

# Christies Domiciliary Care Limited

# Walfinch Hampstead & Camden

## Inspection report

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Date of inspection visit:  
02 November 2021

Date of publication:  
13 December 2021

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Walfinch Hampstead & Camden is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of different abilities. At the time of inspection, the service provided care to eight people, four of whom received personal care. The Care Quality Commission (CQC) only inspect the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

### People's experience of using this service:

Feedback indicated that people and relatives were satisfied with the care and services provided. They spoke positively about the agency.

Medicines were not always being managed safely by the provider and we found a breach of regulation in respect of this.

People were protected from abuse. Staff had received training on how to safeguard people and were aware of the procedure to follow if they suspected that people were subject to abuse.

People's care needs were risk assessed and care plans provided staff with the information to manage the identified risk.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had taken measures to prevent and control the spread of COVID -19 and other infections.

The provider had a complaints policy and procedure in place. The management team were open and transparent throughout the inspection and responded to any requests positively.

Management monitored aspects of the quality of the services through regular audits and checks. However, the provider's quality systems were not sufficiently robust to identify the concerns we highlighted with the management of medicines.

Staff told us they felt trained and supported. They were confident that management would address any concerns around their personal development and the safety of people who use the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The service was registered with us on 28 November 2019 and this is the first inspection.

Why we inspected:

This was a planned comprehensive inspection to review the key questions, Safe, Effective, Caring, Responsive and Well-led and rate this service.

Enforcement

We have identified a breach in relation to safe care and treatment at this inspection.

Follow up:

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Walfinch Hampstead & Camden

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service two working days' notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that management were available on the day of the inspection site visit.

Inspection activity started on 2 November 2021 and ended on 11 November 2021. We visited the office location on 2 November 2021.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. The provider completed a Provider Information Return (PIR). The PIR 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 PIR also provides data about the organisation and service. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

During the site visit we spoke with the registered manager and chief executive officer who is the nominated individual.

We reviewed a range of records. This included two people's care records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a further two people's care records and two staff files. We also looked at training data, quality assurance records, policies and procedures. We spoke with one person who received care from the service. Some people who received care from the service had limited communication and therefore we were unable to speak with them. We spoke with one relative. We obtained feedback from two care professionals. We also spoke with three care staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- We found the service did not have robust processes to ensure that Medicine Administration Records (MARs) were always accurate and up to date. It was not always evident that medicines had been administered as prescribed.
- In April 2021 the provider implemented an electronic system for recording medicines administration. We looked at a sample of electronic MARs between August and October 2021. We observed that there were numerous instances where care workers were not accurately recording on the electronic MARs if medicines were being administered. We queried this with the provider who explained that there was a transition period where the provider used both electronic MARs and a paper version due to issues experienced with the electronic system. We looked at a sample of paper MARs and found that there were numerous instances where these had not been completed fully and there were unexplained gaps. We also noted that on one person's MAR for one month, '?' was recorded 22 times in the box. There was no explanation recorded as to what this meant and did not correspond with the MAR key. It was evident that MARs were not always completed correctly and did not always accurately reflect the medicines support people received.
- The paper MARs referred to 'blister pack'; but did not include a list of what medicines were included in the blister pack. Therefore, the medicines administered were not clearly identifiable.
- The electronic MARs were not an accurate record of medicines administration. It was not always possible to tell what time medicines were given or what action staff took to support the person take their medicines.
- We observed that one person was prescribed Alendronic Acid. This must be given on a completely empty stomach with water, with the person remaining upright for at least 30 minutes and at least 30 minutes before any other medicines, food or drink. This is to reduce the risk of oesophageal ulceration. However, full clear instructions were not detailed on this person's MAR.
- Two people received 'as and when required' medicines (PRN) for pain relief using paracetamol. However, there was no formal PRN guidance which showed how much and in what circumstances this was to be given to the person. The provider did have a policy in place which stated, 'Where a service user is prescribed when-required medication, a specific plan for administering this must be documented in the medication care records.' However, the provider had failed to ensure that this was in place. We raised this with the provider and they assured us that they would address this.
- Medicines audits were not effective as they had failed to identify the shortfalls we found at this inspection.

