Thamescare Limited

Harold Community Centre

Inspection report

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Ratings

Overall rating for this service	Inadequate

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

Summary of findings

Overall summary

The inspection took place on the 22 August 2017 and was announced. This was the first inspection of the service since it was registered with the Care Quality Commission in August 2015. The service is registered to provide personal care to people in their own homes. At the time of the inspection there were three people receiving care from the service.

There was a registered manager at the service at the time of our inspection. 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 the provider was in breach of five regulations of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. You can see what actions we have asked the provider to take at the end of the full version of this report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'.

Services in special measures will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The service was not safe. The service did not have robust information about people who used the service

and their medical backgrounds and needs. Risks assessments were not robust and were unclear as to how the risks identified were mitigated. Information about how people's medications were managed were not recorded in a person centred way.

Care plans were not personalised and did not contain information about people's histories or personal preferences. Care plans had inconsistent identifying information within them about people's names. In addition, information about how people's medications were managed were not recorded in a person centred way. All of the care plans contained the same information about medicines for each person which meant that the information in care plans was not personalised and did not account for any risks in relation to people's medicines.

The service was failing to monitor the training needs for care staff and staff supervision was not taking place. In addition, recruitment was not always safe, for example we found that the provider did not always obtain references for new employees.

There were not effective systems and processes in place at the service to assess, monitor and improve the quality and safety of the care provided by the provider. Documentation contained errors, for example information about members of staff were not always correct. There were no quality assurance systems in place and management systems at the service did not ensure that risks were appropriately managed.

Care plans were stored in the same folder as staff member documentation. Folders were labelled with the name of the respective member of staff, and contained their confidential information. At the back of each folder, care plans were filed. This meant that confidential information could be compromised and care plans could not be accessed conveniently.

The provider did not demonstrate an understanding of the Care Quality Commission and the way in which we inspect, which resulted in a lack of oversight of the service as well as a lack of knowledge in relation to documents such as care plans and risk assessments.

Relatives of people who used the service told us they thought their relative was safe with care workers and that they were treated with dignity and respect.

The service had a complaints policy in place. The registered manager told us they had not received any complaints since registering the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Risks were not appropriately assessed or mitigated against.

Information about people's health or medicine needs was not obtained.

The service carried out checks to ensure staff were suitable to work in care, but did not always follow the provider's recruitment policy about references.

Is the service effective?

Requires Improvement

The service was not always effective.

The provider did not provide an induction period for newly appointed staff.

Training was not provided for staff.

Staff supervision was not taking place.

Care plans contained some information about people's cultural preferences in relation to food.

Is the service caring?

Requires Improvement

The service was not always caring. Care plans did not record whether people were involved in planning their care.

Not all care plans contained information about people's communication needs.

People told us they were treated with dignity and respect and staff told us they supported people in a caring way.

Is the service responsive?

Inadequate

The service was not responsive. Care plans were not personalised and did not contain person centred information, backgrounds or history of people who used the service.

Care plans were not reviewed and changes in people's needs were not recorded.

There was a complaints procedure in place and people knew how to make a complaint.

Is the service well-led?

Inadequate

The service was not well led. The registered manager lacked understanding of the Care Quality Commission and their statutory obligations.

Records of quality checks and team meetings were not kept.

Quality monitoring systems were not being effectively carried out or recorded.

Information about people who used the service and care workers was not always recorded correctly.

Harold 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 22 August 2017 and was announced. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection because they provided a service in people's homes and staff members may have been out of the office.

The inspection team consisted of one inspector. Before the inspection we reviewed the information we already held about this service. This included details of its registration and any statutory notifications they had sent us. Registered providers must notify us about certain changes, events and incidents that affect their service or the people who use it.

During the inspection we spoke with the registered manager and one care worker. We looked at records relating to the three people who used the service including care plans and risk assessments. After the inspection we spoke with one care worker and one relative of a person who used the service.

Inadequate

Is the service safe?

Our findings

The service did not have systems in place to ensure the safety of the people they cared for. They did not have robust information about people who used the service and their medical backgrounds and needs in order to have the information needed to provide a safe service. For example one person's care plan stated, "Client's previous medical history; none specified. We need to know in order to provide the right support for this client." This person had been using the service since May 2017 and this information had not been gathered at the time of our inspection. This meant that the service did not have a clear indication of people's medical needs to enable care workers to provide care in line with risk management and safe practices.

Risks assessments were not robust and were unclear as to how the risks identified were mitigated. For example, one person's risk assessment identified their 'mood' as a risk and a 'what could happen' section that stated, "[Person] suffers from dementia and type two diabetes and some other health issues. Support worker to treat [person] gently and encourage [person] to do simple tasks which [person] can participate in." This risk assessment did not provide enough information or detail about particular risks in order for care workers to have the information they needed to support people and prevent risks. In addition, this risk assessment referred to the person as the opposite sex and in another section about eating and drinking, another person's name was used in the documentation.

