsive. People told us that the management and staff listened to them and acted on their suggestions and

wishes.

They told us they were happy to raise any concerns they had with any of the staff and management of the agency.

Is the service well-led?

Good ●

The service was well-led and people we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

Enfield Domiciliary Care Agency - Durants Road

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 checked 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 was undertaken on 2 February 2016. We gave the provider one days' notice that we would be visiting their head office. We gave the provider notice as we wanted to make sure the registered manager was available on the day of our inspection. The inspection visit was carried out by one inspector. After our visit to the office we talked to six people using the service and five relatives over the phone. These telephone interviews were carried out by two inspectors.

Before the inspection, we asked the provider to complete 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 reviewed the completed PIR and previous inspection reports before the inspection. We also reviewed other information we have about the provider, including notifications of any safeguarding or other incidents affecting the safety and wellbeing of people.

We spoke with four staff who supported people and the registered manager.

We looked at five people's support plans and other documents relating to their care including risk assessments. We looked at other records held by the agency including meeting minutes as well as health and safety documents and quality audits and surveys.

Is the service safe?

Our findings

People told us they liked the staff and felt safe with them. People's comments included, "I feel so safe when they are around. They are my lifeline" and "They are all good people. I am disabled, so I need to know that I am safe with them." Relatives told us they had no concerns about safety and that they trusted the staff who supported their relatives.

The agency published monthly newsletters for people using the service. These newsletters regularly included information about keeping safe and were designed to help people identify and report potentially abusive situations. In the January 2016 edition there was information about bogus callers to ensure people were made aware of this potential threat to their safety. The newsletter contained emergency contact numbers for people to call if they had any concerns about their safety.

The service had taken a creative approach to the way it involved people in keeping them safe and challenged discrimination. The approach they had taken had been embedded into their practice. The registered manager encouraged people using the service to take part in an initiative, run by a local charity for people with a learning disability. Three people using the service had taken part in a video which raised awareness of hate crimes affecting people with a learning disability. This video was shown to both staff and people affected by this issue as part of staff training and raising awareness.

The service had collaborated with the local charity and had held a conference about hate crimes entitled "Spread the Word" which people using the service had attended. In addition to this, regular network meetings had been set to encourage people to report and monitor the issue of hate crime. People using the service were members of this committee. The video was shown at an event, put on by the agency, and we saw from meeting minutes that this had indeed raised awareness and empowered people to talk about how they were affected. We saw that people had understood what a hate crime was and how to report it. The registered manager also raised this issue at subsequent meetings in order to remind people and empower them to keep safe.

Staff could explain how they would recognise and report abuse. They told us and records confirmed that they had received training in safeguarding adults. Staff had also received training in personal safety when lone working as well as understanding professional boundaries. Staff understood how to "whistle-blow" and were confident that the management would take action if they had any concerns. Staff were aware that they could also report any concerns to outside organisations such as the police, the local authority or the Care Quality Commission.

Staff knew the procedure to follow if the person they were supporting became ill or had an accident. A staff member told us they had gone round to a person's home and saw that they were ill and immediately called an ambulance. They told us they had completed a course in first aid at work which gave them more confidence in dealing with emergencies.

Before people were offered a service, a pre assessment was undertaken in the person's home by the

registered manager or deputy managers. Part of this assessment involved looking at any risks faced by the person or by the staff supporting them. We saw that risk assessments had been undertaken in relation to mobility, falls, nutrition and road safety.

The service worked closely with people and promoted positive risk taking in order to enhance the wellbeing and quality of life of the individual. Where risks had been identified, the management had thought about and discussed with the person ways to mitigate these risks. For example, one person wanted to attend local events but staff were concerned about how this person would get there and get back. The person was observed by staff using public transport and crossing roads. Staff had discussed with the person how they could keep safe while still taking a degree of risk which was acceptable to the person and did not limit their independence. This information was recorded and monitored by both the staff and the person concerned.

Risk assessments were being reviewed on a regular basis and information was updated as needed. Risk assessments had been signed by the person using the service or their representative. People using the service and their relatives confirmed that risks to their safety had been discussed with them. The registered manager told us all staff were informed of any changes in a person's care needs or risks and staff confirmed they were kept updated.

We saw risk assessments had been developed for staff who were working on their own with people. As well as training in lone working, staff had also been given mobile phones and told us about procedures that had been developed for staff to use in an emergency. We saw that two staff would always attend to someone where the risk of lone working had been identified.

People told us that staff came at the time they were supposed to or they would phone to say they were running a bit late. Comments from people using the service included, "The staff are always on time. I know that if they were ever late, then they would ring me to let me know," "It is always comforting to know they are on their way to me, they are so reliable" and "On the rare occasion when the carer might be about 15 minutes late, they will always ring me."