We found no evidence that people had been harmed however, systems were not robust enough to demonstrate that medicines were always managed safely. This is a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were trained in the safe administration of medicines and we saw documented evidence of this.

#### Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe when receiving care and support from care workers. When asked if they felt safe in the presence of care workers, one person told us, "I do feel safe with them [care workers]. I am comfortable." One relative told us, "I do feel that [my relative] is safe with the carers. [My relative] is safer than if she was alone."
- Appropriate policies and procedures were in place to safeguard people from abuse.
- Staff we spoke with demonstrated an understanding of what to do to make sure people were protected from harm. Staff received appropriate training in safeguarding people.

#### Assessing risk, safety monitoring and management

- Risks to people were identified and managed so that people were safe. Individual risk assessments were completed which included the environment, moving and handling and physical health. These included guidance on how staff could reduce potential risks occurring.
- Risks were reviewed to ensure people's changing needs were identified and safely managed.
- Staff we spoke with were aware of people's needs and could describe the actions they would take to keep people safe and to mitigate risk.
- Feedback we received indicated that care workers were generally punctual and there were no issues with lateness or missed visits.
- The provider monitored care worker's timekeeping and attendance using an electronic system which operated on a real time basis. The system would flag up if care workers had not logged a call to indicate they had arrived at the person's home or that they were running late.

#### Staffing and recruitment

- There were enough staff to meet people's needs and cover their agreed hours of support. The provider was safely able to meet people's needs with the current number of care workers they had.
- There were on call arrangements in place for outside office hours should people using the service or staff need advice or support.
- Staff records showed recruitment and selection processes had been carried out to ensure suitable staff were employed to care for people. A range of checks were completed. These included obtaining references and undertaking a criminal record check to find out whether a prospective employee had been barred from providing a regulated activity such as personal care to adults.

#### Preventing and controlling infection

- People received care in a way that minimised the risk of infection. We were assured the provider was following current infection prevention and control (IPC) procedures, including those associated with COVID-19.
- Staff had received training about infection prevention and control including COVID-19 and were able to describe how they were currently minimising the spread of infection. Staff told us they used Personal Protective Equipment (PPE) effectively, for example, they wore aprons and gloves when carrying out personal care.
- The provider had policies on infection prevention and control and COVID-19 which were in line with national guidance.
- Staff had access to an adequate supply of PPE. The provider was monitoring the staff's COVID-19 testing.

#### Learning lessons when things go wrong.

- The provider had a system in place for reporting and recording accidents and incidents. We noted that the

accident/incident form included details about what occurred and who was involved. However, there was a lack of information recorded about subsequent action taken by the provider following an accident/incident and mitigating action to take in future. We discussed this with the nominated individual who confirmed that they would amend the form to ensure that it included a section to record subsequent action and that in future this would be completed.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were carefully assessed before the provider started to provide any care and support. The registered manager visited people at home to assess whether they could provide an appropriate service.
- A care plan was created following the assessment process, so staff knew what care people needed and when. Care plans showed that their needs had been individually assessed. Details of people's needs, including their cultural, religious, dietary, and preferences were documented. Staff were able to use care plans to ensure they provided care and services in line with what people wanted. Care plans were reviewed regularly and reflected people's changing needs.
- People's care was based on current guidance and standards. The provider had a set of policies, processes and procedures. These were based on relevant legislation, and standards and guidance from the government, and other national bodies.
- Where required, the service involved healthcare professionals such as the GP to ensure they were working in line with best practice and to ensure individual needs were met safely.

