Support Direct Limited

Hanwell Community Centre

Inspection report

Hanwell Community Centre
Westcott Crescent
London
W7 1PD

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06 December 2016

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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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 6 December 2016. We gave the registered manager 24 hours' notice as the location provided a service to people in their own homes and we needed to confirm the registered manager would be available when we inspected.

The last inspection took place on 10 and 11 February 2016, when we identified breaches of six regulations relating to person centred care, safe care and treatment, safeguarding service users from abuse and improper treatment, receiving and acting on complaints, good governance and notification of other incidents.

The provider sent us an action plan on 18 April 2016 indicating how they would address the issues raised at the inspection. At this latest inspection, we found improvements had been made, but further improvement was required.

Hanwell Community Centre is a Domiciliary Care Agency providing community support for people living with dementia, learning disabilities, autistic spectrum disorder, mental health needs, older people, physical disabilities and sensory impairment. Currently the service offers personal care to 70 people. The parent organisation is Support Direct.

The registered manager had a background in health and social care and was also a director of Support Direct. 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.

We found people had initial risk assessments but these were generic and did not provide enough detail about how to minimise risks specific to individuals.

We saw a medicines administration record (MAR) was incorrectly completed, so we could not be sure people were receiving their medicines correctly. However, the service had a relevant medicines policy and practice guidelines for care workers in the administration of medicines and health related duties.

The service did not always have robust management systems and there was a lack of analysis of the incident and accident forms, the safeguarding forms and complaints. Audits were not always effective. However, since the last inspection, the service had begun recording incident and accidents and logging safeguarding alerts. The local authority and the Care Quality Commission were being appropriately notified of alerts.

The service followed safe recruitment procedures, care workers knew how to report abuse and there were enough staff to meet the needs of the people using the service.

Care workers had the support and training they needed including induction training, supervision, appraisals and spot checks. However there was a language barrier for some care workers and we recommended on going competency testing to ensure staff have the skills to fulfil their role effectively.

People told us they were involved in their day to day care decisions.

People's health and nutritional needs were recorded.

People who used the service and their relatives were happy with the level of support they received. People were involved in their care plans and reviews, although this was not always recorded.

Care workers were kind and caring. They knew the people who used the service and were able to meet their needs. People and care workers had developed good relationships.

The service undertook care plans and reviews, however these were not always completed in a detailed or person centred way. We recommended care plans and reviews were fully completed in a person centred manner.

People who used the service, staff and relatives told us the registered manager and the care coordinator were approachable. There was a complaints system and people felt able to raise concerns.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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 always safe.

Risk assessments did not provide adequate detail about how to minimise harm to people using the service.

Medicines administration records (MAR) were not all completed correctly.

There were procedures in place to safeguard people from the risk of abuse and staff knew how to respond if they suspected abuse.

The service followed safe recruitment procedures, care workers knew how to report abuse and there were enough staff to meet the needs of the people using the service.

Is the service effective?

Requires Improvement

The service was not always effective.

Care workers had the support and training they needed, however some care workers required further support around their language skills.

The service worked within the principles of the Mental Capacity Act (2005). People's consent to care and treatment was recorded.

People were supported with food and drink.

People's healthcare needs were met.

Is the service caring?

Good

The service was caring.

People who used the service had developed positive relationships with staff.

People's privacy and dignity were respected.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Staff were aware of people's individual needs and they were able to identify the routines and preferences of people living in the service. The service undertook care plans and reviews, however these were not always completed in a detailed or person centred way

There was a complaints procedure and people said they would speak with the registered manager about concerns they had.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service did not always have robust management systems. There was a lack of analysis and audits were not always effective.

Care workers felt supported by the management and external professionals said they had a good relationship with the service.

Hanwell Community 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 checked 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.

The inspection took place on 6 December 2016. We gave the registered manager 24 hours' notice as the location provided a service to people in their own homes and we needed to confirm the registered manager would be available when we inspected.

The inspection team comprised of two inspectors.