Staff did not raise any concerns with us about staffing levels and told us that they had enough time to carry out the tasks required and that they would inform their manager if they felt they needed more time to complete complex tasks or any additional tasks. Staff told us the agency gave them traveling time so they did not feel rushed when supporting people.

We checked five staff files to see if the service was following recruitment procedures to make sure that only suitable staff were employed at the agency. Recruitment files contained the necessary documentation including references, criminal record checks and information about the experience and skills of the individual. We saw that the agency carried out checks to make sure the staff were allowed to work in the UK. Staff confirmed that they were not allowed to start work at the agency until satisfactory references and criminal record checks had been received. We saw that people who used the service had been involved in the recruitment of staff. The registered manager told us that all people who use the service and their relatives had been asked if they wanted to take part in the recruitment of new staff and that people took part in the second stage of staff recruitment interviews.

Staff had undertaken training in the management of medicines and were aware of their responsibilities in this area. Currently no one who used the service required their medicines to be administered to them and either administered their own medicines or this was undertaken by their relatives. We saw from people's support plans that staff would only monitor people's self-administration if there had been any concerns that the person was not taking their medicines.

Is the service effective?

Our findings

People who used the service and their relatives told us they had confidence in the staff who supported them. People's comments included, "You can tell that they are well trained; they always seem to get it just right with me" "They talk to me about some of the training they have done, which gives me confidence in their abilities" and "They are well trained to understand my specific needs."

Staff were positive about the support they received in relation to training. One staff member commented, "We had fantastic mental health training last year. It helped me understand people better." Another staff member told us, "We've had a lot of specialised training including Autism and Asperger's Syndrome."

Staff were required to attend mandatory training as part of their induction. They told us they were provided with training in the areas they needed in order to support people effectively and safely. They confirmed that this covered safeguarding adults, food hygiene, moving and handling, infection control and the management of medicines and we saw relevant certificates in staff files we looked at. In addition to the mandatory training, staff told us that they were also offered national vocational training and that they could discuss any training needs in their supervision.

Staff confirmed they received regular supervision. Spot checks and observed competencies were also part of the staff supervision system. Staff told us that the spot checks undertaken were a good way to improve their care practices. They also told us that the management praised them when they saw good practice which they said was reassuring and supportive. One staff member told us that supervision was a positive experience. They said, "We go through the client's needs but we also look at how we are. We look at training needs and our goals. It's very supportive."

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 the principles of the MCA (2005) and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals and advocates.

People told us that staff always asked for their permission before carrying out any required tasks for them and did not do anything they did not want them to do. One person told us, "They are very sensitive and always explain what they are doing and ask me before they do it."

The registered manager told us that all the people that currently use the service had the capacity to make decisions about their support needs.

There was information incorporated into people's support plans so that the food they received was to their preference. Where appropriate and when this was part of a person's care package, details of their dietary needs and eating and drinking needs assessments were recorded in their support plan and indicated food likes and dislikes. People told us they were happy with the support they received with eating and drinking. A person told us, "They encourage me to eat, because they know this is important for my condition."

Where the agency took responsibility for organising people's access to healthcare services and support, we saw that records were maintained of appointments made and attended to GPs, dentists, optician and chiropodists. One person told us, "My carers accompany me to the GP and hospital; they take all the stress out of these appointments."

Support plans showed the provider had obtained the necessary detail about people's healthcare needs and had provided specific guidance to staff about how to support people to manage these conditions. Staff had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts. One person told us, "If they know I am having a bad day, they always check on me."

Is the service caring?

Our findings

People told us they liked the staff who supported them and that they were treated with warmth and kindness. Comments about the staff were very positive and included, "I have such trust in the carers; it is usually the same people, so there is a good relationship between us," "They are so kind and caring, especially when out in the community, which can be very stressful for me," "They are very kind, but with a good mix of professionalism" and a relative told us, "They seem to really care about my relative."

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Support plans included the views of people using the service and their relatives. People told us that staff listened to them respected their choices and decisions. One person told us, "They will discuss my interests with me and make sure I am doing what I want." Another person commented, "I enjoy having the opportunity to review my support plan. We always come up with more nice things to do." Relatives told us they were kept up to date about any changes by staff at the office.

