Tooting Neighbourhood Centre

NTA - Tooting Neighbourhood Centre Home Care

Inspection report

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Date of inspection visit:
19 January 2016

Date of publication:
26 February 2016

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 19 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. At our previous inspection on 24 April 2014 we found the provider was meeting regulations in relation to the outcomes we inspected.

Tooting Neighbourhood Centre Home Care provides personal care for people in their own homes, the majority within the Borough of Wandsworth. At the time of our inspection, there were approximately 40 people receiving personal care from the service.

There was a registered manager at the service. 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 using the service told us that care workers spoke to them in a respectful way and attended to their needs. Care workers spoke about people's support needs and were aware of the importance of providing personal care in a way that preserved people's dignity. Care workers were aware of the importance of asking people for their consent before delivering personal care and offering them choice.

Risk assessments were carried out when people first began to use the service. These helped to ensure that people were supported in a safe environment. Specific risk assessments were completed for people with mobility issues or needed support with medicines.

Support plans were in place for each person but we found that they were task orientated and did not always include people's preferences about how they liked aspects of their personal care to be managed.

People and their relatives did not raise any concerns about how their nutritional or healthcare needs were being met by the provider. Care workers prepared food that was already available in people's homes or heated up ready meals for them. Where people had specific dietary requirements, guidelines were available in support plans for staff to refer to. Support plans contained details of people's health concerns and also contact details of their GP and pharmacist in case they needed to contact them.

People told us that care workers prompted them to take their medicines and care workers completed record books of when they supported people with their medicines. However, some of the records we saw were not accurate in terms of which medicines had been prompted.

We also found that some staff files were not complete, for example some references were not always present and DBS checks were not in line with the providers own policy.

Although feedback surveys had been conducted to gather the views of people using the service and their relatives and the outcome of these were positive, some aspects of quality monitoring was not being carried out regularly such as unannounced spot checks. Some people and relatives told us that communication at weekends could be better.

We have found a breach of regulation in relation to employment of fit and proper persons and safe care and treatment. You can see what action we told the provider to take at the back of the full version of the report.

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 was not safe in all aspects. Staff files were not always complete and some care workers were working with a DBS from their previous employment, which was not in line with the providers own policy.

People told us that they received their medicines safely, however records were not always clear about which medicines people had been prompted to take.

Risk assessments took place before people started to use the service which helped to mitigate any risks to people.

Is the service effective?

Good

The service was effective. Care workers told us they felt supported and received regular supervision. A programme was in place to deliver training that met the needs of people using the service.

The provider was meeting its requirements in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People using the service and their relatives told us they did not have any concerns with regards to healthcare and nutritional needs being met by the provider.

Is the service caring?

Good

The service was caring. People told us that staff were kind and friendly

Care workers were aware of the importance of respecting people's privacy and dignity when delivering personal care.

Is the service responsive?

Requires Improvement

The service was responsive in some aspects. Assessments took

place before people started to use the service but care plans were not always person centred to ensure they met people's individual needs and preferences.

People told us they knew who to speak with if they had concerns. The provider acted on complaints received.

Is the service well-led?

Requires Improvement

The service was not well-led in some aspects. Although people said the registered manager was approachable, they felt that communication could be better.

Some aspects of quality assurance were not thorough, for example unannounced spot checks did not take place regularly to ensure that care workers were meeting their responsibilities and people's needs effectively.

Feedback surveys were carried out to gain the views of people using the service and their relatives.

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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 14 January 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service.

During the inspection, we spoke with five care workers, the quality assurance officer and the registered manager. We looked at five care records, five staff files and other records related to the management of the service including training records, audits and quality assurance records.

After the inspection, we telephoned people using the service and their relatives. We spoke with three people and five relatives. We also contacted five health and social care professionals after this inspection to gather their views, we heard back from two of them.

Requires Improvement

Is the service safe?

Our findings

We found that although there were staff recruitment checks in place to help safeguard people, the provider was not always following its own policies with respect to recruitment checks and carrying out ongoing criminal record checks which helped to ensure people were supported by staff that had had been vetted and were suitable.

