

Thirsk Community Care

Thirsk Community Care

Inspection report

14a Market Place
Thirsk
North Yorkshire
YO7 1LB

Tel: 01845523115
Website: www.thirskcommunitycare.org.uk

Date of inspection visit:
02 April 2019
10 April 2019

Date of publication:
22 May 2019

Ratings

Overall rating for this service

Requires Improvement ●

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

Summary of findings

Overall summary

About the service

Thirsk Community Care is a domiciliary care service providing personal care for children and young people aged four to 18. Volunteers provide a sitting service for children and young people with disabilities. A sitting service is where a child or young person is supported for a few hours at a time, providing their parents with a break from their caring role. Staff arrange the visits and support the volunteers. The service was supporting five children and young people at the time of the inspection.

Not everyone using Thirsk Community Care receives regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

People's experience of using this service and what we found

Systems were not in place to monitor the quality and safety of the service children and young people were receiving. Up-to-date records were not in place to reflect the current needs of children and young people and inform the support volunteers provided. Reviews were not documented to consider the effectiveness of their support.

There was an increased risk to children and young people as safe recruiting processes for staff and volunteers were not always followed. Children and young people were put at risk as staff and volunteers had not always received training relevant to their roles or updated their training to ensure they were following current best practice guidance. The registered manager did not complete observations or competency assessments of staff or volunteers.

Children and young people were not supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did not support this practice. The provider did not follow the Mental Capacity Act 2005 when children and young people turned 16 years old to consider if they could consent to their care and support.

Volunteers understood children and young people's behavioural needs and how to manage these. When incidents occurred these were used to improve the service and identify where support from other services may be needed.

Children and young people looked forward to visits from their regular volunteers, with whom they had formed close relationships. The service was valued for the practical, compassionate support it provided to families.

Volunteers had a detailed understanding of children and young people's needs and routines, enabling them to provide person-centred care. Visits from volunteers provided parents with valuable respite away from their caring roles.

The service was well regarded in the local area and was looking at ways to develop and extend the support it offered to children, young people and their families.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

At the last inspection the service was rated requires improvement (published 10 April 2018). The service remains rated requires improvement. The service has been rated requires improvement for the last two consecutive inspections.

Previous breaches

Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve. At this inspection sufficient improvement had not been made and sustained. The provider is still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We identified four breaches in relation to consent, governance, staffing and fit and proper persons employed. Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up

We will meet with the provider to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Thirsk Community Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

One inspector visited the service.

Service and service type

This service is a domiciliary care agency. It provides personal care to children and young people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave 72 hours' notice of the inspection visit because it is small and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site visit activity started on 2 April and ended on 24 April. We visited the office location on 2 and 10 April.

What we did before the inspection

We used the information the provider sent us in the Provider Information Return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We contacted the local authority commissioning and safeguarding teams. We used this information to plan our inspection.

During the inspection

We reviewed a range of records. We looked at four children and young people's care records and an incident report. We reviewed two staff files in relation to recruitment and two staff supervision records. We looked at volunteer and staff training records. We spoke with one volunteer, one member of staff, the registered manager, the service manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We continued to seek clarification from the provider to follow up our findings. We reviewed a sample of the provider's policies and procedures. We received feedback from three relatives and five volunteers.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Children and young people were at risk because staff and volunteers had not been recruited safely. Staff identity, references and right to work in the UK had not always been checked.
- The provider's recruitment policy and procedure was not sufficiently robust to support safe recruitment practices.

Systems were not robust enough to demonstrate recruitment was effectively managed. This evidence above shows this was a breach of Regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service manager had developed a more robust recruitment system prior to our visit but had yet to implement this.

Assessing risk, safety monitoring and management

- Volunteers ensured children and young people felt safe.
- Risks to children and young people were recorded. Details of how to recognise their behaviours and how best to manage this was available in their care plans. One volunteer said, "I have worked with [child/young person] for so long that I can predict things."
- The provider identified when risks had changed and worked with other services to support children and young people to be safe.

Systems and processes to safeguard people from the risk of abuse

- Children and young people were safeguarded against abuse. Volunteers and staff had received safeguarding children's training. A social care professional said, "Staff are experienced and vigilant with all levels of the children's needs."
- The provider was clear about their safeguarding responsibilities. Volunteers and staff understood how to raise concerns about children and young people if needed.

