

Navarros Care Limited

Walfinch East Barnet

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

About the service

Walfinch East Barnet is a domiciliary care service. It provides personal care to people living in their own homes and flats in the community. The service supports people with a range of physical, sensory and learning disabilities as well as older people including those living with dementia. At the time of this inspection there were 12 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

One person and relatives of people using the service spoke positively of the service and the care and support that they received stating that they had developed caring and respectful relationships with the care staff that supported them.

Relatives told us that they felt safe and confident with the care staff that supported them. Care staff knew the signs to look for if abuse was suspected and told us of the actions they would take to protect people from abuse.

Safe medicines management and administration processes in place ensured people received their medicines as prescribed and on time.

People were supported by care staff that they knew, who arrived on time and always stayed their full allocated time. Recruitment processes ensured that only care staff assessed as safe to work with vulnerable adults were employed.

People were supported by care staff who had been appropriately trained and were skilled in their role. Care staff told us they were regularly supported through supervision and annual appraisals.

People were supported to eat and drink enough where this was an assessed need. The service supported people to lead healthy lives and supported them to access relevant health care services where required.

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.

People and relatives knew who to speak with if they had any complaints and were confident their concerns would be dealt with appropriately and in a timely manner.

Care plans were person centred, giving care staff information and guidance to support people with their needs and wishes. However, some care plans lacked detailed information on how to minimise risk for people and to enable the delivery of safe, effective and responsive care.

Management oversight processes in place enabled the service to monitor the quality of care people received. However, where we had identified some minor concerns with care plan records, this had not been identified through the providers internal audit processes.

We have made a recommendation about ensuring that comprehensive records are maintained to support the delivery of good quality care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This was a planned inspection. This service was registered with us on 09 March 2021 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Walfinch East Barnet

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

This inspection was carried out by one inspector and one Expert by Experience who made telephone calls to people and relatives of people using the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. 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 a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 22 November 2021 and ended on 13 December 2021. We visited the office location on 03 December 2021.

What we did before the inspection

We reviewed information we had received about the service since the service was registered with the commission. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. 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

We spoke with the nominated individual and the registered manager about the overall management and running of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at rota management and electronic monitoring systems and discussed various topics including safeguarding, complaints, training and pre-service assessments.

After the inspection

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

We also spoke with one person using the service and six relatives of people using the service. We also spoke with one field care supervisor and five care staff. We continued to seek clarification from the registered manager to validate evidence found.

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 good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's health and care needs had been identified and assessed.
- Care staff knew people well and explained how they would support people to stay safe. One care staff told us, "[Person] is very prone to falls and there are no grab rails by the stairs, that's a risk. We need to report any changes so that we can go and review the package."
- Relatives also told us that care staff were very good at identifying risk. One relative explained, "They [care staff] are sharp as you like at picking up anything that may be a risk, however slight it may be, like a curled corner or a rug or a dodgy looking wire on a lamp or waiting for the floor to completely dry first."
- Assessed risks documented within the care plan included, risks associated with falls, skin integrity, moving and handling, medicines and specific health conditions such as diabetes.
- Risk assessments were reviewed every three months or sooner where significant change was noted.
- However, we did find that where certain risks had been identified, information on how to minimise risk, was not always complete and lacked detail on how to keep people safe.
- We highlighted the examples to the registered manager and nominated individual, who following our feedback immediately updated and sent us the care plans to review.
- All accidents and incidents were reported and recorded with details of the accident/incident, immediate actions taken, the outcome and any follow up actions to be taken.
- The registered manager explained that following any incident or accident, information would be shared with the staff team and appropriate healthcare professionals so that a review took place to consider further learning or improvements and to prevent any future re-occurrences.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Relatives told us that they felt safe and assured with the care and support that their family member received. One relative stated, "They do know how to care and to make things safe."
- Policies and procedures in place gave direction and guidance to staff on how to safeguard people from the risk of abuse.
- Staff had received safeguarding training and demonstrated a good understanding of the different types of abuse, how to recognise potential signs and the actions they would take to report their concerns. One care worker told us, "You can see the signs if they are very stressed, behaviour, body for marks or if you see some bruises, well I would immediately report to the manager."
- The registered manager demonstrated a good understanding of safeguarding and the actions to take to report all concerns. Where concerns were raised, learning and improvements were reviewed and shared with all staff.

