Care Quality Commission

North London Senior Care Ltd

Home Instead Enfield

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This announced inspection took place on 24 May 2018.

Home Instead Enfield is a domiciliary care agency based in Enfield, North London. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, many of whom are living with dementia. Eleven people were receiving personal care at the time of inspection.

This was the first inspection since the service registered in May 2017.

There was a registered manager in place. 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.

Relatives spoke positively of the dedication and passion of the management team to ensure their loved ones lived as full a life as possible. The registered provider had developed strong links with the local community. They worked alongside other social care organisations to promote social care causes and make improvements. The registered manager and management team carried out regular checks and audits to ensure that the people were receiving high quality care.

People and relatives praised the caring and compassionate nature of the care staff. The provider supported staff to understand the emotional and social needs of people living with dementia and was actively involved in achieving positive local outcomes to improve the quality of life for people living with dementia.

People and relatives told us they felt safe. Procedures and policies relating to safeguarding people from harm were in place and accessible to staff. All staff had completed training in safeguarding adults and demonstrated an understanding of the different types of abuse to look out for and how to raise safeguarding concerns.

Detailed risk assessments were in place for people using the service and were reviewed and updated regularly. Risk assessments explained the signs to look for when presented with a possible risk and the least restrictive ways of mitigating the risk based on the individual needs of the person.

Medicines were managed safely. Staff had completed medication training and the service had a clear medication policy in place which was accessible to staff. There were regular medicines audits in place.

The provider employed sufficient skilled and experienced staff to meet people's needs. We saw evidence of a comprehensive staff induction and on-going training programme. Staff were recruited with necessary pre-employment checks carried out. Staff received regular supervisions and annual appraisals.

Care plans were person centred and reflected what was important to the person. Care needs were regularly reviewed and updated to meet the changing needs of people who used the service.

People and their relatives told us they received kind and compassionate care and were treated with respect.

All staff had received training on the Mental Capacity Act (2005) and staff understood what to do if they had concerns around people's mental capacity.

People were supported to maintain good health and had access to healthcare services. People were supported to be independent and access the community, where possible.

There was a complaints procedure in place and people and relatives confirmed that they knew how to complain. The provider actively sought feedback from people and relatives.

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. There were sufficient staff to ensure that people's needs were met. There was a robust recruitment procedure in place.

Staff were aware of the different types of abuse and what steps they would take if they had safeguarding concerns.

People were supported to have their medicines safely. Medicine Administration Records (MAR) were audited monthly.

Risks to people who used the service were identified and managed effectively.

Is the service effective?

Good

The service was effective. Staff had access to regular training, supervisions and appraisals which supported them to carry out their role.

People were given the assistance they required to access healthcare services and maintain good health.

People made decisions and choices about their care. Staff understood the Mental Capacity Act 2005 and how the legislation impacted on their role and the people they provided care to.

Is the service caring?

Good

The service was caring. People had good relationships with their core group of carers.

People's views were sought and they were supported to make decisions about how their care and support was delivered.

People were encouraged and supported to maintain their independence.

Is the service responsive?

Good

The service was responsive. Care plans were person centred.

People's needs and wishes from the service were assessed and support was planned in line with their needs.

There was a complaints procedure in place and relatives told us they knew how to complain if needed.

Is the service well-led?

Good

The service was well led. Staff spoke very positively of the supportive nature of the management team. Relatives told us the service was well led and the management team was always accessible.

The registered provider maintained strong links with the local community and supported and engaged in projects and initiatives to improve the provision of social care in the locality.

The service regularly requested feedback from people who used the service and improvements were made because of people's feedback.

The quality of the service was monitored.

Care Quality Commission

Home Instead Enfield

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.

We gave the service four days' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or visiting people who used the service. We needed to be sure that they would be in.

The inspection was carried by one inspector and one expert by experience who made telephone calls to people and relatives to obtain feedback. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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. The provided had submitted a PIR, as requested.

We only managed to speak with one person who used the service as the remaining people were either unable to or found it difficult to speak over the phone. We spoke with six relatives. We spoke with a company director, registered manager, care co-ordinator and four care staff.

We looked at four people's care plans and other documents relating to their care including risk assessments and medicines records. We reviewed four staff files. We looked at other records held at the office including staff meeting minutes as well as health and safety documents and quality audits.

Good

Is the service safe?