Prior to the inspection, we contacted 14 people who used the service and seven staff members to ask for feedback on the service. Additionally, we looked at all the information we held on the service including the service's last action plan, notifications of significant events and safeguarding. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about. We also contacted the local authority's Commissioning Team and Safeguarding Team.

During the inspection, we spoke with the registered manager, a coordinator and one care worker. We looked at the care plans for four people who used the service. We also saw files for five staff which included recruitment records, supervision and appraisals and we looked at training records. Additionally we looked at medicines management for people who used the service and the service's audits.

Requires Improvement

Is the service safe?

Our findings

At the inspection on 10 and 11 February 2016, we saw five out of the six care plans we reviewed did not have risk assessments or risk management plans, indicating the service did not always deliver care and support in a way that reduced the risk to people's safety and welfare.

At the inspection on 6 December 2016, the registered manager told us most people referred to the service came directly from the hospital so it was not possible to do a needs and a risk assessment prior to the first call. However, they confirmed the carer had the information from the social worker on the first call and the needs assessment and risk assessment were done within 48 hours and from that they could revise the schedule if need be.

In people's files we saw that each person had an initial risk assessment but these were very generic and not person centred and therefore did not provide enough relevant information about each individual situation to keep people safe. The assessments addressed areas such as communication, eating and drinking and physical and mental health needs, but they did not provide management plans for how to minimise individual risk. For example, we saw a file where the care worker was supporting a child, but there was no risk assessment that was specific to the needs of the child. Another person's risk assessment stated the person had circulation and heart problems but the risk reduction section was not completed and there were no risk management plans in place with guidelines for staff to follow. A third person's file stated that the person was unable to communicate to due to brain damage and said "follow support plan from social worker". It lacked a risk management plan to provide care workers with information on how the person did communicate and how the care workers could ascertain how the person was feeling or what they needed from the care workers. Therefore, individual risks were not assessed and measures were not put in place to minimise identified risks to keep people as safe as possible.

On 10 and 11 February 2016, not all medicines administration records (MAR) were available in people's files. At the inspection on 6 December 2016, we saw that there were only two people whose medicines administration was recorded on MAR charts. This was in line with the local authority's policy. One MAR chart was correctly completed but the second MAR chart was not. The second MAR chart stated the person was supposed to receive two 5ml spoonful's of medicine every 12 hours at 8am and 8pm for seven days. However, on the MAR chart the carer workers had signed four times a day. The care co-ordinator rang a care worker who said the medicine had been administered at 8am and 8pm as directed but we did not receive an adequate explanation as to why three different carers had signed the MAR chart incorrectly at times when the person was not receiving their medicines. This indicated that although the care workers had undertaken medicines training, there was a lack of competency in their understanding of how to record it correctly. This meant that although systems were in place, they were not being used effectively to keep people safe.

The above paragraphs were a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The medicines policy included relevant information such as administering PRN (as required) medicines and

the storage, recording and disposal of medicines. Most people's medicines were dispensed from blister packs. The local authority made the decision about how people's medicines should be recorded and people receiving medicines from blister packs had the administration recorded on their daily log sheet. The service only had two people who required medicine administration records (MAR). The MAR charts and daily log sheets were returned from people's homes to the office monthly and were audited by the co-ordinator. Actions we saw from the audit included an email sent to the local authority to change the support plan as the family was administering medicines. There were separate practice guidelines for care workers in the administration of medicines and health related duties which defined levels (regarding recording) and provided good practice guidance. A social care professional told us the people using the service that they supported were administered medicines from blister packs and they were not aware of any concerns.

At the inspection on 10 and 11 February 2016 we found that people were not always safe as the agency did not have robust systems in place to ensure prompt and effective reporting, monitoring, analysis and review of safeguarding concerns. For example the service did not use incident and accident forms and there was a lack of a clear explanation as to what action was taken and if the relevant authorities were informed.