Another person's risk assessment stated that the person, "Suffers from arthritis, blood pressure and deaf in one air [sic] and poor eyesight." There was no further information about the risks that these ailments presented and whether any actions needed to be taken by care workers to support the person. All three of the care plans we looked at had repeated the same risk assessments as each other and did not contain personalised information. This meant that risk assessments were not personalised in line with people's needs and could result in a risk of harm.

The service completed risk assessments for assistive equipment in people's homes, however; these were not always an accurate reflection of risks to people. For example, one person's risk assessment stated that they had a standard hoist, standing hoist and a ceiling hoist and that they were all in "Good" condition. When we asked the registered manager if the person had three hoists they said, "No" and that the person was not hoisted at all. This meant that information in risk assessments were not always correct and they were not robust or thorough for the prevention of risk to support people in a safe way.

Information about how people's medications were managed were not recorded in a person centred way. All of the care plans had the same information about medicines that stated, "[Person] is taking medication if she does not take medication her condition can deteriorate. SW worker to remind [person] to take her medication as prescribed and to report to her GP and line manager if [person] does not take her medication on time." Only one care plan stated that the person self-medicated but there was no information about what medicines people were taking and the extent of the support they needed in managing their medicines. This meant that the information in care plans was not robust or thorough and did not account for any risks in relation to people's medicines. In addition, this meant that care workers did not have the information

needed to support people with their medicines, which could result in unsafe care for people who used the service.

Care and treatment was not provided in a safe way for people. The provider failed to assess the risks to the health and safety of people and had failed to implement systems for the proper and safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service did not always have robust staff recruitment processes in place. Although care workers had DBS checks (DBS stands for Disclosure and Baring Service and is a check to see if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults) and proof of identification, references were not always obtained. The service's recruitment policy stated, "A minimum of two references will be contacted." We looked at three recruitment files and found that two had one reference and one did not have any references at all. In this case the care worker had commenced employment in May 2017. This meant that people were being employed without checking that they were of good character and had the relevant skills.

The registered manager told us, "I will chase this up." In addition, one person's reference had stated that they were, "Below average" in their working relationship with service users and colleagues and their team. We asked the registered manager if they had considered this when employing the care worker and they told us that the care worker was doing a "Good job" and that the family of the person they cared for were "Happy" with the care worker. We spoke with a relative of a person who used this care worker and they reiterated to us that they were happy with the care worker and they had no complaints. Since our inspection, the registered manager told us that they have written to the referee.

The provider was not carrying out robust checks to ensure that staff were of good character and had the relevant qualifications and experience. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a safeguarding adults from abuse procedure in place which made clear their responsibility for reporting any safeguarding allegations to the host local authority and the Care Quality Commission. The registered manager told us there had not been any safeguarding investigations. They told us, "The safety of the client is very important and receiving a safe service. If I have concerns I'll investigate in writing, I'll tell social services and CQC [Care Quality Commission]." A care worker told us what they would do if they had any safeguarding concerns, "I would report it and let the office know." The registered manager told us there had been no safeguarding concerns since the commencement of the service.

A relative of a person who used the service told us that their relative was, "Without a doubt" safe with their care worker.

Records confirmed that care workers completed timesheets to reflect their attendance at people's homes. The registered manager told us, "The carer will also give me a call when inside the house. They call my mobile or office."

The registered manager told us about cover arrangements for staff if they were off sick or on holiday. He advised that he had three additional staff as a "Back up" but hadn't needed to use them yet. One care worker told us, "The registered manager will get someone to cover."

The service had a whistleblowing policy in place however there was no information in the policy of who staff

could contact in the event of a whistleblowing. We recommend that the service follows guidance in updating their policy to reflect the relevant contact details to support staff.

Requires Improvement

Is the service effective?

Our findings

The service was not effectively employing people with the relevant experience and skills to support people. We did not see any record of induction or training for staff. Records showed that two members of staff who had previous experience and training had provided copies of their training certificates and qualifications; however one member of staff did not have any training on record. The registered manager told us, "One carer didn't come with any training so we are supposed to chase her to bring certificates as she told us she did some training." This care worker told us that since they started working at the service in March 2016, they had not received any training. The registered manager told us, "We're supposed to send her to training. We have plans to do this in the next two weeks." This meant the service was not ensuring that care workers had the skills or support to carry out their roles, which could result in unsafe care of people who used the service. Since our inspection, the registered manager has advised us that training has been arranged for this care worker to commence in September 2017.

