Tooting Neighbourhood Centre

# NTA - Tooting Neighbourhood Centre Home Care

## Inspection report

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11 May 2017

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

This inspection took place on 27 April and 11 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. A comprehensive inspection was carried out on 19 January 2016 during which breaches of regulation in relation to safe care and treatment and fit and proper persons employed were found. We then carried out a focussed inspection on 11 August 2016 at which time the provider had met their action plan in response to the breaches found, however we did not improve the rating at this inspection.

NTA - Tooting Neighbourhood Centre Home Care provides personal care for people in their own homes, the majority within the London Borough of Wandsworth. At the time of our inspection there were 43 people receiving personal care from the service.

There was a registered manager at the service however they were not managing the service at the time of the inspection. An interim manager was in place and the director told us they had recently recruited a permanent manager who would be applying to become the registered manager. 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 and their relatives told us that care workers had a caring attitude and they had no concerns about their suitability for a role in providing care. They said they felt safe in their presence and they were trustworthy. The provider had organised a 'carers recognition day' where awards were given to care workers that had excelled in their duties.

Care plans were written in plain English and easy to understand. They were split into client details, service information, objectives and the agreement between people and the service. Details of the tasks to be completed by care workers and the agreed hours were documented. Care plans contained person centred information in relation to people's preferences about their life choices, their health needs, meals and other information related to their care. Objectives included how care workers could support people to lead independent lives in a range of areas such as maintaining a balanced diet, mobility, continence and other areas.

Work had been completed to ensure that all staff files contained appropriate reference identity and criminal record checks. This helped to ensure that care workers were recruited safely.

Care workers were given opportunities to develop through regular training opportunities. They received regular supervision.

Risk assessments were completed when people first started to use the service. Some of the areas that were

assessed included the environment, moving and handling, equipment, COSHH, electrical appliances and fire safety amongst others. For those that needed more support with moving and handling, a separate, more detailed assessment was in place which included moving and handling guidelines from occupational therapists.

The provider had adequate systems in place to monitor the quality of the care and support people received. The quality assurance policy made reference for the need for one quality assurance check to be completed annually.

Senior care workers were responsible for carrying out spot checks and monitoring. These included checking medicine administration record (MAR) charts in people's homes.

Feedback was sought through surveys and we saw actions were identified and assigned to people to follow up.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

People and their relatives told us they felt safe in the presence of care workers.

The provider had taken steps to ensure staff files contained appropriate recruitment checks.

Care workers completed medicines administration records (MAR) when they supported people with their medicines.

Risk assessments were completed and action taken if risks were identified.

### Is the service effective?

Good

The service was effective.

Care workers told us they felt supported. They received regular training and supervision.

The provider managed people's dietary and healthcare needs.

### Is the service caring?

Good

The service was caring.

People praised their care workers for their caring attitude and trustworthiness.

Relatives we spoke with told us their family member's privacy was respected by the care workers.

### Is the service responsive?

Good

The service was responsive.

Care plans were written up and agreed with people after an assessment of their needs. People using the service and their relatives told us they were involved in planning their care.

People and their relatives told us the provider acted on their complaints.

## Is the service well-led?

Good

The service was well-led.

The provider had adequate systems in place to monitor the quality of the care and support people received.

Senior care workers were responsible for carrying out spot checks and monitoring. These included checking MAR charts.

Feedback was sought through surveys and we saw actions were identified and assigned to people to follow up.

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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 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.

We undertook this comprehensive inspection on 27 April and 11 May 2017. The inspection was announced, the provider was given 48 hours' notice because the location provides a domiciliary care service; 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 the previous registered manager, the assistant operations administrator, the quality assurance assistant, a senior care worker and two care workers. We looked at five care records, four staff records, training records, complaints and audits related to the management of the service.

After the inspection, we spoke with two people using the service and three relatives.

Good

# Is the service safe?

## Our findings

People and their relatives told us they felt safe and had no concerns about their safety. Comments in relation to the care workers included, "My [family member] is happy", "No concerns", "Trustworthy", "Reliable", "They treat me well."

Training records showed that care workers had received safeguarding training. They were familiar with what the term meant and what steps they would take if they had concerns about people's welfare. Care workers told us, "Safeguarding is protecting people from harm and abuse", "I will call the manager, record everything I see and hear" and "They train us if you spot anything then tell us." The provider had a safeguarding policy in place.

Risk assessments were completed when people first started to use the service. Some of the areas that were assessed included the environment, moving and handling, equipment, COSHH, electrical appliances and fire safety.

A separate, more detailed moving and handling assessment and an associated moving and handling plan for those that needed it was in place.