At the inspection on 6 December 2016, we saw that the service was using incident and accident forms. The forms provided good information on what had happened but there was no record of the follow up. The registered manager told us if required, they referred the incident to the local authority and the care plan was changed in response but this was not recorded. The registered manager agreed to add in some form of analysis of lessons learned and how to prevent a similar reoccurrence in the future. We also saw evidence that they kept a log of incident and accidents which provided an overview for any trends.

Prior to the inspection on 10 and 11 February 2016, we received information the service did not report a safeguarding concern regarding a vulnerable person that they supported. During the inspection we saw the service did not have a central safeguarding log to ensure that all safeguarding concerns were dealt with, analysed and that lessons were learned to avoid similar situations in the future. Additionally the registered manager had not submitted statutory notifications regarding safeguarding concerns to the Care Quality Commission (CQC).

On the 6 December 2016, the registered manager told us they were now clear on their responsibility to notify the local authority and CQC and we were able to confirm since the last inspection, the service had been making notifications. We saw the safeguarding policy and procedure had been amended on 21 October 2016 and included the registered manager's contact details and how to report an incident. There was a flow chart on how to raise a safeguarding alert and a safeguarding tracking log. The log included the date, service user, details of the incident, action, status (ie outcome) and if CQC was notified.

At the inspection on 10 and 11 February 2016, we saw of the fifty one care workers involved in the delivery of personal care, seven had not yet received training on safeguarding. At the inspection on 6 December 2016, all care workers had completed safeguarding training in the past year and were able to give an account of what to do if they suspected a person was at risk of abuse. One care worker told us, "I am responsible for persons I work with to protect them, in case of a safeguarding concern I would contact my manager, if they wouldn't react, social services or the Care Quality Commission."

People who used the service and their families told us they felt safe. One person told us, "If I had any problems, I'd tell them anyway and they can ring their office. One woman, she's in the office and she comes sometimes so I could talk to her. They use the hoist and sling. They're very good that way. I feel very safe", A friend of a person using the service said, "She feels safe with them. They say 'hello' when they come in and have a chat and she has a laugh with them. I can't grumble they treat her nice. It's nice to be able to have

someone to talk to you can trust." Relatives said, "I would recommend them to anybody, touch wood, they're very good. They're very clean. The gloves are on, aprons on. It makes my (relative) feel comfortable and there's no feeling of her being rushed" and "They take extreme caution – they wear proper gloves, shoe covers and sleeves. Hygiene is very good. Any time they touch her, they change their gloves. When they change her, they make sure she is properly cleaned, they check her body, apply creams… not rush, rush, rush." A social care professional told us the service was generally safe, provided a good level of care and was one of their "preferred providers".

The service followed safe recruitment procedures and carried out pre-employment checks to make sure staff were suitable to work with people who used the service. Each of the staff files we reviewed included an application form, interview notes, proof of identity, references and Disclosure and Barring Service (DBS) checks. Where necessary, the provider had checked evidence of the staff member's leave to remain and work in the UK.

The service had a number of policies to keep people safe. These included safeguarding, whistleblowing, lone working and a Health and Safety policy with a code of practice for care workers which provided guidelines how care workers should respond to various situation, for example challenging behaviour. Additionally the service had a business continuity plan dated June 2015 which explained how they would continue to provide a service with reduced resources.

Care workers provided a shopping service for some people using the service and we saw financial transaction records that showed the total spent and change given. The care worker had always signed the forms but people using the service had not always signed the forms. The coordinator said people using the service should also always sign the forms.

People and their relatives provided varying feedback on the timeliness of calls. Comments included, "A couple of weeks ago, I rang the office and complained to the manager when they started not coming on time in the morning. A couple of times they sent people who didn't know me and they've never communicated with me about this. They rang me back with apologies", "Usually if one arrives before the other, they wait outside for the other but they're usually on time. If they're running late, the company informs me if they're going to be late. We've never had a missed call", "They've never been late, never let me down and if she does have to make a change, she lets me know another lady will be there" and "They're very, very good. They always have a few words when they're coming in the house. They come on time and we can always have a craic and a laugh with them. They're both very nice."

