Thumhara Centre

The Robert Atkinson Centre

Inspection report

Thorntree Road
Stockton-on-tees
TS17 8AP

Tel: 07875603898

Date of inspection visit:
10 December 2018

Date of publication:
07 January 2019

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 inspection took place on 10 December 2018 and was announced. This was an announced inspection to ensure there would be somebody available in the office and so that people could be informed that we wished to contact them for their views.

This was the first time the service had been inspected.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to a wide range of individuals including older people and younger adults. At the time of our inspection nine people were using the service.

There was a registered manager in post. 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.'

People were cared for safely by staff who understood safeguarding procedures and knew how to raise any concerns. Individual risks were assessed and plans put in place to minimise them. Accidents and incidents were recorded and monitored to reduce future risk.

The service had only just taken on a package that included the administration of medicine. Procedures and paperwork was in place ready to support the person with their medicines. Staff had been trained in the safe administration of medicines and knew how to ensure they were stored safely.

Staff had access to a wide range of training to ensure they had the necessary skills and knowledge to support people effectively. Specialist training was available to help staff meet the specific needs of the people they supported. People were supported to access healthcare and encouraged to have a healthy diet appropriate to their needs.

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

Staff were passionate about their work and promoted dignity and independence. People who used the service and their relatives were all very happy with the support they received and told us staff were friendly.

Support plans contained very detailed information about people, their likes and dislikes and how best to meet their needs. People were engaged in a variety of activities and supported to access the community they lived in. There was a procedure in place to deal with complaints although none had been received at the time of our inspection.

The service was led by a management team who supported staff well. Feedback was sought from people using the service and staff. A comprehensive system of audits was in place to monitor the quality of the service.

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.

Staff had a knowledge and understanding of safeguarding and how to report concerns.

Risk assessments were in place for individuals and their environment.

There was a system in place to monitor accidents and incidents and a contingency plan to deal with emergency situations.

Is the service effective?

Good

The service was effective.

Staff had received the necessary training to provide a good standard of care to people.

Staff were supported by regular supervision meetings and an open door policy meant they could speak with the management team at any time between these meetings.

People's needs were appropriately assessed before staff began delivering care and they were asked for their consent prior to delivery of care.

Is the service caring?

Good

The service was caring.

Care was delivered in a way that respected people's privacy and dignity.

People were supported in a way that was sensitive to their religious and cultural needs.

Advocacy services were available should people need to access them.

Is the service responsive?

Good

The service was responsive.

Care plans contained detailed information on people's likes and dislikes and life history.

A complaints procedure was in place and people knew how to raise concerns if they needed to. No complaints had been received at the time of the inspection.

People were encouraged to join activities at the provider's day centre to avoid social isolation and enhance their quality of life.

Is the service well-led?

Good

The service was well-led.

A comprehensive system of audits was in place to monitor the quality of the service.

Feedback was regularly sought from people who used the service and staff.

Staff meetings were taking place every month and staff felt well supported.

The Robert Atkinson Centre

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.

This inspection took place on 10 December and was announced.

We gave the service 48 hours' notice of the inspection visit to ensure there would be somebody available in the office and so that people could be informed that we wished to contact them for their views.

The inspection was carried out by one inspector.

We reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.
We contacted the commissioners of the relevant local authorities, the local authority safeguarding team and Healthwatch to gain their views of the service.

We visited the office location to see the registered manager and to review care records and policies and procedures. We looked at four people's care plans and one person's medicine administration records (MAR). We looked at three staff files, including recruitment records. We spoke with the registered manager, deputy manager and two care staff. We also spoke with three people who used the service and one relative.

Good

Is the service safe?

Our findings

People and their relatives told us the service kept them safe. One person told us, "The carer will check the doors for me. Before they leave they lock up and give me the key. They check the cooker is switched off and make sure I am kept safe and secure."

People were supported by the same members of staff on a regular basis. This meant that people knew who would be coming in to their home. We saw in one person's care plan that a key safe was in use to enable access to their property. There was one care worker who supported this person as they did not want different people coming and going. We were told by the registered manager that another member of staff was available to support in case of an emergency but that calls were predominantly made by the same staff member. People we spoke with confirmed they regularly saw the same members of staff and said this helped made them feel safe.

The provider had an up to date safeguarding policy in place. Staff had received training on safeguarding adults and knew how to report any concerns. One member of staff told us, "I've learned about abuse and if I was worried about anything I would report it to my manager straight away. I know I can come into the office or call anytime."

Safe recruitment procedures were in place. Pre-employment checks were done to ensure suitable people were employed to provide care. These included references and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults.

Only one person was receiving support with their medicines at the time of our inspection. The provider had only just taken over the care package of this person so we were not able to review completed records but we did see that all the necessary preparation was in place. Staff had received the appropriate level of training and were able to confidently describe how medicines would be safely stored and appropriately administered. The safe management of medicines will be reviewed at our next inspection to ensure these practices are sustained.