For those that needed more support with moving and handling there were detailed moving and handling guidelines from occupational therapists for care workers to refer to. A relative told us, "They follow the correct procedure when hoisting." Training records showed that care workers had received training in moving & handling.

A summary of identified hazards and risks were recorded once the risk assessment had been completed, the action taken, who was responsible for minimising the risk, the date it had been identified and the date it was reviewed. We saw some examples where a risk had been identified and action taken in response, for example after one assessment the provider had identified that a shower chair was required for a person. They had then arranged for a referral to the occupational therapist for an assessment.

People were supported to take their medicines by care workers who were trained to do so. A relative told us, "They give [my family member] medicines and they have recently starting using and signing MAR charts." A care worker told us, "We had one to one training on MAR charts, [the senior care worker] came and showed me in [person's] home." Medicines training was delivered during induction and refreshed annually.

People's medicines support was risk assessed by the provider during their initial assessment. This looked at whether people were to be prompted or needed full medicines support. We saw that details of their pharmacy, where medicines were stored and who was responsible for collecting them was also documented.

The provider had recently implemented new medicine administration record (MAR) charts for care workers to complete to accurately record the medicines people were being supported with. The quality assurance

assistant told us that some care workers were still getting used to the new MAR charts and a senior care worker was going around checking they had been completed correctly. We saw some completed examples of MAR charts and whilst there were some minor recording errors, these had been identified by the senior care worker during their quality assurance checks and any identified issues were acted upon.

The assistant operations administrator was responsible for carrying out recruitment checks. Since starting in their post they had started on a project to ensure that any recruitment records not currently in place were chased up and submitted. We saw a monitoring chart they had used to measure their progress by and saw that outstanding references and identity checks and Disclosure and Barring Service (DBS) checks had all been followed up. The DBS provides information on people's background, including convictions, in order to help providers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

New applicants submitted an application form and underwent an interview where any gaps in employment were discussed.

People using the service and their relatives said generally they had no major concerns about the time keeping of care workers. They said, "They text me the roster every week so I know who's coming", "Carers they do turn up on time, if the main carers are on holiday then another comes", "They are regular", "Not always on time, 10 minutes either way which is fine I'm not worried" and "[My family member] does get regular carers."

A care worker told us, "They are improving the time they give us to travel between clients, I have enough time and now all my clients are in the same area."

Electronic monitoring was not in place to qualify the times that care workers attended to their calls, however the quality assurance assistant told us this was something they were looking into and had contacted some companies that provided this service.

We asked about the current method that was in place to check whether care workers attended their calls and if they did so on time. They told us that care workers completed timesheets which people using the service or their family members signed to confirm their visits. Timesheets were then brought back to the office for verification. We checked the completed timesheets for the care workers who supported the five people whose care records we looked at and saw they had been signed to confirm care workers attendance.

Good

# Is the service effective?

## Our findings

People were supported by care workers who had the skills and knowledge to meet their needs effectively. Care workers told us, "I've done dementia, medication, manual handling", "They do refresher training" and "I had a supervision one month ago."

Induction for new staff included going over the carer's handbook, reporting protocols, code of conduct and policy and procedures, manual handling, body maps and care plans.

Training was a mixture of internal and external training. The provider maintained an up to date training matrix that documented the training that all care workers had received and how it had been delivered. A range of training courses were arranged for care workers that allowed them to support people effectively. These included equality & diversity, dementia awareness, continence care, challenging behaviour, fundamentals of care, communication and report writing. The training matrix showed that the majority of care workers were up to date with their training.

The provider maintained a staff supervision monitoring matrix which helped to ensure staff received regular supervision. We saw that care workers received formal supervision every three months. Items for discussion included longstanding clients, safeguarding, checking policies and training. Previous supervisions were reviewed and outstanding actions followed up and new ones identified.

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 or their relatives had told us that care workers carried out an assessment of their needs and they had been involved in this process. They also told us that care workers asked their permission before supporting them and did so with their consent.

Care workers told us they always asked people before supporting them with medicines or personal care and said they would respect their wishes if they refused whilst documenting it in their care records and notifying the office staff if this persisted.

Care records contained information about people's health needs. This included details about their known health conditions such as diabetes as well as information about how best to support people. Care workers were given health alert information which was based on a traffic light system highlighting those things that needed immediate alerting to those that were less serious. Care workers had also received training in first aid.

Care workers had received training in food hygiene and diabetes awareness. People or their relatives did not raise any concerns about the support they received in relation to their diet. In many instances, care workers prepared food that was available in people's kitchens. A care worker told us, "[Person using the service] usually tell me to see what is in the kitchen and make [them] something from there." Care records included instructions for care workers if they were required to assist people with their diet.