During our inspection, we looked at staff rotas. The service used an electronic monitoring system to record when care workers arrived and left a call. The electronic system alerted the office staff to any missed calls, who then contacted the care worker to understand the situation and if the care worker was unable to attend, a supervisor did. Where there were two care workers attending a call, the registered manager was confident through this system both the care workers were arriving together. We saw the last missed call was on 20 November 2016 and the person made a formal complaint. It was Sunday and the system was not fully monitored, and the missed call was not identified. The registered manager and a coordinator provided out of hours support to care workers but did not access the electronic system.

Requires Improvement

Is the service effective?

Our findings

People told us that the care workers had the skills and knowledge to provide a good level of care. Comments included, "They're very good. They wash me, help me out of bed, dress, get me into the wheelchair, cook, do washing. They're very good. They hoover and do everything. They're in no rush with me. They give me all my medication – they're very careful with medication" and "I am more than satisfied. I am impressed. You hear stories about carers popping in and leaving but (care worker) always does everything I need and more really."

Care workers had the support and training they needed. New staff had an induction that included both training and shadowing more experienced staff. The training matrix indicated supervision was scheduled in every three months. Four of the five staff files we saw had up to date supervisions and appraisals. However, one care worker's file we saw did not have supervision in the last year or an appraisal. Spot checks to observe care workers' practice were undertaken three monthly.

We saw a training matrix which showed staff had completed the training the provider considered mandatory including safeguarding adults, medicines administration, infection control, food hygiene, moving and handling, whistleblowing and Mental Capacity Act (MCA)2005 training. The matrix was dated 2016/17 and indicated by a check that staff had completed the mandatory training but did not record the date. The registered manager said they would change this to record dates. 24 out of 80 staff were in the process of completing their care certificate which is a set of standards that social care and health workers use to provide a good standard of care in their working life.

The registered manager had a clinical background and told us they delivered practical training as part of the overall training. They said as they and the coordinator were present during staff training they had the opportunity to gauge staff's understanding of the course work through observation.

We saw minutes of monthly team meetings, which were for senior staff. Agenda items included, an update on work with Ealing council, CQC action plan, people using the service, staff recruitment and training and medicines audits. Care workers did not have staff meetings, instead information was communicated to staff through a social media group called Support Direct. We saw examples of information posted included pressure sores information, transport issues, a timesheet submission reminder and equipment requirements for people using the service. Training, supervisions, appraisals and regular communication through social media provided staff with the knowledge and skills to provide effective care to the people using the service.

Professionals we spoke with said there was effective communication with the office and they were kept updated. However, one professional and several people using the service or their relatives said some care workers' English language skills were not always good enough. Comments included, "The only thing is sometimes they're talking in their own language and that's a little bit disturbing", "They tend to speak (their own language) to each other", "It's hard because of the language barrier. You can't go into it too deeply because you can't understand them", "They talk to each other in a different language and you don't know

what they're saying. You don't know if they're talking about you or what" and "They always speak English to me. It's only if I go out of the room that they don't." That language was an issue was also confirmed when we spoke with some carers who said they found it difficult to understand us.

The registered manager told us they addressed this by requiring staff to undertake an English language literacy and numeracy test. They acknowledged English could be a challenge for some people and said they ensured staff understood guidelines and training by having a coordinator who spoke the same language as most of the care workers available to clarify if there was a language barrier.

We recommend on going competency testing to ensure staff have the skills to fulfil their role effectively.

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. We saw that the service was working within the principles of the MCA. Care workers we spoke with had undertaken Mental Capacity Act training and had a very basic understanding of the requirements of the Mental Capacity Act 2005.

People told us they were involved in their day to day care decisions. Comments included, "My (relative) chooses who she wants to give her food. She has problems with swallowing and when it comes to the feeding, they try and she says 'no, I'd rather go hungry' if it's not done right", "One time I had to go to a funeral and they came an hour earlier. It was nice because I'd asked them to" and "(Relative) has always had female carers and they close the door when they're giving (relative) personal care. If (relative) doesn't want something, like they refuse to have food, they respect that. If (relative) doesn't want to shower, they tell (relative) why it's important but they give them a choice and respect that and let me know." Additionally, we saw people had signed their needs assessment indicating their consent to receiving care and support from the service.