People had individual risk assessments within their care files tailored to their individual needs. These included areas of risk such as trips and falls. One person's records did not contain a risk assessment to address the risks associated with their diabetes. When we highlighted this to the registered manager and deputy they assured us this would be addressed immediately. A copy of the updated information was sent to us the day after the inspection visit.

A home visit risk assessment was carried out for each person. This was an environmental risk assessment that covered all aspects of premises safety including pathways, lighting, pets and neighbourhood safety. This was in place to ensure the safety of people using the service and staff delivering care.

There was a system in place to monitor accidents and incidents, however at the time of our inspection there

had not been any reported. The registered manager described how they monitored incidents and learned lessons in order to minimise risk at the provider's day centre. They told us they would use these same principles when dealing with any incidents involving people receiving personal care from the domiciliary care agency.

There was a business continuity plan in place. This listed possible hazards such as flood, loss of electricity, fire, information technology (IT) failure, phones failure, loss of access to principal building and staff being unavailable. The plan assessed the likelihood and level of impact of each eventuality. It also stated what mitigation was in place and what could be done in the event of an incident. This meant people would continue to receive safe care in the event of an emergency.

As part of regular spot checks on staff it was noted that they were using protective clothing such as gloves and aprons appropriately. Staff we spoke with confirmed that there was always a supply of gloves and aprons available for them to use and described the ways in which these were used to minimise the risk of cross infection.

Good

Is the service effective?

Our findings

An initial assessment of need was conducted to establish exactly what people's care needs were. This helped to ensure all necessary information was included within care records ready for the package to start and to ensure the right member of staff was allocated to provide support. One relative told us, "[Registered manager] sat with [family member] for an hour and a half when we met her for the first time. It makes my life that bit easier knowing the right person is with [family member]."

All new staff completed the Care Certificate. The Care Certificate was introduced within the care sector to ensure that workers had the opportunity to learn the same skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. All essential training was up to date and records showed specialist training was delivered to ensure staff had the skills necessary to provide care to the people using the service at that time.

The deputy manager was arranging for a new training provider to commence a whole package of specialist training. They told us, "I want only one trainer involved so our staff's way of learning can be fully understood. [Training provider] are really good, they get you really involved." At the time of our inspection visit a meeting with the training provider had been arranged and after the inspection we received confirmation that a programme of training had been put in place and a timetable of scheduled courses was also provided. Some training was done online and the deputy manager told us staff were able to come in to the office to complete e-learning if necessary and they would be given one to one support if they needed it.

Staff told us they were happy with the training they received. One staff member told us, "This is my first time working in care but I feel happy with the training I've had. I have passed my care certificate and I shadowed another member of staff until I felt confident."

Staff felt well supported by management. Regular supervision sessions took place and annual appraisals were scheduled. We saw records from supervision sessions that covered topics such as safeguarding, health and safety, holidays, training and any personal issues staff may wish to discuss. One member of staff said, "I have had a supervision session and found it really useful my next one is already booked for February."

Staff supported people at mealtimes where this was part of their care plan and people told us they were happy with the food provided. One person told us, "They [staff] will cook food for me. Sometimes it's fast food but sometimes I would like something that takes much longer to cook and they will do it for me."

People's health and wellbeing was supported. People were supported to attend medical appointments where required. One person told us, "They will call the GP if I need them to." Health awareness sessions were also delivered in the provider's day centre and people were welcome to attend these. For example, Macmillan cancer had been in to raise awareness of the risks of breast and bowel cancer.

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 with appropriate legal authority. For people living in their own homes these applications are made via the Court of Protection.

We checked whether the service was working within the principles of the MCA and found that they were. At the time of the inspection nobody was being deprived of their liberty. There was evidence of consent to care and treatment on people's care files. Staff had received MCA training and demonstrated an understanding of the key principles.

Good

Is the service caring?

Our findings

People and their relatives were very happy with the care being provided. One person told us, "I was with another company before and staff did not seem to care so much. My carers now will sit with me and take time to emotionally support me not just do the tasks they need to do." Another person told us, "When I started receiving support from this company I felt like I had found a family." A relative told us, "I have always looked after my [family member] so in the back of my mind I was worried but they treat her as if she was their own mother. When I've been there I've seen the love and care they give to her."

People were treated with dignity and respect and where possible encouraged to retain their independence. One person told us, "There is a mutual respect between me and my care staff. They understand me culturally and treat me with dignity." Another person told us, "Thanks to God they support me with such nice people. They respect me, they always treat me in a nice way."

Staff told us how they supported people in a caring and sensitive way. One member of staff told us, "I treat people with dignity and I keep confidentiality. I close curtains to protect privacy and I make sure that I never discuss other clients with people. I can keep a secret and make sure things are confidential."

Staff had a positive and caring attitude towards their job. One member of staff told us, I like my job. I like to look after people and I look after them like they're family."

We saw records of compliments and positive feedback from people using the service. For example, one spot check form read, 'carer was kind and polite, showed me respect and dignity. She was very helpful and tended to all my care requirements.'