Staffing and recruitment

- Care staff were appropriately assessed as safe to work with vulnerable adults. Policies and systems in place supported this.
- Pre-employment checks completed included the completion of an application form, criminal record checks, evidence of conduct in previous employment, right to work in the UK and proof of identity.
- Whilst all checks required had been completed, we did note that a full employment history had not always been obtained and gaps in employment had not always been robustly explored with potential staff. We highlighted this to the registered manager who made note of this for all future recruitment.
- People and relatives told us that they did not have any concerns with care staff timekeeping and confirmed that they were supported by a team of regular care staff. One relative stated, "Staff do arrive on time and are reliable."
- An electronic call monitoring system was in place. This enabled the service to schedule and monitor people's care calls in real time and ensure that care staff arrived to their calls on time and that calls were not missed.

Using medicines safely

- People received their medicines safely and as prescribed.
- People's support needs in relation to medicine administration was documented in their care plan including the list of medicines prescribed, how and when they should be administered.
- Electronic care planning systems in place enabled the service to monitor and ensure people received their medicines on time.
- Medicine administration records were complete and no gaps in recording were identified.
- Care staff received medicines training and their competence was assessed to ensure staff had understood their training and administered medicines safely.
- Monthly audit processes enabled the service to monitor and ensure people received their medicines as required. Where issues were identified as a result of the audit, these were addressed immediately with the care staff involved.

Preventing and controlling infection

- Systems and processes were in place to ensure people and staff remained safe and protected from the spread of infection.
- Care staff had access to a variety of Personal Protective Equipment (PPE) which included gloves, masks, face visors, shoe covers and hand sanitising gel.
- Staff were also required to test for COVID-19 on a regular basis to ensure protection and safety from infection.
- Care staff told us and records confirmed that they had received training on COVID-19, infection control and the correct use of PPE. One care staff told us, "Always had PPE in the office and supplies are available. We had online training, we do weekly tests."

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 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

- An assessment of need was completed upon referral to determine whether the service was able to effectively deliver care and support in line with current standards and best practice.
- The assessment involved the person, the person's relative or representative and health and social care professionals.
- Information collated included people's specific health and care needs, how they wished to be supported and their protected characteristics under the Equality Act.
- Comprehensive care plans and risk assessments were developed based on the information gathered at assessment.

Staff support: induction, training, skills and experience

- Care staff received the required training and support to meet people's assessed needs.
- Relatives spoke highly of the care staff that supported their family member and felt they were appropriately skilled and trained in their role. One relative said, "They [care staff] are all very well trained and efficient I would say."
- All staff received an induction when they started working for the service which included training and a period of working alongside a more experienced member of staff.
- Care staff also completed regular training which helped them refresh their knowledge and deliver safe and effective care. Specialist training was also provided to meet people's specific identified needs.
- Care staff stated that they were very well supported through regular supervisions and annual appraisals. Care staff also told us that the registered manager and office management were always available when required to support them in their role. One care staff told us, "I did 11 courses, they just don't give the theory, they also provide supervision and shadow work, they show in practice what we learn. Very easy to talk to them about anything and ask for training."

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

- People were supported to eat, drink and maintain a healthy diet where this was an assessed need.
- People's likes and dislikes about food, drink and the support they required, had been documented within their care plan. One relative said, "He eats and drinks well now he's being looked after."
- Where people had specialist dietary requirements or cultural and religious preferences these had also been clearly recorded. One care staff told us, "I cook for her and make sure she has a balanced diet, I have got to know her and so know her likes and dislike well and I give her two to three options every time."

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

- Where people required support to access health care professional in order to live a healthier life, this was provided. This included requesting specific support from a specialist healthcare professional when needed.
- Information contained within people's care plans included their health and medical conditions and how care staff were to support with these.
- Relatives were confident in the care staff abilities to recognise and report concerns with their family members health and welfare especially in an emergency. Feedback included, "I think health is top of their list of priorities and they keep a watchful eye for any slight change" and "They are straight on it if anything needs doing and deal direct with whoever needs dealing with like the occupational therapist support and that's great."
- Care staff recorded details of the care and support provided to people at each care call. This ensured effective communication exchange between the care staff team and other visiting healthcare professionals.

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.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People or relatives where required, had signed the care plan consenting to care and support provisions.
- Care staff understood the MCA and explained the importance in involving people in all aspects of their care delivery, in line with the key principles of the MCA. One care staff explained, "If the person is unable to make decisions for themselves, first of all there should be a support plan to state they lack capacity, we can't decide that, family helps, give them choices, ask them, communicate all the time, include them in everything we do."
- Relatives stated that staff listened to the needs of the person, whilst delivering care and support to ensure their wishes and choices were considered. One relative said, "They [care staff] make sure that they keep him interested and fully aware of what they are doing."

