Thirsk Sowerby and District Community Care Association

Thirsk Community Care Association

Inspection report

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Website: www.thirskcommunitycare.org.uk

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected the service on 17 and 18 January 2018. The inspection was announced. We gave six days' notice, because we needed to make sure staff would be in the location office when we visited.

Thirsk Community Care Association is a domiciliary care agency. They are registered to provide personal care to children 0-18 years, younger adults and older people. The service supports people who may be living with dementia, a learning disabilities or autistic spectrum disorder, a physical disability, sensory impairment or mental health needs.

Thirsk Community Care Association provides a range of services to people in the local community. Not everyone using Thirsk Community Care Association receives support with a regulated activity; the Care Quality Commission (CQC) only inspects the service being 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.

We inspected the support provided with personal care through the adult and children 'sitting service'. These services aim to give parents and family carers a break from their caring role. The service uses a mixture of paid staff and volunteers to support adults or children to go out and access their wider community or to stay in their own homes whilst their family carer has a break. For the adult sitting service, support was typically provided once or twice a week and for the children's sitting service once a month for between one and a half and four hours per visit. At the time of our inspection, there were 11 children and 15 older people using the sitting services.

At the last inspection in June 2015, we rated the service 'Good'. At this inspection, improvement was required to ensure the service was safe, effective and well-led.

The service had a registered manager. They had been the registered manager since August 2011. 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. The registered manager was supported by an operations manager. The registered manager was primarily responsible for managing the adult sitting service, whilst the operations manager coordinated the support provided with the children's sitting service.

For people using the adult sitting service, consent to care was not documented in line with relevant legislation and guidance on best practice.

A wide range of training and learning opportunities were available to staff and volunteers. However, courses were provided when available and not necessarily before staff or volunteers started work. The registered manager did not document formal observations or competency checks to ensure and evidence staff had the

knowledge and skills to safely meet people's needs. Supervisions and appraisals had not been regularly completed for staff and volunteers. We received consistently positive feedback about the knowledge, skills and experience of staff and volunteers. However, the provider's systems and processes did not evidence a robust and transparent approach to ensuring staff had the necessary skills to safely meet people's needs.

Records were not always well-maintained. Care plans and risk assessments did not always contain person-centred information or guidance about how risks should be managed. Recruitment records did not always provide a transparent account of how staff and volunteers had been assessed as suitable for their role. Work was on-going to update policies and procedures. The provider needed to develop a policy and procedure around managing and minimising the risk of spreading infections.

These concerns were a breach of regulations relating to consent, staffing and the governance of the service. You can see what action we told the provider to take at the back of the full version of the report.

People told us the service was safe and sufficient staff were deployed to meet people's needs. We received consistently positive feedback about the staff and volunteers and the service they provided. Issues and safeguarding concerns were shared with the local authority to keep people safe.

Health and social care professionals gave positive feedback about the effective working relationships they shared with staff. The registered manager actively sought to engage with other organisations and to share information about any issues or concerns to ensure people's needs were met. Staff and volunteers supported people when necessary with meals and drinks.

Staff and volunteers were kind and caring. They treated people with respect and supported them to maintain their privacy and dignity. Staff and volunteers respected people's rights to make decisions.

Care and support was person-centred. Staff and volunteers were matched to people who used the service. This meant people received consistent support from someone who understood them, their needs and how best to support them.

There were systems in place to gather feedback about the service and respond to complaints if necessary.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service required improvement to be safe.

Risks assessments did not always contain information about how risks should be managed.

Recruitment records did not always evidence how people's suitability for their role had been assessed.

The provider did not have an infection prevention and control policy and procedure.

Staff were reliable and punctual.

People told us they felt the service was safe and gave consistently positive feedback about the support staff and volunteers provided.

Is the service effective?

Requires Improvement

The service required improvement to be effective.

The provider did not have a robust system to evidence staff had the necessary skills to safely meet people's needs.

Consent to care was not always sought and recorded in line with relevant legislation and best practice guidance.

Staff had effective working relationships with health and social care professionals and shared information to ensure people's needs were met.

Is the service caring?

Good

The service was caring.

Staff and volunteers treated people with kindness and were caring.

Staff and volunteers understood the importance of supporting people to maintain their privacy and dignity.

People were supported to make choices about how they spent their time and the support they received.

Is the service responsive?

Good

The service was responsive.

Staff and volunteers knew people well and provided consistent and person-centred care to meet their needs.

There were systems in place to manage and respond to any complaints about the service.

Is the service well-led?