Our findings

People and relatives told us they and their loved ones felt safe with care staff from Home Instead Enfield. One person told us, "Yes, very happy." Feedback from relatives included, "I do feel that he is absolutely safe with the carers. All the staff are well chosen and have the right attitude. I can't fault them" and "I feel that she is very safe when with them and I feel safe too when I know they are with her. They observe her and think carefully about what they say and do."

Safeguarding policies in place helped ensure that people were kept safe from abuse and avoidable harm. Care staff that were aware of the various forms of abuse which may occur and had completed training in safeguarding. Care staff were confident that any concerns they raised would be dealt with by the registered manager. One staff member told us, "I know how to protect customers from harm. I call [registered manager] first. Then local authority, CQC or police."

There were appropriate medicines policies and procedures in place to ensure people received their medicines safely. Medicines care plans were in place and included a list of people's medicines, the dosage, frequency and if they had any allergies. It also recorded the level of support people received, including who was responsible for collecting and returning medicines and where they were stored. It was also recorded when relatives took responsibility for their family member's medicines. All staff had received training in medicines and had their competency to administer medicines assessed.

We reviewed a sample of recent medicines administration record (MAR) charts as they were returned to the office monthly to be checked for any gaps or issues with recording. We found that MAR's were mostly completed correctly without any gaps. We saw that one MAR had been completed with 'X's as opposed to the initials of the staff member administering the medicine. We also saw that where people were 'prompted' or reminded to take their medicines, this was not always documented on a MAR, which is best practice. We advised the Registered Manager to review NICE guidelines for the management of medicines in the community. The registered manager told us of learning from a previous concern regarding the recording of medicines for a person. As a result, the registered manager was carrying out regular reviews of whether people's assessed needs regarding medicines support has changed.

Risks to people's personal safety had been assessed and plans were in place to minimise risk. Risk assessments were personalised to their needs, gave guidance to staff about the nature of the risk and the steps that could be taken to minimise or mitigate the risk to ensure people's safety. Risk assessments were reviewed on a regular basis and modified if a person's needs had changed. People's identified risks included incontinence, falls, recurrent infections, skin integrity and the risks associated with living with dementia. One risk assessment documented that not knowing or remembering care staff was a risk associated with living with dementia. The consistency of regular care staff was a risk management strategy at the service. A relative told us, "She has two regular carers which is important as she has dementia and needs familiarity which they understand."

There were sufficient staff employed to meet people's needs. People who used the

service and their relatives told us that they had regular care workers and there were no concerns about timekeeping. One relative told us, "It was agreed and understood that regular carers were essential and they have respected this and are always on time."

We found that the appropriate checks had been carried out to ensure that care staff were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. Each file held documentary evidence confirming proof of identity, an application and an interview form as well as evidence of references and notes from the interview showing that people had the relevant experience to carry out their roles.

There were procedures in place for the reporting of any accidents and incidents. We saw that when they occurred staff recorded them on a form with a description of what had happened and what action had been taken. We saw for one person, who had repeated falls, that the registered manager had acted to involve health professionals to ensure that they had appropriate mobility and moving and handling equipment to reduce further risk of falls.

Everybody reported the carers being provided with and wearing protective gloves. Staff told us they had access to sufficient qualities of personal protective equipment. Records confirmed that care staff had received training around infection control.

Good

Is the service effective?

Our findings

Relatives told us that staff were appropriately trained and skilled to meet their loved one's care needs. A relative told us, "They use the hoist with no problems at all. He seems fine and totally trusting and enjoying it. I do think that they get good training. They never get flapped with the hoist. They are always calm and efficient when using it." A second relative told us, "They are very good at understanding and assessing the situation with [person] and they always work closely with me. They are very slick and efficient."

Staff told us and training records confirmed, that staff underwent a comprehensive induction when first employed. Once the induction training programme had been completed, shadowing opportunities were arranged and care staff were introduced to people before working with them. A staff member told us, "Three-day induction which goes through legal and policies such as Data Protection Act. After three days training such as first aid and moving and handling." Care staff were also supported to complete the Care Certificate and received a nationally accredited dementia awareness training which included raising awareness of how people's senses were affected by dementia, such as touch and sight. Care staff also, as part of their induction became a Dementia Friend. Dementia Friends is an initiative by the Alzheimer's Society to enable people to learn and understand more about Dementia and put it to practical use when engaging with people who live with dementia. Care staff completed training in medicines, moving and handling, basic life support and infection control.