At the time of our inspection nobody was using an advocate. The provider had information advocacy services that could be used should people require this type of support. An advocate is someone who supports a person so that their views are heard and their rights are upheld.

One relative told us, "Different faces can be upsetting for [family member] so it's wonderful that she regularly gets a carer she knows."

Good

Is the service responsive?

Our findings

Care was planned and delivered in a person-centred way. Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to them. Each person had a 'pen picture' within their care file. This gave details of the person's life history, health conditions and hobbies and interests. Staff regularly attended the same care call and knew the people they supported very well. One person told us, "Care is delivered in the way I would like it to be. I have had to explain things like how I would like my food to be presented and they [care staff] now do things the way I prefer."

Care plans contained detailed information on how best to provide care and support to people. In some cases, this information was not as detailed as others. We fed this back to the registered manager and immediate action was taken to ensure all care plans had a consistently high level of detail and information.

The provider recognised and understood the religious and cultural needs of the people they supported. The registered manager told us, "We are a tri-lingual service and being able to talk to people in their own language is the best way to break down barriers. We are able to support people sensitively because we understand them culturally. For example, if any help is needed supporting people with prayers or just knowing the respectful way to address people according to their own culture."

There was a complaints policy in place and a copy was placed in each person's care file so they had access to it if necessary. The policy provided clear step by step instructions on how to make a complaint and how the provider would respond. At the time of the inspection there had been no formal complaints received. One person told us, "I could contact the manager if there was anything wrong. They always tell me to contact them if there is anything I'm not happy with so I can explain my problem but up to now I'm very satisfied." A relative told us, "I am really, really, really happy but if I wasn't I'd ring anyone I had to. [Family member] is the most important and if I had to complain I would know how to."

People who received support in their own homes were also encouraged to engage in activities delivered at the provider's day centre. This included activities such as cooking classes and health awareness sessions. One person had been supported to enrol on an advocacy course. English for speakers of other languages (ESOL) and IT courses had also been arranged for the new year. The registered manager told us, "If people are able to join in it gets them out of the house to meet new people. It enhances their quality of life."

At the time of our inspection nobody who used the service required end of life care. The deputy manager informed us that staff were being trained in this area as part of the ongoing training programme to ensure they would be prepared should the need arise in the future.

Good

Is the service well-led?

Our findings

The provider's vision and values were focused on the provision of a quality service that put people and their individual needs first. In order to achieve this goal, the registered manager told us how they had been careful not to expand too quickly. They told us, "We've been building very slowly, taking packages only when we know we can deliver them well."

There had been no missed calls. We were told that if something happened that meant staff may be late to a call then the person would be contacted to inform them and ask if they were happy to have a later visit. If this was not acceptable then they would send out another member of staff. The deputy manager would step in to attend calls if necessary.

Feedback was sought from people using the service on a regular basis, every six weeks for a new client then every three months. Forms were completed either on a home visit or by telephone call. They asked for the person's thoughts on whether the carers were well matched to them, if staff stay the allocated time and whether they respect people's privacy, dignity and cultural needs. Action was taken in light of this feedback if necessary. The registered manager told us, "We do a lot of home visits when we start supporting a new person. This builds up a rapport and helps to make sure we are doing everything we can for them." A relative told us, "[Registered manager] calls a couples of times a week to check how things are going. So far we're extremely happy."

A range of quality assurance audits were conducted by the registered manager and deputy to ensure a high standard of care was being delivered. Audits included spot checks on staff every six to eight weeks. The spot checks looked at things such as punctuality, personal appearance, politeness and consideration, respect for people using the service and staff knowledge and skills.

Care plans were audited every three months and checked between these times if there was any reason why they may need to be reviewed or amended.

Contact sheets were completed by staff during every visit. A new system for electronically monitoring staff visits was being introduced but until then the contact sheets were signed by staff and signed or initialled by the person using the service to confirm that calls were being made and made on time. These were monitored every week by the registered manager and deputy.

Staff meetings were taking place every month to add to the support given to staff in individual supervision meetings. Minutes from these meetings recorded discussions such as DBS checks, uniform, new staff shadowing experienced staff, health and safety and holiday requests. The registered manager also had an open door policy and staff told us they felt well supported. One member of staff said, "[Registered manager] and [deputy manager] are very supportive. I can ring at any time if I have a problem."

The provider had just introduced an employee of the month scheme. The winner of this was chosen by reviewing feedback from people using the service, and also looking at the support they had given to the

team.

No formal staff surveys were being completed due to the small scale of the staff team. Feedback was received via supervision meetings and the registered manger told us staff could pop in at any time for a cup of tea and a chat. During our visit we saw a number of staff calling in to the building and observed relaxed interactions between them and the management team.

The provider was building links with the local community. A visit to the local police headquarters had been arranged and a member of the local Healthwatch board was planning a year-long plan to educate people in diet and exercise to reduce the risks of diabetes.

The registered manager understood their role and responsibilities in relation to compliance with regulations and the notifications they were required to make to CQC.