Requires Improvement

The service required improvement to be well led.

Records did not always contain important information about people who used the service or how the service was managed.

Systems in place to ensure the quality and safety of the service were not always effective.

People gave consistently positive feedback about the service provided.

Thirsk Community Care Association

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 was 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 inspected the service on 17 and 18 January 2018. The inspection was announced. We gave the provider six days' notice of the inspection site visits, because we needed to be sure the registered manager would be available when we visited. The inspection included visits to the location's offices and telephone calls to people who used the service and their relatives.

The inspection was carried out by two inspectors and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. They assisted by speaking with people to gather their feedback about the care and support.

Before our visit, we looked at information we held about the service. Due to technical problems, a Provider Information Return was not completed. This is information we require providers to send us at least once annually 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 contacted the local authority adult safeguarding and quality monitoring team to ask if they had any relevant information to share. We used this information to plan our inspection.

During the inspection, we spoke with six relatives of people who used the service and three health and social care professionals. We spoke with the registered manager, operations manager and five staff and volunteers.

We reviewed five people's care records and risk assessments, recruitment and training records for five members of staff and a variety of records relating to the running of the service.

Requires Improvement

Is the service safe?

Our findings

People consistently told us the service was safe. Comments included, "We have no concerns whatsoever", "I think [name] is very safe with them. They understand their dementia completely" and "I do feel they are absolutely safe with them, which gives us peace of mind."

A health and social care professional told us, "The feedback about this service has always been very good. I have no concerns about the quality or safety of this service, which is why we regularly signpost people to it."

The provider had an up-to-date policy and procedure in place to provide guidance to staff on safeguarding children who may be at risk of abuse. The provider's safeguarding adult's policy and procedure did not reflect changes in legislation and best practice guidance introduced by the Care Act 2014. The registered manager acknowledged this and showed us plans were in place to review and update their policies and procedures. Staff understood their responsibility to report any concerns they had to the registered manager. Records showed safeguarding concerns were appropriately addressed with the local authority safeguarding team.

A health and social care professional told us, "The team do appear to have mechanisms in place to alert regarding increased risk and do attend the multiagency meetings each month, which allows open avenues of communication to other professionals."

People who used the service had a basic care plan outlining their support needs. 'General risk assessments' provided an overview of the risks associated with supporting that person. For example, one person was diabetic and their general risk assessment recorded that they managed this independently and self-administered medicines. Another person had swallowing difficulties and their generic risk assessment recorded their food needed to be cut up and liquidised to reduce the risk of choking.

However, risk assessments did not always contain enough detail about risks or how these should be managed. For example, people's general risk assessments referred to risks around challenging behaviour, but did not contain information about how staff should respond to keep people safe. Others identified risks and directed staff and volunteers to speak to people's families or carers, but did not themselves provide guidance on what staff were required to do to manage the risks.

The consistent and experienced staff team showed a good understanding of how to keep people safe. However, we spoke with the registered manager about ensuring care plans and risk assessments were person-centred and provided specific guidance to reinforce safe working practices.

New staff and volunteers completed an application form, met with the registered manager or operations manager to discuss their suitability for the role, provided references and completed a Disclosure and Barring Service (DBS) check. However, recruitment records did not always evidence the person's employment history, together with a satisfactory explanation of any gaps in employment. They did not always robustly evidence how people's suitability had been assessed during the interview process or show that the person's

fitness for the role had been considered. The registered manager acknowledged the need to keep more robust and transparent records in relation to their recruitment process.

The provider did not have a robust approach to assessing and minimising the risk of spreading infections. Staff and volunteers had not routinely completed training on infection prevention or control. The registered manager explained they provided personal protective equipment such as gloves or aprons if requested, but staff and volunteers typically purchased their own or used supplies provided by people's families or carers. The provider did not have a documented infection prevention or control policy or procedure to outline potential risks and how these should be managed. The registered manager agreed to address this.

We recommend the provider review and implement best practice guidance related to managing and minimising the risk of spreading infections.

Following our visit the provider informed us they had drafted an infection prevention and control policy and procedure, which they would be implementing.

Relatives told us staff were consistently reliable and punctual. Comments included, "They are always on time and have never let us down", "There is never a problem with their times" and "They are like clockwork, very reliable people."

Staff and volunteers were matched to support one particular person. Where a member of staff or volunteer was unavailable, visits were rearranged. The registered manager explained some staff and volunteers were trained and had been introduced to more than one person. This meant, by agreement, an alternative member of staff or volunteer could be provided to cover absences where necessary.