Staff also received regular documented supervisions which assessed how they were progressing, any concerns and training. Where appropriate, staff also received an annual appraisal. At the time of inspection, most staff had not yet been employed for one year. This ensured staff had up to date skills and knowledge to enable them to meet people's needs in line with current standards of good practice.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the Court of Protection with the support of the person's local authority care team.

We checked whether the service was working within the principles of MCA. The management team had a good understanding of their responsibilities under the legislation and we saw that staff had access to MCA training. Staff understood the importance of always obtaining consent from people and how people's capacity may fluctuate. A relative told us, "They also understand about consent and if she wants them to leave. They understand this and respect this and deal with it well. They never get offended or upset." One

staff member told us, "[Person] is her own woman. She knows her own mind. Her independence is paramount."

Records confirmed that where appropriate, people had consented to their plan of care. Where a relative or next of kin documented their consent for care, the registered manager had ensured they had the appropriate legal authority to do so. We saw from people's records; mental capacity assessments had been completed along with evidence of best interest's discussions.

The service assessed people's needs and choices so that care and support was delivered in line with current legislation to achieve effective outcomes. The registered manager carried out a pre-assessment prior to commencement of service. We could see that people's care needs were comprehensively assessed and involved the person, their family and wider support network and documented their health conditions, support network and needs around medicines, mobility and physical needs such as continence and support with meals. People's assessed needs were reviewed on a regular basis by the registered manager.

Most relatives we spoke with told us that they did not require assistance with meal preparation or eating, however feedback where this service was delivered was positive. One relative told us, "I get meals from a catering company and then with the carers support [person] to choose what she wants and the carers prepare it for her. They stay with her whilst she eats it, clear up and record what she has eaten as this is something we have to monitor. It gives us confidence, we know someone is checking on her and making sure she is eating and they will let us know if there are any concerns."

Care records documented people's support needs around nutrition support and their food preferences. If a person had a specific diet or cultural dietary needs, this was documented. For example, one person's care plan documented that they had recently started to eat fish and that they liked wine with their lunch.

The service was pro-active in ensuring people could access health professionals. The registered manager identified that some of these people were falling through a gap as they either had not been referred for additional health services or did not know how to access certain health services such as occupational therapists, incontinence, dietician and community nursing services. The registered manager advocated for these people and arranged for health services, where necessary. One relative told us, "[Staff] has pointed out lots of things I wasn't aware of for example, [person] had loose teeth which the carer pointed out. She highlights things such as if her skin is getting sore. She is very professional."

The registered manager told us of when they supported a relative to make a referral to the Memory Clinic to asses a person for a dementia diagnosis. For another person, they supported their relative to obtain adapted furniture to enable the person, who had been bed bound to sit out in their lounge again. Their relative told us, "They have also helped me to gradually increase the amount of time he sits out in his chair."

Good

Is the service caring?

Our findings

We received very positive feedback from relatives regarding the caring nature of care staff. Feedback included, "They are caring by nature and they seem to thoroughly enjoy their work. They don't clock watch. They do all they need to do, to do the job. They are absolutely lovely staff. They love him and he is very sweet with them, he charms them. He smiles when they are here", "They are caring, thoughtful and they worry about her. [Staff member] is particularly amazing and has spent a lot of time connecting with [person]. She realises about her past and that she was a top [profession] and an extraordinary woman. It's hard for her to let go of her previous roles and they understand this" and "They are so kind- exceptional. They really understand this and how to engage with her. She is always very calm when they have been."

Care workers knew the people they were working with and told us that they supported people on a regular basis and understood how they wanted to be supported. Care workers were introduced to people before starting work with them. We saw one person was introduced to three care workers at the start of their contract so they would know who their replacement care worker would be if their regular one was unavailable, which was confirmed by feedback received from relatives. One relative told us, "They introduce anybody new by bringing them round first."

Care staff spoke very positively of the people they provided care for and how they worked to build meaningful relationships with them. Staff told us that they had time to spend with people and were not rushed in their care tasks. One staff member told us, "We found similar interests – old movies. That gives us something to talk about." A second staff member told us, "We have time to talk. Time to show we care. I really care. I could sit and talk all day." A third staff member told us, "I adore [Person]. She loves sitting there and talking. We watch two game shows and I bring in some takeaway some evenings." The registered manager told us, "We believe strongly in the companionship aspect of care."