Staff support: induction, training, skills and experience

- Staff received support through induction, training and supervision. There were systems in place to ensure newly employed staff were inducted appropriately. Staff completed a five-day induction programme which included shadowing more experienced staff. The staff induction was based on the Care Certificate which sets out an agreed set of standards for workers in the social care sector. There was regular follow up training to make sure staff kept their knowledge and skills current.
- The provider had a programme of training in place to ensure staff had the necessary skills to support people. Training records showed staff had completed necessary training which included safeguarding people from abuse, first aid, Mental Capacity Act, infection control and manual handling.
- Staff were supported by management and there were arrangements for regular supervision. They told us that management were supportive, and teamwork was good. One member of staff told us, "I do feel well supported by management and colleagues. I couldn't ask for a better team to be honest." Another member of staff said, "There is good communication network here. Good team working here."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough for their health and wellbeing.
- People's support plans contained information about their dietary needs and preferences. This included information about people's cultural, religious and preferred dietary needs.
- People were independent with their meal preparations; however, where support was required, staff provided this. Staff ensured the person's preferred dietary and cultural needs were met.

- Staff knew the level of support people required with their eating and drinking and informed us they would report any concerns to their relative, registered manager or to healthcare professionals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and their relatives were responsible for coordinating their own healthcare appointments. However, where additional support was required, staff provided this.
- The provider worked effectively with other agencies and health professionals to ensure people received effective care. We obtained positive feedback from two health professionals and no concerns were raised. One health care professional told us, "The carers are kind and they ensure that [person's] needs are met."

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff had received training in understanding the MCA legislation and its implications for people living in their own homes. Training records confirmed this.
- Care plans included information about people's capacity to make decisions and provide consent to their care. There were details of people's next of kin or others who advocated for them.
- Staff understood they should seek consent before giving care and encouraged people to make choices for themselves.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were treated with kindness and respect. One person told us, "I am happy with the care here. My regular carer is first class." One relative said, "Carers are kind and respectful. [The carer] has a lot of time for [my relative]. [My relative] gets on well with [the carer]." One health care professional told us, "I have experienced how caring, empathetic, and hard working the carers are in terms of working together with the client and other professionals."
- People received care from the same care workers. There was consistency and continuity with the level of care people received.
- The provider understood the importance of working within the principles of the Equality Act and supported people's diversities in relation to their protected characteristics including their race, disability, sexuality, sexual orientation and religion in a caring way. For example, people's preference to receiving support from a specific gender of staff was respected.

Supporting people to express their views and be involved in making decisions about their care.

- People's preferences were documented in care records. Care records included information of how people wished their lifestyle choices to be respected. These were person centred.
- People and those acting on their behalf were provided with an opportunity to express their views about the care and support from the initial assessment through to care reviews.
- Care records confirmed staff delivered care and support to people as planned in line with their choices and any changes requested.

Respecting and promoting people's privacy, dignity and independence

- Staff members we spoke with were aware of the importance of dignity and privacy and knew ways to support people with dignity and respect. They gave us examples such as shutting bathroom doors and knocking on doors to promote this.
- Staff knew about the importance of respecting people's confidentiality and not speaking about people to anyone other than those involved in their care.
- People's support plans included guidance to promote and support their independence.
- People's care records were stored securely in the office so only staff could access them.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- People received personalised care to meet their needs and wishes. Each person was treated as an individual and care was planned around their preferences. People were able to choose the time of their visits and make adjustments to suit them.
- Care plans were person-centred and provided a clear indication of the person's needs and wishes. They included information about people's daily routines and their preferences. Records included specific ways the person wished to be supported and information about their life story.
- People's needs were reviewed regularly, and their care plans updated to reflect changes in their needs and how they wanted staff to provide care to them.
- Staff told us the registered manager communicated with them regularly about people's changing needs and the support they required.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care support plans contained information which showed how they communicated and how staff should communicate with them.
- There was an AIS policy in place. The provider was able to tailor information in accordance with people's individual needs and in different formats if needed. The provider explained that documents could be offered in bigger print or braille and could be translated.
- People who used the service received information about their care in a manner they understood. Staff communicated with people well and understood how they wished their care to be provided.