Good

# Is the service caring?

## Our findings

We received positive feedback from people using the service and their relatives about the caring attitude of care workers. Some of their comments included, "Carers are fantastic", "absolutely brilliant", "The best", "Carers are ok", "They are very good to me", "Carers are good" and "They really care."

People told us they had regular care workers which helped to develop a caring relationship. Care workers had a good understanding and demonstrated they knew people's preferences about how they liked to be supported. One care worker said, "I have supported [person] since I started, I know them well and I think they feel comfortable with me." We saw some testimonials from people praising the care workers for their caring attitude.

Relatives we spoke with told us their family member's privacy was respected by the care workers. One relative said, "The carers are respectful and polite." Care workers gave us examples of how they promoted people's privacy and dignity, telling us, "It's important people feel comfortable and safe when we are doing personal care", "You have to close the door and cover parts of the body that are not being washed" and "You have to care for them like how you want to be treated."

Care plans contained person centred information such as how people liked to receive their personal care and the type of care worker they preferred.

Good

# Is the service responsive?

## Our findings

People's needs were assessed prior to the commencement of their care. The senior care worker was responsible for carrying out their assessments, the majority of referrals were from local authorities.

Risk assessments and care plans were written up and agreed with people after this assessment. People using the service and their relatives told us they were involved in planning their care.

Care plans were written in plain English and easy to understand. They were split into client details, service information, objectives and their contract agreement.

The service information section had details of the tasks to be completed and the agreed hours and days. It also included a task list for the care workers detailing the personal care tasks that were to be completed during each visit. This section included person centred information in relation to people's preferences about their life choices, their health needs, meals and other information related to their care.

Objectives included how care workers could support people to lead independent lives in a range of areas such as maintaining a balanced diet, mobility, continence and other areas.

The provider had a system in place which helped to ensure all care plans were kept up to date to ensure that the information contained in them was current and accurate. Care plans were reviewed every year as a minimum or when people's needs changed.

People had care record books in their homes in which care workers wrote a summary of their visits and the tasks completed. Typical entries included details of what people had eaten, how they were feeing and other health related information.

Relatives of people using the service told us they knew how to complain and said the provider was responsive to any issues they highlighted. They said, "Yes they do listen", "I've had some minor gripes, nothing serious and they have sorted it."

We reviewed the complaints folder for complaints received over the past year. There had been five recorded complaints and we saw evidence that these had been investigated and the complainants responded to.

We reviewed the customer care and complaints management policy which provided guidance around the different stages of complaint and how they were to be managed.

Good

# Is the service well-led?

## Our findings

People using the service and their relatives told us that the management team were contactable.

Care workers were happy with the management of the service and the support they received, telling us, "I'm doing leadership NVQ, I'm happy", "Yes, they are supportive. Always contactable" and "The managers all care, they are working very hard they actually listen."

The provider had organised a 'carers recognition day' in December 2016 where awards were given to care workers that had excelled in certain areas such as time keeping.

A manager had recently been recruited and we were told they would be applying for the post of registered manager. There was a vacancy for a deputy manager at the service to take on the scheduling and rotas which was currently being done by the quality assurance assistant and the assistant operations administrator.

The senior team met monthly and had recently started weekly informal catch-up meetings. Items for discussion included complaints, monitoring, staff development and recruitment.

The provider had adequate systems in place to monitor the quality of the care and support people received. The quality assurance policy made reference for the need for one quality assurance check to be completed annually.

A senior care worker was responsible for carrying out spot checks and monitoring. These included checking MAR charts.

We saw spot checks that had taken place for the people whose care records we looked at. People who were identified as being particularly vulnerable were spot checked more frequently than those who had more support at home from family and required less support. Monitoring reports were completed after each visit, with details of the items discussed and if there was any follow up action.

Care workers confirmed that a senior care worker carried out spot checks, "[Care worker] came unannounced on a visit, she checked to see what I was doing and spoke with the client." Another said, "[Senior care worker] has come to observe me. They spoke with [person using the service]."

Although care workers confirmed they were spot checked, there were no specific monitoring records for care workers observation. We spoke with the senior care worker and the quality assurance assistant about developing these so they could formally record their checks of care worker's competency.

A telephone survey was carried out in December 2016 and we saw actions were identified and assigned to people to follow up.

A client survey and care workers survey was conducted in May 2016 and was due to be repeated at the time of our inspection. At the last survey, people using the service were asked a range of questions about the service including whether they were kept informed, if care workers turned up on time, if they were happy with the service and how they would rate the service. 13 responses had been received and the results were positive.

There were 10 responses to the care workers survey, where they were asked about their work satisfaction and if they were happy with the support they received from managers. There were no negative comments seen.