Some of the staff files we saw were not complete. For example, two people's interview notes were not present in their files. We asked the registered manager about this who told us they had "gone missing". Both of these people had criminal records checks from a previous employer, one was from April 2014 and the second was from 2009 but the provider had not completed their own checks. The providers own DBS policy, dated July 2014 stated that 'a previous CRB can be used to expedite a start date but a new DBS must have been applied for by TNC.' It also stated that a previous DBS certificate must be less than 12 months old if obtained from another organisation.
In another two files, there were missing references. One person had started their employment in July 2015 and a request for references had been sent in January 2016 after none had been received initially. The second person only had one written reference on file. This meant that the provider had not obtained sufficient information about prospective employees and their performance in previous roles to ensure their suitability to work with people using the service.

We found these issues to be a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care workers told us about the recruitment process they went through when they first joined the service. One care worker said, "I was asked to complete a CRB form, I shadowed before working independently." Another care worker said, "I had to fill out an application form and brought in my documents, any previous qualifications."

People told us that care workers supported them to take their medicines and they were competent. One care worker told us, "I'm confident with medicines because I had training. They come in dossette boxes (blister packs) which makes it easier." However, we found that the provider was not operating an effective system to ensure that people received their medicines safely and as prescribed.

The registered manager told us that care workers only prompted people to take their medicines and only if they were in a blister pack. They said that if care workers did prompt people to take their prescribed medicines that they recorded that they did so in the care worker books. Some of the records we saw in care books did not give sufficient detail as to which medicines people were prompted to take, merely stating 'prompted medicines'. This was not in line with accepted guidelines regarding medicines recording in a domiciliary care service.

The Royal Pharmaceutical Society guidance, The Handling of Medicines in Social Care states that, 'When care is provided in the person's own home, the care provider must accurately record the medicines that care

staff have prompted the person to take, as well as the medicines care staff have given.' The notes that care workers completed during each visit did not provide a clear audit trail of support people received with the medicines.
This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People using the service told us they felt safe in the presence of the care workers. They told us the care workers were kind and friendly towards them. Relatives spoke in similar terms, saying "I have no concerns with that aspect (people's safety)" and "Yes, I believe my [family member] is safe."

Although care workers had received training in safeguarding, we found that some of them were not able to explain what the term safeguarding meant; they initially thought it was about keeping them safe in people's homes from hazards around the home. It was only after we had prompted them were they able to explain what it meant. One care worker said, "Safeguarding is how you can be safe in people's homes." Another care worker said, "Safeguarding is about learning how to operate equipment, make sure you don't hurt your back, no hazards in the way when moving."

There had been no safeguarding concerns raised with the local authority at the time of our inspection.

Risk assessments were completed for the home environment and any tasks that care workers were expected to carry out. There was also a separate moving and handling risk assessment and a moving and handling plan for those people that needed assistance mobilising. There was a summary of hazards identified some of which were not signed by the person using the service.

The environmental risk assessment covered electrical appliances, water, fire safety, COSHH and pets amongst others. The medicines risk assessments covered who was responsible for collecting medicines, details of the pharmacy, whether people were prompted to take their medicines by care workers or administered by district nurses and where they were stored.

Good

Is the service effective?

Our findings

Care workers told us about the training they received when they first joined the service. One care worker said, "I did moving and handling, medicines and food safety."

The registered manager told us that all care workers completed three core modules as part of their induction training which were safeguarding, medicines and moving and handling. In addition, those without a nationally recognised qualification in health and social care were registered to complete one. This was confirmed by the care workers that we spoke with. New care workers shadowed experienced care workers and completed a probationary period of three months. We saw evidence that care workers who did not complete their probation satisfactorily had their probation extended while they were supported to meet the expectations of the provider.

There was evidence in staff files of the training that care workers had completed, we saw that in the past year health and safety, medicines awareness, moving and handling and safeguarding training had been delivered. One care worker said, "Training is good, the last one was health and safety and moving and handling. We did that here (in the office)."

Care workers received regular supervision, approximately every three months. Supervision included a review of any previous actions, health and safety, safeguarding, workload, training, personal matters and any issues or actions to meet. Care workers also completed a short questionnaire about their work and the people they supported.

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.