One care worker told us about their first day and said, "First thing I was shown about was fire, I was shown around, the registered manager introduced himself and gave me his number, both mobile and agency number." We asked the registered manager whether they had provided an induction for newly recruited staff and they told us, "They shadow another carer. I don't record it [induction]. We give them the information guide when they first start. That's their induction." We looked at the information guide that the registered manager was referring to which contained information about the service such as the complaints policy, useful numbers, time sheets and a missing person form. It did not contain information that was relevant to the everyday duties of a care worker or information to prepare them for the role. The service was not utilising the Care Certificate standards to make sure new staff were supported, skilled and assessed as competent to carry out their roles. The Care Certificate is a recognised qualification in care that ensures that staff have the fundamental knowledge required to work in a care setting.

The service was not providing supervision to care workers. One care worker told us, "I haven't had it [supervision] yet." We asked the registered manager about this and they told us, "Really, it's timing. We monitor, we speak to them [care workers]. But not recorded." A care worker told us that that they would speak with the registered manager but that, "It was not written down." This meant that the registered manager was not monitoring the progress of staff and whether they had any training or developmental needs, for example, a care worker told us, "I've done safeguarding training online and in mandatory training. It's about making sure person is safe in every way." However the care worker was unable to explain to us the different types of abuse and what action they would take should a safeguarding concern arise. They told us, "I need help; safeguarding training is something I could have more training on." Had the provider been carrying out regular supervision with care workers, this training need may have been identified.

The provider was not giving appropriate support or training to staff. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. Care workers had a good understanding of the principles around MCA and decision making and one care worker told us, "If I am caring for someone who can't make a decision then I'll talk to the family."

Care plans were not signed by people who used the service or their relatives to reflect whether or not they consented to the care they were receiving. However, people chose to use the service as part of receiving an individual budget, by way of direct payments via the local authority. Direct payments enable people to have full choice over who delivers their care.

Care plans contained some information about people's need in relation to eating and drinking. One person's care plan said, "[Person] can eat independently but requires help to prepare the meal. Only eats [culturally specific] food as [person] is [religion]." This meant that care workers could use this information to support people with meals in line with any religious or cultural preferences.

At the time of our inspection the service did not support anybody to have access to healthcare professionals.

Requires Improvement

Is the service caring?

Our findings

The service had not taken steps to ensure that people and their relatives were involved in the planning of their care, to ensure that care plans were specific to their individual needs and interests. Care plans did not record whether people were involved in planning their care and some information about people's needs was generic across all three care plans we looked at. For example, all three care plans had the same information in relation to personal care. This meant that documentation relating to people's care and needs were not personalised and could not ensure that care workers were providing care that was specifically designed for them.

The service did not always ensure that people's specific communication needs were being met. Only one person's care plans contained information about their communication needs and stated, "[Person] speaks fluent [language]. [Person] cannot speak nor understand English." A relative of a person who used the service told us, "Carer speaks the same language as my [relative]. No language barrier." This meant the communication needs for this person were being met in a personalised way. It was not clear whether or not the specific communication needs of other people were considered, and there were no plans in place to guide staff in ensuring that those needs were being met.

People told us they were treated with dignity and respect. A relative of a person who used the service told us the carer was, "Very helpful and efficient. She's very caring. She takes the time to talk to my [relative]. It's really touching that she takes time to talk to my [relative] with respect and dignity. My [relative] tells me that the carer is good to her."

Steps had been taken to ensure that people's religious and cultural views were supported. One person's care plan contained information about their religious and cultural needs and stated, "As the client is practicing [their] faith and [specific day of the week] are always prayer days, client would appreciate if the care worker can spend more time bathing them on [specific day of the week], followed by escorting to the [place of worship] where the ceremony is held." A relative of a person told us, "The carer is the same culture and background as my [relative]. It makes a difference." This meant the person could receive support from a person who could identify with their cultural needs and could allow them to provide personalised care.

The registered manager told us they treated people equally and said, "It's no problem or issue. Equal opportunity. We provide a service to everyone. Our service is open to everyone." This meant that the service operated in a non-discriminatory way.

Inadequate

Is the service responsive?

Our findings

Care plans were not personalised and did not contain information about people's histories or personal preferences. One of the three care plans we looked at contained information about a person's day to day needs by way of a tick box that stated the level of support required. For example, their care plan stated, "Urinary continence; independent. Walking; minor help. Breathing; minor help." These needs were elaborated on briefly, for example, "[Person] can use the toilet on [their] own, uses the rails to hold to sit and get off toilet sit [sic]." There was no further detail about the fact that the person was recorded as requiring "minor help" with breathing and no further information about their everyday needs. This meant that care workers didn't have the information needed to provide person centred and safe care.