There had been no reported accidents involving people who used the service since 2014. The registered manager showed us forms they would use to record what happened, when and any recommendations they had to avoid a similar incident occurring again. Incident reports contained information about issues or concerns experienced during staff or volunteers' visits and evidenced action was taken to report concerns to other professionals for further advice and guidance.

Requires Improvement

Is the service effective?

Our findings

Where children received support from the 'sitting service', records evidenced their parents had signed their consent to the support provided. However, consent to care was not adequately explored and documented for people who used the adult sitting service.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of adults who may lack the mental capacity to do so for themselves. The MCA 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people live in their own homes, authorisation to deprive people of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. Where people had mental capacity, they had not been asked to sign their care plans to record they consented to the support provided. Where there were concerns about people's ability to make an informed decision, mental capacity assessments and best interest decisions had not been documented to evidence the care and support provided was in their best interests. The registered manager acknowledged this had not been documented and agreed to address this.

This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We received consistently positive feedback about the skills and experience of the staff and volunteers. Comments included, "They are very well trained and are open to any specialised training too", "They have been a real comfort to us and are a very professional service" and "Staff have all the right skills, and are well trained."

A health and social care professional told us, "I do find the team very caring and they have asked for informal training from me in order to understand client's needs, illnesses and how to be able to better communicate with their clients."

The provider ran an induction course for staff and volunteers. This gave an introduction to the service as well as an overview of roles and responsibilities, covering issues relating to lone working and confidentiality. The registered manager explained all staff and volunteers were asked to complete the induction, as well as first aid and safeguarding children and adults training. They explained training was provided when courses became available and not necessarily before new staff or volunteers started providing support.

Staff and volunteers provided positive feedback about the training and learning opportunities available to

them. Comments included, "We get plenty of support and courses you can go on to understand people's needs. Everything we do is covered by the training", "The training is good. Any training I have done has been relevant and worthwhile and gives you a better understanding" and "When we start volunteering we are encouraged and pretty much required to do an induction day and then refreshment courses. They provide various short courses on all sorts of things, dementia, multiple sclerosis, Parkinson's disease, scam awareness." One volunteer told us, "On the feedback forms you get asked if there is any training you want. They [management] are good. If we had some situation where we felt out of our depth, they would respond to that."

The registered manager told us they assessed people's skills, experience and suitability through the recruitment progress and monitored their performance by seeking regular updates on their practice. However, records did not always evidence a robust or rigorous recruitment process. The registered manager did not document any formal observations or competency assessments. Staff and volunteers had not received regular formal supervisions or annual appraisals of their performance.

Without a comprehensive workforce development plan or robust observations and competency checks, we could not assess how the registered manager had determined staff had the necessary skills to safely meet people's needs. We concluded the provider needed to develop a more robust and comprehensive approach to ensuring and evidencing staff were safely enabled to carry out their duties.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager told us they completed the first visit to people who used the service with new staff and volunteers to observe them and monitor their progress. They explained they sought regular feedback from people's families and carers and this helped them to monitor the service provided. They told us they were confident staff had the skills required to safely meet people's needs, but acknowledged they needed to document and evidence this process.

The provider had recognised the need to complete supervisions and recently introduced a system to ensure a meeting was scheduled every six months to monitor staff's progress and identify any training needs. Records showed the registered manager had received regular supervision and these included a review of their performance and included the setting of goals and objectives.

At the time of our inspection, staff were not required to provide intensive or on-going support to ensure people ate and drank enough. Staff and volunteers accompanied people on trips to cafés or coffee shops and prompted people to have drinks or food provided by the person's family or parents. People's care plans contained information about food likes and dislikes as well as any allergies, problems with swallowing or if they were diabetic. This alerted staff to potential hazards or risks related to people's food and fluid intake.

Health and social care professionals provided consistently positive feedback about the effective working relationships they shared with Thirsk Community Care Association. A healthcare professional told us, "I have always found the service provided by [registered manager's name] and their team excellent. They have worked together with me on supporting people within independent living who have complex care issues."

Staff and volunteers understood their responsibility to seek advice, guidance and medical attention if necessary. Records showed important information about people's needs was shared with the registered manager and operations manager. People's care plans and general risk assessments reinforced the need to seek advice and guidance if people were unwell and contained contact details for people's next of kin and

other professionals involved in supporting that person.

Staff were proactive in supporting people who used the service to access additional sources of advice, guidance and support. A health and social care professional told us, "We receive regular referrals from this organisation. These are always delivered in an accurate, timely manner with the appropriate information provided."