People using the service told us that support plans were developed with their consent and the registered manager had met with them when they first started to use the service to find out their support needs. Relatives were invited to this meeting. We found that care plans were not always signed by people using the service or their relatives. The registered manager told us that copies were kept in people's homes if they wanted to refer to them and acknowledged that copies kept in the office were not signed.

People using the service told us they made everyday decisions in relation to their support needs and told us, "The carers make my breakfast for me but I choose what to eat." Another said, "I make my own decisions, the carers help me" and "I take medicine myself. But [the care workers] give me a shower, and do shopping for me."

Care workers told us that they respected people's right to make their own decisions, such as choosing what to wear and eat but sometimes required encouragement and prompting. A care worker said, "You have to respect what they say. You can ask why but try and encourage them."

People's healthcare needs were being met by the service. People using the service and their relatives did not raise any concerns about how their healthcare needs were met by care workers. One relative said, "They prepare her food and give her medicines", "Medicines are fine" and "The carers always leave an extra meal for her."

Care workers were aware of what steps they would take if they had concerns about people's health. One care worker told us, "If someone was not feeling well, I would call the office or the ambulance if it's serious."

Peoples support plans contained details of their GP and also recorded any health conditions, such as Alzheimer's or a visual impairment. Support plans contained correspondence from health professionals such as the nutrition and dietetic service. We saw an oral nutrition care plan, providing guidance to care workers about the most appropriate foods to give to people.

One person said, "Yes, they make breakfast for me and make me my lunch." A relative told us that care workers "Prepare high calorie shake mix and make her something from the fridge." Another said, "There is always a family member there, the meals are prepared for them the carers just have to feed them."

Care workers told us that their tasks in relation to food involved preparing food that was already in the fridge or heating up ready meals. They said the majority of people had relatives who did their shopping for them or had ready meals delivered to them and they just prepared what was available.

Care workers said, "I give her coffee in the morning. I prepare her lunch, all the food is the fridge and I make something from what is available" and "I blend her food, it could be fruit or spaghetti hoops. I have to make sure she finishes it."

Care workers completed daily record books with details about people's meals and also whether they had attended any health appointments.

Good

Is the service caring?

Our findings

People using the service told us that care workers treated them with respect and treated them nicely. Some of their comments included, "I'm happy", "Very kind they help me more than I need", "They speak in a respectful way, very good people" and "So far so good, I'm satisfied."

Relatives told us, "Carers are good, treat her well", "Treat her with respect" and "They speak in a respectful way" and "[the care worker] does her role by the book, she does everything that she has to do." Both people using the service and relatives told us that that they had struck up a good relationship with the care workers.

Care workers were knowledgeable about the people they supported, not just in terms of their support needs but their preferences. Some of the care workers that we spoke with had been working at the service for a number of years and demonstrated a caring attitude. This was reflected in some of the comments we received from people and their relatives. Three relatives gave us examples of when care workers went above and beyond their normal allocated task and helped their family member. One relative said, "They will sit and chat to [my family member] sometimes, have a joke with [them]. Make sure she is happy and contented." Another said, "They know how to deal with my [family member] in a good manner" and "If she runs short of milk, she will ask them and they get it for her, they are obliging."

Care workers were familiar with how they would respect people's privacy and dignity when carrying out personal care. One care worker said, "[person's] windows look out onto the street, so you have to close the curtains."

People using the service had their wishes respected if they had any specific cultural requirements or preferred a specific gender of care worker. Male care workers were not allocated to female service users.

Requires Improvement

Is the service responsive?

Our findings

We spoke with the registered manager regarding the referral and assessment for people using the service. At the time of our inspection, the majority of referrals came through the local authority. The registered manager told us they made a decision on the requirements sent, for example the tasks to be carried out, the time allocated, the times of the visits and the location. Once a referral had been accepted, a social worker completed a care and support plan containing more detailed information about the person and the support required. The provider carried out its own assessment in the person's home, so they could be introduced, answer any questions they may have and to ensure that the information in the care and support plan from the social worker was correct and up to date.

The registered manager told us they were careful about the referrals they accepted and if the team felt that they could not meet the person's needs then they would not accept the referral. They gave us some examples of when they had turned down some referrals including referrals where there was not enough time allocated to the tasks and times when they did not having enough care workers to meet the person's needs. The registered manager told us, ""We want to do the right thing and I do not want to compromise the care given."