### Improving care quality in response to complaints or concerns

- There were policies and procedures on raising complaints, concerns and compliments. The provider had a system to record and investigate complaints.
- Feedback we obtained indicated that management were approachable and people felt able to raise concerns. One person said, "They do listen to me and ask what I need. I do feel able to contact them. I have done so once or twice and my issues were resolved."
- Staff we spoke with told us that management were responsive. One care worker told us, "Communication is really on point here. We all know what we are doing and if there are any changes we are kept informed."

Another care worker said, "I do feel able to raise issues if I had any queries without hesitation. [The registered manager] is incredibly approachable and works very hard."

#### End of life care and support

- At the time of the inspection, no one received end of life care from the service. The registered manager told us that currently the service did not support people who required palliative care but that they planned to provide staff with training for end of life care and to discuss people's end of life wishes if such referral was received.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

This is the first inspection for this newly registered service. This key question has been rated requires improvement. The service had failed to identify some aspects of medicines management that required improvement.

### Continuous learning and improving care

- Some systems were in place to monitor the quality of the service and to improve the service delivery of care and support. Quality assurance systems and processes included audits looking at aspects of the service. The provider carried out quality checks with people which included satisfaction calls and spot checks of staff.
- The provider also carried out checks of records which included staff recruitment, care records, MARs and staff punctuality. However, we found that the provider had failed to effectively identify the medicine issues we identified during this inspection as detailed under Safe. We raised this with the provider who advised that they would review their medicines management systems. There was an open approach by the provider to make changes to improve people's medicines management.
- Important information and updates were shared with staff. The registered manager had daily contact with care workers. The registered manager and care workers advised that there were staff meetings. However, we found these were not documented. The registered manager advised these would be documented in future so that follow up actions could be recorded.

### Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us they enjoyed working at this service and felt valued. Staff were provided with a variety of tools to support them if they needed guidance or advice about their role. This helped to provide a positive working environment.
- The service had a positive culture. All feedback we obtained was positive about the agency and said that there was good communication. When asked about management of the service, they spoke positively about how the service was operating.
- The provider had specific values in place that staff were expected to adhere to when carrying out their roles. Staff performance in accordance with these values was reviewed during supervisions.
- Staff we spoke with told us they felt well supported by management. They confirmed that management were approachable and provided guidance and direction whenever they needed it.

### Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The chief executive officer, registered manager and care staff had a clear understanding of their roles and how they each contributed to the safe running of the service.
- Staff received regular updates from the registered manager and provider; this included up to date

guidance on the COVID-19 pandemic.

- Staff performance was monitored through regular one to one supervision and spot checks. Staff understood their roles and responsibilities, were motivated and had confidence in the registered manager.
- Care workers we spoke with told us that staff morale was positive and they enjoyed working at the agency. They told us they felt supported and valued. They also spoke positively about the way the service was managed. One care worker told us, "I think the agency is operating well. I like how things are run here. Things are very organised." Another care worker said, "It is very good working here. I am happy here. It is pleasant here. The manager is always ready to help and give us advice or answer queries. She is approachable very much so."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Management understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness.
- The registered manager was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The provider obtained feedback from people and relatives about the service through review meetings and telephone calls to improve the service where needed.
- Staff told us that the registered manager responded well to requests for assistance and listened to their concerns. The chief executive officer acknowledged that due to the COVID-19 pandemic, opportunities for staff to mix and meet had been limited. However, they planned to address this with more staff activities and gatherings.
- Where required, the service communicated and worked in partnership with external parties which included local authorities and healthcare professionals and we saw documented evidence of this. This was confirmed by care professionals we spoke with.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not ensure the proper and safe management of medicines.