All three of the care plans we looked at had inconsistent identifying information within them. For example, different names were used in care plans. This showed that care plans had not been individualised for each person and failed to take their individual needs and wishes into account. This meant that information in care plans was unreliable and could cause confusion for care workers. There was a risk that people may not receive the specific care that they needed as staff did not have the information they needed in care plans. Since the inspection the provider has told us they are reviewing all care plans.

The registered manager told us about their assessment process when taking on service users. "We look at the social services assessment which they have in their houses. We look and read that and do our own one which becomes the care plan." There was no documentation or record of a pre-assessment which meant the provider could not document how they had assessed the person, and whether the person had contributed to the assessment and to their care plan.

One care worker told us about the care planning process and stated, "They went and did their own assessment, gave me care plan and told me to look at it." Another care worker told us, "Getting to know the service user, when they gave me my rota I went and spoke with them [service user]. There's a folder with the care plan but sometimes the person's needs can change." In addition, records showed that care plans were not reviewed. The registered manager told us, "No, I didn't do them [review]." We asked them how they monitored changes to people's needs and they said, "One person, I sent a referral to [local authority] but I didn't update the care plan." This meant that any changes to people's needs were not being picked up on as reviews were not taking place and any changes in need were not being recorded. This also meant the provider could not be assured that the service was responding to people's needs.

The provider was not doing everything reasonable practicable to make sure that people who used the service received person centred care and treatment that was appropriate to their needs and reflected their personal preferences. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a complaints policy in place which identified how people could complain and expected timeframes for a response. The registered manager told us they had not received any complaints. A relative of a person who used the service told us, "I know how to make a complaint. I have the complaints

procedure."

Inadequate

Is the service well-led?

Our findings

The registered manager did not demonstrate an understanding of the Care Quality Commission and the way in which we inspect. They told us that they had looked at our website a day before the inspection and had looked at the key lines of enquiry for the first time. This meant the registered manager was not aware of the responsibilities involved in managing a service, recording information and maintaining records for the safety of people who used the service.

Throughout our inspection it was clear that the registered manager did not maintain an accurate, complete or contemporaneous record in respect of each service user within care plans, within their quality audits or the support of their care workers.

The provider had not developed quality monitoring systems to ensure good quality care was delivered. The registered manager told us that they carried out spot checks on care workers but we did not see any record of this. The registered manager said, "Yeah, I do a visit and ask the service user for feedback. I speak to service user, if they are happy with service, if happy with their staff, any concerns. I do it every month. No, I don't write that down." A relative of a person who used the service told us, "[Registered manager] comes to the house and calls as well, if we need anything." The lack of recording meant the provider could not monitor or evidence any changes or improvements, meaning that there was a lack of oversight on the overall development and running of the service.

The provider did not always facilitate team communication in order to drive forward improvements at the service. One care worker who had been employed since May 2017 told us that they had attended one team meeting, "We have team meetings. I've had it once since being here. The registered manager and other workers give us information and I found it useful." We asked the registered manager to see records of team meetings but they told us that they did not record them. This meant that the service did not have effective measures in place to keep a record of feedback from staff during meetings to drive improvements to the quality and safety of the service.

Documentation relating to staff and service users were not well managed. One care worker who had been recorded as being employed in October 2016 had no previous experience as a care worker and their application form reflected this. Contrary to their employment record, this care worker told us that they had commenced employment in March 2016 and not October 2016 and that they had three years of work experience at a care agency but this was not reflected on their application form or in their employment records. This meant that information was being recorded incorrectly and inconsistently.

During our inspection we found that people's care plans were stored in the same folder as care worker documentation. Folders were labelled with the name of the respective care worker, and contained their confidential information. At the back of each folder, care plans were filed. This meant that confidential information could be compromised and care plans could not be accessed conveniently.

The provider did not have systems or processes in place to maintain an accurate record in respect of the

overall running of the service or in respect of each person who used the service. The provider was not carrying out any quality assurance practices to monitor the quality of their service or obtain feedback from people or stakeholders. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

One care worker told us, "The registered manager is very approachable, friendly and understanding. Overall a good manager, always available." Another care worker told us, "[Registered manager] he's nice. A good manager, does his job." A relative of a person who used the service told us, "I trust [registered manager] totally." This meant the registered manager had formed positive and caring relationships with people who used the service and staff.

The service had a policies and procedures in place and we saw records of these. For example, accident reporting, dementia care, equality and diversity, infection control, moving and handing and quality assurance. The policies and procedures were dated 2015. We recommend the service regularly review their policies and procedures to keep up to date with changes in legislation.

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 9 HSCA RA Regulations 2014 Person-centred care Care plans did not contain information about people's needs and preferences.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Fit and proper persons employed were not assured because references were not available for each person employed.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Persons employed by the service were not receiving appropriate support, training, professional development, supervision or appraisal as necessary to enable them to carry out the duties they were employed to perform.