People using the service and their relatives confirmed that they met with the registered manager during the assessment process and went through their support needs. One relative said, "They met with me and had a chat about what support was needed." Another relative said "[The registered manager] came to see me. They do reviews and they do involve me."

People were matched with suitable care workers as much as possible. The service considered accessibility and suitability of care workers in terms of their skill set when allocating care workers. They also looked at the distance that care workers had to travel to try and reduce the likelihood of late or missed visits.

The 'service user care plan' contained basic information about the person, including their next of kin/advocate, GP, any health conditions and medicines taken.

There was a section for objectives/desired outcomes which listed things such as promoting independence, balanced/appropriate diet, remains healthy, socially active, maintains mobility. These sections were not always completed in the care plans that we looked at and people had not always signed their agreement to these. .

We found that there was a lack of personalisation with parts of the support plans. Tasks for care workers were documented, for example 'breakfast', 'bath', 'assist to bed' but more detailed information was not always recorded, for example what breakfast people enjoyed or how they wanted their personal care needs met. We saw examples where people had special plans in relation to their diet; this information was not documented or referenced in the support plan but kept at the back of the care records.

People using the service told us that they knew who to contact if they had concerns. One person said, "If

there was a problem I would not be afraid to let them know." Another said, "I have no complaints."

People were given a summary of the provider's compliments and complaints procedure in the service user guide that was issued to all new people. Relatives told us their main concerns were around missed visits or late calls but on the occasion they had raised concerns, the provider had listened and acted upon them. They said, "When I call [the office staff] they are very helpful" and "No problems raising concerns and when we have highlighted issues in the past, they have improved."

We looked at a record of complaints that had been received in the past year. There had been three complaints. We saw evidence that the provider was open in responding to the complaints raised and investigations had taken place to find out the cause of them. Appropriate action was taken in response to these investigations.

Requires Improvement

Is the service well-led?

Our findings

People using the service told us the management team were approachable but also said that communication could be better, especially on weekends. One person said, "I can talk to [the registered manager]." One relative said, "I have a direct line to call them." Other comments were, "I'm very happy with the company, they are good at responding to issues but it could be better on weekends" and "Getting in touch with them during office hours are not a problem, except at weekends."

The service had undergone some recent changes at management level. Although the registered manager had been in post for a while, the assistant manager had recently left and there was a position vacant for a senior care worker.

The registered manager said they did not use a clocking in system to monitor the timeliness of care workers. They said they relied on their spot checks and feedback from people using the service and/or their relatives to raise any concerns about this through the normal complaints procedure. They also said that care worker record books were completed at each visit which provided evidence as to the times that people attended. People using the service and their relatives told us sometimes there was lack of communication if care workers were running late. Comments included, "There have been times when there has been a no show, sometimes because of miss-communication on their end", "Main issue is communication with care workers or office" and "Sometimes there are problems, if the carers are going to be late……It happens often enough, [my family member] calls me then I have to call [the registered manager]. All they have to do is communicate better. I've tried to find out their policy about lateness but it's not always clear."

The registered manager acknowledged that some aspects of quality monitoring such as unannounced spot checks were not taking place as regularly as she would have liked because, "Staffing is an issue as I'm without a senior care worker at the moment." She told us they had been going in to carry out spot checks but were not documenting their visits, however many of the unannounced spot check records we saw were from 2014. The registered manager told us that new style monitoring forms had been developed but not introduced into the service. This was backed up by comments from people and their relatives who told us that there had been "No spot checks, not recently" and "Not seen any spot checks."

'Customer and care worker satisfaction surveys' had been sent to people using the service and care workers in April 2015. Nine people had responded to the customer satisfaction survey and seven of those had given the service an overall rating of excellent, with one satisfactory and one unsatisfactory. Care workers were similarly happy with the service.

A quality assurance officer had recently been employed by the provider. They were in the process of developing a new care planning system which they demonstrated to us. They felt that the current system being used was not a good system for them and they were mainly utilising it for shifts and rota management rather than care planning and recording visits. The quality assurance officer told us that their eventual aim was to move towards a paperless system.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The management of medicines was not provided in a safe manner.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not established and operated effectively.