The care plan had a section for people's dietary requirements but this was not always recorded. Care workers' involvement with meal preparation was generally heating up meals that people's families had left for them or ready meals of their choice. One person told us, "They do slices of toast, a mug of tea, chicken drumsticks, all the stuff I like. Anything I don't like will be in the bin… and it's cooked the way I like it."

Several people told us that due to religious reasons some care workers could not handle pork. Comments included, "They say that they can't touch sausage rolls or pork products and I said to the company: 'Can you make sure you send someone who can do this?' as she sometimes doesn't eat" (The service changed the carer.) and "I always get her pork but (care worker) is not allowed to cook it because it's their religion, but she likes pork and she can't have it." The registered manager told us they were aware not all care workers could serve pork and on the application form they specifically asked if there were any restrictions to care workers providing care. There was also an expectation the care worker would inform their manager if this was an issue for them. They also used quarterly telephone surveys with people using the service as an opportunity for feedback. We advised the registered manager that several people we spoke with raised this as an issue. Consequently, the registered manager said they would include dietary needs in their telephone surveys.

The service provided appropriate support to meet people's day-to-day health needs. We saw evidence in the files that the service worked with other professionals. The registered manager told us in terms of health as they allocated care workers to people and not to calls, care workers came to know the people they supported well and could see by observation if someone was not well. If a GP appointment needed to be arranged, the registered manager told us the carers could do that or they would contact the next of kin.

Good

Is the service caring?

Our findings

People and their relatives said care workers were caring. Comments included, "The regular one, she's lovely. You just mention something to her and she's great","Actually we're very pleased with the carers. They're fantastic, very compassionate, very patient and polite", "I am more than satisfied. I am impressed. You hear stories about carers popping in and leaving but she always does everything I need but more really", "Some ask if, after they've finished, 'do you need anything?' and they might fold her clothes and put them away, tidy up and wash her plates", "(Care worker) has been very good, lovely. She has been so kind to me, absolutely lovely. I feel cared for, absolutely. She does extra favours. I had a hospital appointment and she did my hair for me -rolled it up so I looked neat and tidy" and "(Care worker) is really caring. She doesn't go over the top, she just has her own little way of going about things. She does the cups and saucers and then gets the bowl and I know what's coming next and she'll ask: 'Would you like your hair washed?'. She's very polite and always asks before she does anything."

People using the service suggested that they had built up positive relationships with the care workers and were comfortable with them. A social care professional told us they had several people who were complex cases and the care worker was "very good at building up a rapport" with the person.

The assessments we looked at were signed by people using the service and indicated people were involved in their assessments.

The registered manager and the coordinator said they had very regular contact with some people on the phone and completed telephone surveys to gain feedback on people's views, likes and dislikes. One relative said "On the rare occasions when (carer) could not visit, she always tried to let my (relative) know in advance and made sure anyone standing in for her was made aware of my (relative's) likes and dislikes."

The care workers respected people's privacy and dignity and provided choice. People and relatives said, "They're very respectful. I'm always covered and they keep me warm. They're very careful", "They help me with the shower, help put my clothes on. She's very good, very respectful", "I'm completely satisfied. They look after me extremely well. They look after my privacy. Put a towel over me. Couldn't be better. I feel confident when they're in the house", "She's always had female carers and they close the door when they're giving her personal care" ,"They take their time, like if she wants to go to the toilet, they don't rush her and when they put her back into bed, they'll ask her 'do you want to be changed?' They're quite good when they're washing her also. They'll cover her and put a towel around. (Person) feels quite comfortable. She gets similar ones and she gets into a rapport with them"

Requires Improvement

Is the service responsive?