Parents of children who used the service told us they had strong working relationships with staff and volunteers. They praised the effective communication and collaborative and holistic way support was provided. Feedback included, "They consider everyone in the family, taking all our family's needs into account and offering support wherever it is needed" and "They include all the family in the care they give, we are all important to them."

Good

Is the service caring?

Our findings

Staff and volunteers were kind, caring and treated people with respect. Relatives told us, "They are all very kind and caring people" and "They are a cheerful bunch and brilliant carers."

Each member of staff or volunteer was 'matched' to a person who used the service. This meant people were supported by someone who knew them well. Staff and volunteers explained how this regular contact helped them to get to know people and to develop positive caring relationships with them. A relative told us, "It is so good to have that continuity so that we can all get to know each other very well."

A volunteer told us, "[Registered manager's name] puts a lot of thought into matching clients and volunteers and making sure there is consistency." The registered manager explained that staff and volunteers were matched to clients based on their knowledge and understanding of their interests and potential compatibility. Introductory visits were completed to further support staff and volunteers to get to know the person and understand how best to support them. Staff and volunteers explained how they were always introduced to new people to use the service. They told us the registered manager and people's families also shared important information to help them establish a rapport and get to know that person. A relative said, "They are always introduced first and shadow one of the others to get to know them first, and they have a potted history to work with too."

Staff and volunteers understood the importance of supporting people to make their own decisions and respecting their choices. One volunteer told us, "They like to play games, so I sit with them and try to learn and they teach me." This showed us they understood the importance of respecting people's rights to make decisions about how they spent their time. A relative we spoke with described how staff and volunteers listened and communicated effectively to understand their relative's wishes and views.

People's care plans included examples of person-centred information about their individual likes, dislikes and personal preferences. This showed us people had been encouraged and supported to express their wishes and views and be involved in making decisions in planning their care.

The provider had an equality and diversity policy, which recognised the importance of respecting people's individual and diverse needs. Staff and volunteers treated people with dignity and respect. A relative said, "They are very respectful when they are talking to [name], but will still have a laugh with them, which they love" and "They are lovely with [name]. They have a very calm manner when they prompt them to go to the toilet and they are very discreet."

Our conversations with staff showed us they were mindful of the importance of maintaining people's privacy and dignity. They described how they prompted and supported people to be independent, and explained the care and support they were providing to reduce any anxiety or distress.

Good

Is the service responsive?

Our findings

Staff and volunteers provided person-centred care to meet people's needs. People told us, "All the staff are more than helpful, nothing is too much trouble for them", "They provide a seamless service with no problems and are very flexible when we make arrangements" and "They go the extra mile to try and stimulate [name]."

The registered manager or operations manager visited people to gather information about their needs before they started using the service. This information was used to create basic care plans to guide staff and volunteers about the support they would be providing. People told us they were involved in this process and in shaping the support they received. The registered manager completed reviews to monitor and ensure the service continued to meet people's needs. Relatives told us, "We have a care plan with them. We are involved in it and they do review it regularly" and "We have a care plan and it has been reviewed."

We found variation in the level of detail and person-centred information in people's care plans. Some care plans provided a good life history of the person and person-centred information about their likes and dislikes with regards to the support provided. Other care plans did not always contain person-centred information about people or a clear picture of what support they required at each visit.

Despite these inconsistencies, it was clear staff and volunteers knew people well and understood what they liked and disliked. This was because staff were matched to individuals and had established a working knowledge of the person and their preferences through regular contact. We have addressed these recording issues in the well-led domain.

Where people had specific needs, staff received additional training to enable them to provide person-centred care to meet their needs. For example, one person required percutaneous endoscopic gastrostomy (PEG) feeding. This had been identified, assessed and the member of staff had received training to ensure they were safe and confident to provide this support when necessary.

Staff and volunteers kept a record and submitted updates to the registered manager and operations manager following their visits. These updates included information about what they had done and any important information they felt needed to be shared. A relative of someone who used the service confirmed this stating, "They are very good at keeping detailed logs of what they have done." This provided good evidence of regular liaison between staff, volunteers and office staff, as well as the person's family. It showed the support provided was regularly reviewed and monitored and any concerns reported.

People who used the service were supported to do the things they wanted to. Staff and volunteers supported some people to stay in their house whilst their parent or family carer went out. Other people were supported to go out shopping or to local cafes. One relative told us, "[Name] is not very responsive, but they bring special books to try and stimulate them. They are lovely."