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

- Feedback from one person and relatives we spoke with about the care staff and support they received was overwhelmingly positive. One person stated, "I like them all very much." Relatives comments included, "Yes, they are all very kind, caring and thoughtful", "I have never met such a truly caring lot" and "All very good and very kind people."
- Care staff described how they had established positive and caring relationships with the people they supported and their relatives which helped them to deliver good, person centred care. One care staff explained, "We discuss about their life, really go into conversations with them, engage in conversations with them, try to find out what they like or dislike, I am treated like their family. Every Saturday we have pancake day and we sit together with the family."
- People's diverse needs, as defined under the Equalities Act 2000, were respected. For example, people's religious and cultural needs had been documented in their care plan and staff were aware of these.
- One care staff spoke about a person they supported who identified as Lesbian, Gay, Bisexual, Transgender Plus (LGBT+). They explained how the person has expressed their preferences to them and that the person feels "so comfortable with us." The care staff told us, "It makes no difference. We are very specific with them and you must have patience. We have had issues with carers in the past who refuse to support people and we explore this at interview and we have refused recruiting them."

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

- Relatives confirmed that they had been involved in decisions made about their care provision. One relative told us, "I sat down and had a meeting to discuss what was needed and we tweak it as and when necessary."
- Care plans documented people's needs, preferences, likes and dislikes on how they wished to be supported.
- People were supported to express their views and choices on how they wished to be supported. One care staff told us, "I also said to [person] if I do something she doesn't like she should tell me, I don't want her to feel uncomfortable with what I have done in her house, it's all about my positive aura when I come to work."
- Care staff described person centred care, listing ways in which they made sure people received care that was individualised and personal to them. One care staff described, "Every person has different needs, I am going to build a plan which is around that particular person's needs."

Respecting and promoting people's privacy, dignity and independence

- Relatives stated that care staff were always respectful of people's privacy and dignity and treated them with respect. One relative said, "They [care staff] are careful to keep him from being embarrassed and cover

him and let him know what's happening"

- Care staff also gave us numerous examples of how they respected people's privacy and upheld their dignity. Examples included, "Close curtains, please and a thank you, allow the client to be who they are and not change who they are" and "When you do personal care make sure curtain and door is closed, ask permission to do things, trying to involve them don't just do it, involve them."
- Care plans promoted people's independence and guided staff on areas where they were able to do things for themselves. One relative stated, "Yes they enable us to lead as normal a life as possible."
- Care staff told us and explained how they encouraged people to do as much for themselves as they were able and comfortable in doing. One care staff said, "f they really need help with personal care I help them otherwise I encourage them to do things themselves."

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 and support that had been designed and planned to meet their needs and preferences.
- Care plans detailed people's health and care needs as well as their likes and dislikes and how they wished to be supported.
- People and relatives told us that care staff always listened to them and responded to their needs accordingly. One relative told us, "I firmly believe the staff listen to my parents at all times." Another relative said, "They [care staff] are very amiable and let her lie in if she wants to and support her in what she wants to do and when she wants to get up."
- Care staff told us that they had got to know the person they supported. This involved talking to the person about their life and their likes and dislikes. One care staff explained, "First of all I introduce myself, I am friendly, very chatty with them, make them feel comfortable around me, get them to trust me and I talk to them a lot."
- People and relatives told us that the service regularly reviewed their care needs and they were fully involved in the review process. One relative told us, "They listen to what we are saying and asking for and provide just what we need."

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.

- Where people had specific needs relating to the way in which they communicated or the support required around their communication, this was recorded within the person's care plan. This included information about any support aids that the person may use to support them with their hearing or their eyesight.
- Staff we spoke with were aware of and knew how to support people with their communication needs.
- One relative explained that the service had been able to provide care staff that spoke their family members native language. The relative told us, "They stop for a chat and really do care about them. When I turned up they were chatting away about their life in Cyprus when they first married."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service supported people with taking part in daily living activities and pursuing their interests where this was an identified need.

- Care plans documented the support or assistance required for people to follow their interests or participate in certain activities. One relative told us, "They [care staff] meet her at the day centre."
- The nominated individual told us about their involvement with a local community day centre which organises scheduled weekly activities for people living with dementia and their carers. We were shown photos and records of people attending the day centre weekly, supported by the nominated individual, the registered manager and care staff. This enabled people to avoid social isolation, establish and promote relationships.