Using medicines safely

- Medicines support was not routinely provided. Volunteers knew when children and young people may require emergency medicines.

Preventing and controlling infection

- An infection prevention and control policy was in place.

- Volunteers followed infection prevention and control practices when supporting children and young people.

Learning lessons when things go wrong

- Volunteers responded to any incidents that occurred and were prepared for this.
- Incidents were recorded and reflected on to consider future practice and learning.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

At the last inspection consent to care was not adequately explored and documented for adults. This was a breach of Regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection sufficient improvement had not been made and there was a continued breach of this regulation.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection. We checked whether the service was working within the principles of the MCA.

- Consent was not being reviewed and recorded when children and young people became 16 years of age; people's mental capacity had not always been assessed and best interest decisions were not recorded.
- Where children and young people may have representatives legally authorised to act on their behalf this had not been checked by the provider and subsequently they had not assured themselves this was valid.

The evidence above shows there was a continued breach of Regulation 11.

- The service manager recognised staff and volunteers would benefit from MCA training and took action to arrange this in response to our inspection.

Staff support: induction, training, skills and experience

At the last inspection the provider had failed to ensure and evidence staff and volunteers were safely able to carry out their duties. This was a breach of regulation 18 staffing of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection sufficient improvement had not been made and the provider continued to be in breach of this regulation.

- Induction records were not maintained to show how staff had been introduced to their role and the support children and young people needed.

- There was an increased risk of children and young people not receiving appropriate care as staff had not completed recent training or training updates to equip them with the necessary knowledge and skills. One volunteer was supporting a child/young person with moving and handling equipment but had not had the training or competency check to provide this support safely.
- The registered manager did not document any formal observations or competency assessments of staff or volunteers to check staff provided children and young people with safe and effective support.

The evidence above shows there was a continued breach of Regulation 18.

- The volunteers had significant experience of supporting children and young people. However, the provider did not always ensure their experience was supported with the relevant knowledge and skills. The service manager had plans to improve volunteers' and staff training.
- One family and a volunteer had identified the need for specialist training to support a child or young person. This had been arranged.
- Volunteers were matched to children and young people based on their knowledge and experience.
- Volunteers were introduced to children and young people gradually and received a comprehensive handover before supporting them alone. One volunteer told us, "The handover was fantastically detailed about the young person's needs."
- Supervisions supported staff and volunteer development. One volunteer said, "It is really useful to be able to reflect on how [child/young person] has accepted me."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Children and young people had an assessment before receiving support from the service. Assessments were not robust. Volunteers were not aware of their responsibilities in relation to children and young people's siblings that may be present during visits. The provider planned to review this.
- The provider worked with children and young people's families and other services supporting them. The registered manager told us, "We meet with their parents, the local authority and paid carers to look at how we could support them consistently."
- Volunteers worked together to identify and provide effective, consistent support. One volunteer had visited a child/young person's school to observe them in this setting.

Supporting people to eat and drink enough to maintain a balanced diet

- Children and young people were supported by volunteers to have had access to meals, snacks and drinks during their visits to promote their food and fluid intake.
- Children and young people's allergy and dietary information was recorded in their care records.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff understood the roles of health and social care professionals and referred children and young people appropriately for specialist advice and support.
- Children and young people were supported to transition to more appropriate services when the provider was no-longer able to meet their needs.
- Children and young people's health conditions were monitored by volunteers. Emergency contact arrangements with families had been agreed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Parents praised the support their families received from staff and volunteers. One parent told us, "It's a god-send that we have a break to do things which are otherwise difficult to do."
- Children and young people formed close relationships with the volunteers who supported them. A parent told us, "The volunteers are well-loved by [child/young person], who constantly asks when they are next coming."
- Children and young people were respected by volunteers and staff who spoke about them with warmth and compassion.
- Children and young people's emotional needs were supported by volunteers, preventing them becoming distressed and promoting their wellbeing.
- Children, young people and their parents were supported by volunteers who understood their families. One parent said, "The volunteer provides a professional, compassionate and practical service."
- Staff and volunteers supported parents to understand their children and young people's needs and consider different ways of assisting them.
- Visits from volunteers provided respite for parents. One parent said, "It is a huge help to parents to be able to hand over and have some breathing space, to have confidence to leave our children with fully trained volunteers is a great help and that is what the service offers."