People were supported to maintain their privacy and their dignity was respected. A staff member told us, "We cover the person when we undress them. [Person] always washes their own private parts. I always ask and try to reassure." People were supported to maintain and improve their independence, especially in relation to their mobility. We heard of examples of staff supporting people with exercises, under guidance of the relevant health professional. A staff member told us of an example where they had helped a person who had lost confidence and mobility after an injury and after three months of supporting and encouraging the person, they were able to go into their garden again. The staff member told us, "We supported [Person] to know they could live without our help." A relative told us, "We are trying to maintain her and she has actually improved. They mediate a lot for her and help keep her calm and she also does an hour of exercise every day which has helped her health."

People and where appropriate families were consulted about their person-centred support plans and confirmed they had participated in reviews. This demonstrated people's views were listened to and respected. Care plans contained detailed information about the person, their interests and life history. People were supported to express their views routinely as part of daily practice and during reviews. One relative told us, "[Staff] came out to do the care plan. She came and sat with us both and went through

everything before they started. She really listened to what we wanted."

We looked at compliments the service received from people and relatives, many of the compliments had been recorded by relatives online. Feedback included, 'Mum has improved. Carers played a huge part in that and we no longer need them. We would use them in future' and 'fantastic carers, great service.'

The provider had an equality and diversity policy in place and staff had received training in equality and diversity. People's cultural backgrounds were detailed in their care plans and staff were provided with guidance to meet people's cultural or religious needs, such as food preferences and whether the staff member was required to be mindful of any customs when entering a person's home.

Good

Is the service responsive?

Our findings

We received positive feedback about the way staff responded to their needs and preferences. We heard that staff listened to their requests and were always available to spend time supporting them with any assistance they required on a daily basis. One relative told us, "They have been very flexible as we have been working out the best times for the carers to come to [Person]. We have been juggling the situation and they have been very accommodating." We saw that one relative had noted their thanks to a staff member who had accompanied their loved one to hospital in an emergency situation. The said the staff member, 'went beyond the call of duty.'

People's care plans were comprehensive and person centred and detailed each person's individual support needs and how to meet those needs. All relatives confirmed that there was a care plan in the person's home. Care plans assessed people's care needs around their daily routine, activities, exercise and socialising, meal preferences and dietary needs, mobility, health and medicines and how dementia may affect the person. Care plans were reviewed on a regular basis and updated as people's needs changed. For example, one care plan documented that the person had recently been in hospital and 'was returning to herself slowly.' Another person's care plan stated that their dementia had progressed and how that was affecting the person on a day to day basis.

Relatives told us that they had been involved in regular care reviews. Staff told us the support plans were useful and they referred to them during their work. One staff member told us, "I have to sit down and read the care plan before I start with a new person." They said they were confident the plans contained accurate and up to date information. One relative told us, "[Registered Manager] comes and collects the sheets of paper they record on. He always checks how things are going. He has been out a couple of times to review the care plan. If there are any problems I speak to him and he sorts it out. He is very good. Their daily logs are very good and comprehensive."

Since registration, the service had not documented any complaints. Everybody we spoke with told us that they had no complaints and were confident any concerns raised would be listened to and addressed. One relative told us, "I am very impressed with the ways to contact them. I have the office number, a business mobile and [registered manager's] own mobile and I would not hesitate to tell them if there was a problem."

At the time of the inspection, the service was not providing end of life care. The registered manager told us of how they had previously supported a person at the end of their life and that they had received positive feedback from the person's family. The registered manager told us that he intended to undergo end of life training and further develop their approach to end of life care.

Good

Is the service well-led?

Our findings

We received consistently positive feedback from all relatives regarding the overall management of the service and the care they received as a result. Everybody told us of knowing the registered manager and director, their responsiveness and active involvement in ensuring their loved one was receiving good care. Feedback from relatives included, "Home Instead are fantastic. They make the situation bearable for us all. They help [Person] remain at home where she wants to be. I feel very confident with them both the carers and the organisation and know they will always ring me if there are any changes or concerns. They communicate so well", "[Registered Manager] is such a dedicated passionate person and is so efficient. He does do some of the caring so he knows what's happening. He's out and about checking that we are happy. The office staff are all carers as well and so they understand" and "I have found the office staff to be excellent. If I need to speak to the office about the carers or arrangements they respond very quickly. The directors really are very supportive. I haven't come across this before."