The provider had a procedure in place outlining how they would manage and respond to complaints.

People who used the service told us they felt able to raise concerns if necessary. Comments included, "We have never needed to complain, but feel confident any concerns would be addressed and dealt with", "I would speak with the manager if I had any concerns" and "I would have no problem at all contacting them with any problems, but we have never had any."

There had been no recorded complaints about the service since our last inspection. Staff and volunteers had received a number of compliments about the service they provided. One person wrote, "Please thank all of your team and volunteers...you really were a godsend." A health and social care professional told us, "We have had positive feedback from people who use their services."

Requires Improvement

Is the service well-led?

Our findings

Whilst we received consistently positive feedback about staff and volunteers and the service they provided, we identified concerns about the governance of the service.

Records were not always well maintained. Care plans and risk assessments did not always contain sufficiently detailed and clear guidance about the support people required. Recruitment records did not always provide a clear and transparent account of how staff and volunteers had been assessed as suitable for their role.

During the inspection, we identified areas of the service which required improvement. The provider did not have a comprehensive system to ensure and evidence staff had the necessary skills to safely meet people's needs. Whilst a wide range of training was offered, this was not mandatory and the provider did not document formal observations or competency checks. Supervisions and appraisals had not been completed. This meant we could not check how the registered manager and provider monitored and ensured staff had the skills required to safely and effectively meet people's needs. Consent to care was not always documented in line with relevant legislation and guidance on best practice. The provider needed to develop policies and procedures around managing and minimising the risk of spreading infections.

The provider had commissioned an external auditor to review the service. An action plan had been implemented following this process identifying improvements they wanted to make. For example, the provider had identified that their policies and procedures needed updating and work was on-going to address this. The provider had identified the need to implement supervisions and had taken steps to introduce a system of supervisions for staff and volunteers. This showed us the provider was committed to continuously learning about how to improve and develop the service. However, further work was needed to ensure they were meeting the fundamental standards of quality and safety.

This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who used the service, staff and volunteers confirmed there was regular communication and dialogue with office staff to ensure there were no issues or concerns and people were happy with the service provided.

We received consistently positive feedback about the service. They told us, "It is an excellent service and we are very lucky to have them", "They are very good and their help is crucial to me" and "They have been a real comfort to us and are a very professional service." People told us there was good communication and they felt listened to. Feedback included, "Everyone in the company listens to us and makes us feel valued and important" and "They all listen and I feel we all work together as a team."

A health and social care professional said, "I have had positive feedback from my patients...They stated [registered manager's name] was very supportive, approachable and caring."

A survey had been completed to gather information about the service provided. This evidenced people were happy and did not have concerns about the service provided. For example, results of the survey showed that 40 out of 43 people asked felt they had positively benefited from the visits staff provided.

The registered manager attended monthly 'liaison meetings' with representatives from health and adult social care. Minutes of meeting showed these were used to share information and ensure people received coordinated care and support to meet their needs. This demonstrated the registered manager was committed to working in partnership with other agencies to ensure people's needs were met. We received consistently positive feedback from health and social care professionals about these effective working relationships. A health and social care professional said, "The organisation provide a good range of services that meet a wide range of needs within the community...They are a well-respected team."

Staff told us they felt supported by the registered manager and office staff and consistently said advice and guidance was available when needed. Comments included, "The staff in the office are a great bunch. They make you feel what you do is appreciated", "[Registered manager's name] is excellent. They have always listened to us and we can contact them easily" and "In terms of their willingness to help out. I wouldn't have any hesitation in contacting them."

The provider held monthly staff meetings. These provided an opportunity to share information and discuss the running of the service. Minutes of meeting showed topics discussed included recruitment and staff updates, upcoming events and new process and procedures.

The provider used quarterly newsletters to share information amongst the staff team. Topics covered in the most recent newsletter included details about how to keep in touch with office staff, staff changes, guidance on renewing DBS checks and updates from across the service. Staff and volunteers had also been invited to attend the provider's 'annual general meeting'.

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 11 HSCA RA Regulations 2014 Need for consent Consent to care had not be documented in line with relevant legislation. Regulation 11(3).

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider and registered manager had not established and operated effective systems or processes to ensure complete records were maintained in respect of each service user and in relation to persons employed in the carrying on of the regulated activity. Regulation 17 (1)(2)(c)(d).

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not received supervisions or appraisals. The provider did not have a robust system to ensure and evidence staff had been assessed as competent to carry out their roles. Regulation 18 (2)(a).