Our findings

At the inspection on 10 and 11 February 2016, we observed the service had a complaints policy and procedure in place, however, it was not effective and was only recording complaints made to the local authority and not recording complaints made directly to the service. At the inspection on 6 December 2016, we saw the service was now logging all complaints. The complaints folder had a summary log and a record of each individual complaint. This indicated that the service was responsive to people's complaints and had systems in place to address areas of concern. We saw 15 complaints recorded since the last inspection. Where appropriate the service had prepared a report of their findings for the local authority. However, the service was not consistent in how they recorded their complaints. We saw one coordinator used a Complaint and Concerns record which included outcomes but not all the complaints had this form attached, although we could see from reading through the notes and emails what action had been taken. The registered manager said they would use a single form and amend it to include a "lessons learned" and outcomes section so there was a clear record of what had been learned from the complaints and how that was used to improve practice.

Additionally the service had produced a complaints and compliments flow chart with relevant contact numbers and provided people with a copy of it so they knew how to make a complaint. People we spoke with said they would contact the office staff if they had any concerns. Comments included, "There's a number to ring on their file if we're not happy. Not really any complaints", "If I had any problems, I'd tell them anyway and they can ring their office" and "If we had to complain, we've got some information. We'd know what to do." We also saw the service had a number of compliments which were passed onto care workers.

A care worker told us they knew what support to offer as "Everything is in the care plan and I read the documents before I start (working with a person). If needs change I call the office or if a person doesn't want something they (the office) tell me." Other care workers said, "Care plans are reviewed by the office and the office informs us about any changes. If I notice any changes I report it to the office" and "Personal likes and dislikes -are recorded in care plans but you always get to know the person." The care plan assessments included people's individual preferences, how they would like to be supported, likes and dislikes. They indicated what outcomes people would like to achieve and how to achieve them. However, the care plans were not always consistently filled out with an appropriate amount of detail or they provided task lists for the care workers which meant some plans were not very person centred. Most, but not all, people using the service were aware of their care plans and the majority of people we spoke with were satisfied with the level of support they received from the service. One relative said, "From the first time we had dealings with the company last year we felt confident in their abilities and comfortable with the care and carers they provided." A social care professional said the service followed care plans and "will go over and beyond" what is required. They noted they had a particularly good relationship with the registered manager and one of the coordinators who kept them informed of any changes.

Reviews were undertaken by the service every three months with the person using the service at their home. The service also attended joint reviews with the local authority. Both people using the service and their

families were invited to reviews. Although people were involved in their reviews, the form did not have a place for people to sign the reviews to indicate they had been involved and seen a copy of the review. The registered manager said they would include on the review form a place for people using the service to sign and date it.

We saw daily records of tasks completed by care workers to indicate what the person did that day. These were mainly task orientated and were reviewed by the care coordinator at the end of the month. These records showed that care was delivered in line with people's care plans.

We recommend care plans, reviews and records are fully completed in a person centred manner.

People received care and support appropriate to their needs. One person said, "I spoke to the office once or twice if I needed to make a cancellation and the response was quite good. It was the carer who told the office she needs two carers. They arranged this and then a woman from Social Services came over. They're very good", "My house is a tip. I had a sink full of pots and pans and had to ask (the other agency) 'can you do those for me?' The Support Direct girls just got in there and did it" and ""They're in no rush with me. They do everything I ask and they ask 'do you want any milk' or tell me if I'm running out of bread or whatever and they'll get that if my (relative) hasn't time."

The service received feedback through a number of means. An independent organisation completed a service user feedback report on behalf of the service in February 2016. It surveyed 40 people who had been with service for more than two months. 87% of people expressed satisfaction. We also saw evidence that feedback was received through quarterly telephone surveys to people using the service. When the service undertook spot checks and phone monitoring, they asked people if there was anything they wanted to raise and in this way hoped people would be confident to tell them if there were any issues that needed to be addressed. They also told us part of the review process was to ascertain if people were happy with the care given and the carer. They said for example, that if a person wanted to change staff, the service would accommodate that because "people are free to have choices".

Requires Improvement

Is the service well-led?