Staff had a good understanding of their roles within the service and knew what was expected of them. We received positive feedback from all staff we spoke to about working for Home Instead Enfield. Staff praised the overall culture of the service, the supportive and responsive management structure, the availability of additional support when needed and the training provided. Staff informed us there was an open culture within the service and the registered manager listened to them. One staff member told us, "The ethos of this company is what the care industry should be…They practice what they preach" A second staff member told us, "The clients are very well looked after." A third staff member told us, "Their communication is brilliant. The introductions, a small group of carers to a client. They know who is coming." Staff told us they felt valued and were recognised for their work. Regular team meetings were followed up with a team meal. The registered manager told us that they had low staff turnover which provided stability and reassurance for people who received care from a stable workforce. Staff were also promoted from within, one staff member told us of the support they received from the management team to learn and progress within the organisation. They told us, "They have been brilliant. I didn't have the confidence in myself to liaise with staff. They have built my confidence."

The registered provider maintained strong links with the local community and actively participated in promoting social care causes. The provider told us that in addition to providing the service they also had a role in promoting the importance and value of social care locally. On the day of the inspection, the provider was running a workshop at a local library for Dementia Awareness week for the second year running. The provider had also worked alongside and fundraised for a local dementia awareness charity. Fundraising activities arranged by the provider included cake sales, a pub quiz and a bucket collection at a local supermarket.

The registered manager had delivered presentations to local dementia awareness charities. The registered manager was also working with another local dementia charity to raise awareness of local businesses of how to provide assistance to people who may be using their business who are living with dementia and may be experiencing a symptom such as anxiety or forgetfulness. A representative from a national dementia awareness charity had attended the office to give a talk to staff. People had benefited from the provider's

community presence and healthcare links which they had used to secure additional training for staff and literature for families of people living with dementia. The provider had also enabled some local community groups and small charities to use their training room and WIFI. The provider had a strong social media presence and used the forum to publicise local dementia awareness events and share information. The provider was a member of a local provider's forum and attended community forums relating to raising awareness for dementia causes. For example, the provider had engaged in 'Santa to a Senior' in 2017 which involved liaising with a local school to arrange for children to provide presents to be distributed at Christmas dinner at the local church.

The registered manager told us that they were passionate about ensuing people living with dementia lived as full a life as possible. They told us, "Everyone has a story, where they have been at their wits end. They have no idea of the services they can access. Their section of society is not on social services radar. I was carer for my Dad for six years and this motivated me to start this business. Any information I can get out there to help people."

The provider's ethos in ensuring people living with dementia was reflected in staff understanding of how to support people living with the condition. Staff we spoke to demonstrated they understood how to support people living with dementia and this was reflected in the feedback we received from relatives. One staff member told us, "Even with people with dementia. If a little part in their head remembers you. That is very rewarding." A relative told us, "The job is to know [Person] and they do. It's quite demanding work. If [Person] does get upset they have learnt to acknowledge what [they] has said but then use light distraction; something familiar and comforting to interest and engage her. They are clever at making her feel that she is leading and in control but balancing that with making sure she is safe."

A regular newsletter was produced for people which included business and staffing updates, customer feedback and community news. People and relatives had several avenues to provide feedback on the service they received. The registered manager visited all people monthly to check care records and ask how people and relatives were finding the service. One relative told us, "[Registered Manager] visits and checks everything and looks at the environment. [Provider] writes to me and always follows things up with an email. They are extremely efficient." In addition, the registered manager carried out a quarterly review of the person's care package with the person and/or their relative.

Other quality assurance processes in place to ensure that people received a consistently high standard of care included monthly audits of medicines and daily care records, a quarterly audit of all areas of the business by the management team which checked care plans, recruitment and policies and procedures. A representative from the provider also carried out a check of the service in April 2018. Any areas identified for improvement was promptly addressed by the registered manager, for example, how medicines were documented.

Throughout the inspection we gave feedback to the registered manager and clarification was sought where necessary, for example in relation to the recording of medicines and documenting pre-assessments. The registered manager demonstrated a willingness to learn and reflect to improve the service people received as a result.