All the staff we spoke with had undertaken training in equalities and diversity and understood that racism, homophobia or ageism were forms of abuse. One staff member told us, "We had very good training in diversity and equalities last year. We should act against all discrimination." Staff gave us examples of how they valued and supported people's differences. They told us that it was important to respect people's culture and customs when visiting and gave us examples in relation to food preparation and preferences. A staff member told us how they supported someone to attend their place of worship. One person commented, "They know what I am like and can deal with my issues; they never judge me."

Staff told us they enjoyed supporting people and demonstrated a good understanding of people's likes and dislikes and their life history.

People confirmed that they were treated with respect and their privacy was maintained. Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity. A staff member told us, "It's all about respect."

Is the service responsive?

Our findings

People using this service and their relatives told us that the management and staff were quick to respond to any changes in their needs. A relative commented, "They understand my relative and will change things to make it work better for him." A person using the service told us, "There are times when I need to alter my visit time, and they will always accommodate that. I have everyone's numbers just in case I need them. I have always had a response from the office when I have had to ring in."

We saw from people's care records and by talking with staff that if any changes to people's health were noted by staff, they would phone the office and report these changes and concerns. Relatives told us they were kept up to date with any issues.

Each person had a support plan that was tailored to meet their individual needs. Support plans reflected how people were supported to receive care in accordance with their needs and preferences.

We checked the support plans for five people. These contained a pre-admission document which showed people's needs had been assessed before they decided to use the agency. People confirmed that someone from the agency had visited them to carry out an assessment of their needs. These assessments had ensured that the agency only supported people whose care needs could be met. The registered manager told us that if someone's assessed needs were too complex, and they were unable to meet a person's needs, a service could not be offered.

People's needs were being regularly reviewed by the agency, the person receiving the service, their relatives and the placing authority if applicable. Where these needs had changed the agency had made changes to the person's support plan. One person commented, "I have a support plan which I go through with my keyworker. If I want something done differently, it goes into it. The most recent change was a plan to do cooking with my support worker, which is just about to start." A relative told us, "They have been so flexible when I have asked them to escort my relative onto a train. They bend over backwards to make things work for my relative."

People told us they had no complaints about the service and said they felt able to raise any concerns without worry. One person commented, "I have a complaints leaflet and the care worker explained to me how I can make a complaint if I need to." Another person told us, "I asked for a change of carer once, we just didn't gel and they changed around immediately without any fuss." A relative commented, "[The agency] has been around a long time, and I have never had to complain." Another relative told us, "It's excellent, I've no complaints [my relative] is treated with respect." We asked people who they would raise any complaints with they told us they could speak to any of the staff or management.

The registered manager told us there had been two recent complaints. We saw from detailed records that the complaints had been investigated by the registered manager and both had been resolved to the complainant's satisfaction. The registered manager told us that they encouraged people to express their views about the service and that they saw complaints as part of the quality monitoring process. We also saw

a number of very positive compliments that had been sent in to the agency. One person had commented, "Thank you for all the work you have done in settling [my relative] into his flat."

Is the service well-led?

Our findings

People using the service, their relatives and staff were positive about the registered manager. One staff member told us, "He's a very good manager, always there when you need him." Staff also commented that the registered manager was, "open," "honest", "approachable" and "energetic."

Staff were aware of the organisation's visions and values. They told us that people using the service were always their priority and that they must treat people with dignity and respect in an open and non-judgemental way and without discrimination. When we discussed these visions and values with the management team it was clear that these values were shared across the service.

Staff meetings were held regularly and staff told us the management were open and transparent and they were able to raise any issues they wanted to. They told us they liked working for the provider, Saint John of God Hospitaller Services and that, "The compassion shines through." Another staff member said, [The provider] follows and implements these values. One staff member told us about, "a culture of a willingness to hear what staff have to say" and that staff were involved in making any suggestions for improvements.

There were systems in place to monitor the safety and quality of the service provided. These included yearly quality surveys, spot checks on staff, regular reviews of service provision and telephone interviews with people using the service. People confirmed they had been asked for their views about the agency. One person confirmed, "I have filled in a paper questionnaire, and I have only good things to say." We saw completed surveys that indicated people were satisfied with the service. The staff also completed a staff satisfaction survey where they could give their views about how the agency was supporting them as well as make suggestions for any improvements.

A service improvement manager, from the provider's head office, visited the agency regularly and carried out quality and compliance reports and baseline audits periodically throughout the year. These reports and other quality assurance audits were collated into the service's improvement plan which was an on going tool used to identify and encourage continuous improvements.

All buildings used by the provider had a buildings risk assessment to ensure they were safe for both staff and visitors.

People told us, "I think the agency is well run. They call me up from time to time to make sure I am satisfied with everything," "The management is lovely. They like to make sure they are doing a good job" and "The office has followed up on any worries I have had."