Supporting people to express their views and be involved in making decisions about their care

- Children and young people were empowered to lead their support sessions and decide what activities they wanted to do.
- Children and young people's care and support arrangements were agreed between their parents and the service.

Respecting and promoting people's privacy, dignity and independence

- Children and young people received personal care in dignified ways, respecting their choices.
- Volunteers recognised children and young people's need for greater independence as they developed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Children and young people received personalised care; volunteers adapted their support to meet people's changing needs. One volunteer said, "In the time I've known [child/young person] they have progressed, they used to just watch television, now we play and interact for the whole session."
- Activities focused on learning and play. One parent told us, "The volunteers provide a brilliant service to our children in terms of not only ensuring a safe environment is maintained, but the engagement, which mixes playing and learning."

Meeting people's communication needs

From August 2016 all organisations that provide adult social care are legally required to follow the Accessible Information Standard (AIS). The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the AIS.
- Care records identified communication aids children and young people used, for example tablets.
- Volunteers communicated with children and young people using verbal and non-verbal signs they recognised. One volunteer said, "I put my hand up to indicate to [child/young person] if a behaviour is not ok."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care files recorded children and young people's favourite songs or toys when they started using the service. Volunteers used this information to reassure and comfort them.
- Children and young people were supported to do the things they enjoyed and to follow their preferred routines. One volunteer said, "At bedtime [child/young person] likes to have three stories. They need to be under the covers to help them concentrate and relax."

Improving care quality in response to complaints or concerns

- Parents felt able to raise concerns. The provider had a system for the management of complaints.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection records were not well maintained for people using the service and staff. This was a breach of regulation 17 good governance of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection sufficient improvements had not been made.

- The registered manager and provider did not monitor quality and safety across the service in-line with their quality assurance policy. This meant they had not identified risks we highlighted during the inspection.
- Systems were not in place at the time of inspection to drive and sustain improvements.
- Up-to-date care records were not in place for three children and young people; they did not document how their needs and interests had changed as they developed to inform their support.
- Records of visits from volunteers were not kept documenting the support provided. There were no records of reviews for children and young people to show how the effectiveness of their support had been considered.
- The provider's policies and procedures did not always reflect current legislation or practices.

The evidence above shows there was a continued breach of Regulation 17.

- The provider had developed an action plan prior to the inspection to make improvements to the service and was progressing with this.
- Improvements had been made to staff and volunteer records, documenting their supervisions and discussions held with them.
- Staff and volunteers worked effectively as a team. One member of staff said, "The staff could not have been more welcoming when I joined."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's values were focused on supporting and enriching the lives of children and young people and their families. Staff and volunteers were committed to this.
- The provider had experienced many staffing and organisational changes. Despite this, children and young people and their families received regular support from volunteers.
- The service was seen by parents and volunteers as providing a valuable service. One volunteer said, "Thirsk Community Care are brilliant, they will do anything they can to help."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Volunteers felt valued and passionate about the service. One volunteer said, "It's an absolutely great organisation to be part of, a lot of what this organisation offers is what local authorities are not able to offer."
- Staff and volunteers had the opportunity to make suggestions to improve and develop the service. One member of staff told us, "I have been encouraged to do things as I would like them done."
- When incidents occurred, they were investigated and the findings shared with parents.

Working in partnership with others

- Staff worked to build links with voluntary organisations to improve the service. For example, to be able to offer autism awareness training to staff and volunteers.
- Staff had contacted a range of services including universities, schools and the local authority to raise awareness of the service.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent (1)(3) Consent to care had not been assessed or documented in line with relevant legislation.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance (1)(2)(a)(b)(c) The provider and registered manager had not established and operated effective systems or processes to ensure complete records were maintained for each service user.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed (2)(a)(3)(a) Recruitment procedures were not applied rigorously to ensure the safe recruitment of staff.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing (2)(a) Staff and volunteers had not received training or updated their training. The provider did not have a robust system to ensure and evidence staff and volunteers had been assessed as

competent to carry out their roles.