Our findings

At the inspection on 10 and 11 February 2016, we identified the service did not notify the Care Quality Commission (CQC) about safeguarding concerns regarding people who were receiving support from the service. Prior to the inspection on 6 December 2016, we confirmed that since the last inspection, the service had been appropriately notifying CQC of safeguarding alerts.

At the previous inspection on 10 and 11 February 2016, the agency did not have robust records and data management systems in place to audit service delivery and to ensure a consistent quality of care. When we inspected on 6 December 2016, we saw the service had improved their systems, for example by introducing logs for safeguarding alerts and complaints but there was an overall lack of analysis in all monitoring and auditing records. For example, the suspected abuse of a person using the service by a relative was reported by a care worker to the office. There was good information provided on the incident form but there was nothing recorded on the form to indicate what action the provider took with the information or if any follow up was required. When we asked the registered manager about this, they said they had contacted the local authority to raise an alert and as a result a strategy meeting was held, which we saw the minutes of. There was also a lack of analysis. The registered manager told us this was because there had been too few safeguarding alerts to analyse but they had been "learning lessons in the process". Further to our conversation, the registered manager agreed they would incorporate written follow up action, outcomes and "lessons learned" headings into the safeguarding forms to provide analysis on individual incidents and alerts.

The lack of analysis on the incident and accident forms, the safeguarding forms and complaints meant the service could not ensure the needs of the people using the service were being met. The registered manager did not have as comprehensive an overview of the service as they could have and this affected how they were able to drive improvement through change. The lack of analysis meant there was poor evidence that systems were being followed to improve service delivery and keep people safe.

Monitoring and audit systems that were in place included communication logs (daily records) and medicines which were audited monthly by the coordinator. We saw a spreadsheet for people using the service that monitored when the last telephone surveys, reviews and spot checks were completed. It provided ticks to indicate if files had support plans, risk assessments and communication records. However, we noted that the spreadsheet was not fully up to date with all the names of people using the service.

Furthermore, although there were a number of monthly audits in place, these were not always effective. For example the recording error on the MAR chart had not been identified by the service's auditing process.

The above were a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw evidence of three monthly spot checks where a senior member of staff observed care workers' practice while providing care in people's homes to identify good practice and areas to develop. Therefore

managers had an overview of the care provided and could address any issues directly with the care workers.

In addition to internal audits, the local authority reviewed the service on 15 April 2016. The registered manager responded with an action plan on 16 May 2016 and an email from Ealing on 15 July 2016 said the service had moved to "Green with immediate effect".

The registered manager and one of the coordinators were the directors of the parent organisation, Direct Support. They told us they had deliberately wanted to grow slowly so they had a safe service that could meet people's needs.

Stakeholders we spoke with told us the registered manager and office staff were accessible and responded to any concerns. Care workers told us, "I can ask for help and I get it", "They are very understanding and they are very approachable" and "Oh yes. I feel supported. They work with the carer. If we do the report, they act very quickly. For example, if somebody has a bruise, they come very quickly."

To compliment the service user feedback survey, the service planned to produce an annual quarterly report with feedback from all the other stakeholders. The report will include "lessons learned". Also, when the service undertook spot checks and phone monitoring, they asked people if there was anything they wanted to raise and in this way hoped people would be confident enough to share any concerns they had.

The service kept up to date with current best practice and legislation through the registered manager attending the local authority's registered manager and provider forums and attending Skills for Care meetings and receiving updates from them. The registered manager also said they had a lot of contact with social workers and GP surgeries and worked with the CCG.

The service worked well with other agencies and a commissioner told us the service was "very responsive, very flexible when taking packages of care, they only take packages that they know that can provide a service for and do not over stretch themselves and (they are) very friendly and always helpful."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered manager did not ensure that care and treatment were provided in a safe way to service users because they had not assessed the risks to the health and safety of service users and they did not ensure the proper and safe management of medicines. Regulation 12 (2) (a) (g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager did not operate effective systems to assess, monitor and improve the quality of the service. Regulation 17(2)(a)