Improving care quality in response to complaints or concerns

- Policies and processes were in place to support the service to respond to complaints which promoted openness, transparency, learning and improvements.
- At the time of this inspection the service had not received any complaints. The nominated individual told us that they promote an open-door policy where people, relatives and staff were able to approach them and the registered manager at any time.
- Relatives knew who to speak with if they had any concerns and were confident these would be addressed immediately. Comments included, "We would know how to complain yes, we honestly have not had to though" and "Any little niggle I have had has been dealt with swiftly, they're on it straight away."

End of life care and support

- The service was currently not supporting anyone with end of life care.
- The nominated individual explained, "We have not obtained specific end of life wishes. We look at their goals and outcomes, in general. People and families sometimes do not want to discuss. We will look at incorporating questions into the care planning process going forward."

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Electronic care planning and management systems allowed the nominated individual, registered manager and field care supervisors to monitor and oversee the quality of care people received in real time. The service was able to check that care staff arrived at their care calls on time and people had received their medicines on time.
- Processes in place to support this included weekly and monthly audits and checks of medicine administration, daily records and care plans. Where issues were identified details of the actions taken and improvements made were documented.
- Spot checks of care staff during their work practice were also undertaken to check that staff were working to the required standards.
- However, during the inspection we did identify that some records relating to care planning and risk management were not always detailed and comprehensive as required to minimise risk and ensure the delivery of effective and responsive care. These had not been identified by any of the audits that had been completed. The concerns we identified were immediately addressed by the nominated individual and the registered manager.
- The nominated individual and the registered manager were positive about the inspection and welcomed the opportunity to receive feedback. The service was keen to focus on further learning and development to continually improve the quality of care people received.
- Safeguarding concerns, complaints and accidents/incidents were also periodically reviewed to implement improvements and promote further learning and development of the service.
- There was a clear management structure in place and all staff clearly understood their roles and expectations placed upon them.
- An on-call system was in place for any out-of-hours issues that may arise. Staff told us that they were always able to access a member of the management team.

We recommend the provider ensure that people's care records are comprehensive and detailed and that systems are effectively implemented so that gaps in recording are identified to minimise risk and support responsive care delivery.

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

- People received a person-centred, open, inclusive and empowering service which achieved good

outcomes for them. Relatives spoke of the practical and direct care and support their family member received. Comments included, "It's such a relief knowing that they have taken a huge weight off my shoulders", "They start to help as soon as they step through the door" and "Everything they do is done properly. They listen to what we are saying and asking for and provide just what we need."

- Relatives spoke positively about the way in which the service was managed. Relatives feedback included, "The manager is very good and puts himself out if necessary", "The office are great and keep in touch" and "Even the manager is so hard working but I feel I could talk to anyone there and they would be willing to help."

- Care staff spoke highly of the office staff and the overall management systems in place, stating that they felt confident and empowered to approach management at any time and were well supported in their role. One care staff told us, "They [management] are just lovely people, they have excellent communication skills which is very crucial, they are consistent and reliable, I used to work nights whenever I call them they are always available, their problem solving skills are very good, they are professional, they know how to keep a balance between being professional and being friendly."

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

- The nominated individual and the registered manager both understood their legal responsibilities in relation to being open and honest with people when something went wrong. Records confirmed this.
- Where required, the registered manager was also clearly aware of their responsibility of informing the CQC and other involved agencies where specific incidents had taken place or allegations of abuse had been made.

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

- Relatives told us that they had all been involved in the care planning and review process. Regular telephone and written contact had also been maintained, especially during the COVID-19 pandemic, to check up on people's health and mental well-being and to give them relevant updates.
- Relatives knew the nominated individual and the registered manager well and told us that they always responded to their requests and concerns. One relative told us, "I know the manager well and believe there isn't anything he wouldn't do to help."
- The nominated individual explained that they asked people and relatives to complete satisfaction surveys every three months so that they could give their feedback about the care they received. Completed surveys seen were positive.
- Relatives also confirmed that they received regular telephone calls and visits from the management to monitor the care provided. Comments included, "They [management] call to check in all is ok too and we discuss if any changes need to be made" and "The manager has been here a couple of times and keeps a check on how things are progressing and how we are getting on."
- Care staff told us that the nominated individual and registered manager was very supportive, approachable and listened to their ideas and suggestions. Regular staff meetings, supervision and ongoing communication enabled staff to receive regular updates, share experiences and review practices.
- The service worked in partnership with a variety of health care professionals such as GPs, district nurses and social workers, to maintain the health and wellbeing of the people they supported.
- Where referrals had been made, appointments or ongoing engagement with other health care professionals, this had been documented in people's care plans.