DCAS Direct Personnel Limited

Tottenham Town Hall

Inspection report

Town Hall Approach Road
London
N15 4RY

Date of inspection visit:
30 March 2017

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16 May 2017

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 30 March 2017. This was an announced inspection. We gave the provider 48 hours' notice of the inspection as this is a domiciliary care agency and we wanted to ensure the manager was available in the office to meet us. This service has not been inspected since its registration on 22 February 2016.

Tottenham Town Hall is a domiciliary care service run by DCAS Direct Personnel Limited. At the time of inspection the service was providing personal care to nine people with dementia, physical disabilities and older people in their own homes.

The service had a registered manager who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service and their relatives were happy with the service and provided positive feedback. They told us staff are caring and friendly, and listened to them and treated them with respect and dignity. People's health and nutrition and hydration needs were met. People were happy with staff's punctuality and told us they mostly received same staff.

The service risk assessed the care and support provided to people. The risk assessments gave sufficient information and instructions to staff on the safe management of identified risks including medication. We found medication administration records were not maintained for everyone and the ones we looked at were not appropriately completed.

The service did not always follow appropriate recruitment procedures, some staff did not have updated criminal record checks and their references were not sought as per the provider's policy. Staff demonstrated a good understanding of protecting people against abuse.

Staff were well-trained and able to demonstrate their understanding of the needs and preferences of the people they cared for by giving examples of how they supported people. Staff did not receive regular supervision to do their job effectively. The service was in middle of scheduling staff supervision dates.

People's care records did not make reference to people's capacity and did not include information on how should staff support people if they lacked capacity to make decisions.

At the time of the inspection, the service did not maintain care plans and care task plans were incomplete and not personalised. People felt comfortable in raising concerns and complaints to the management but the service had not received any formal complaints.

The service lacked robust systems and processes to assess, monitor and improve the quality and safety of the care delivery. The service had recently sent out feedback survey forms to people and was awaiting their responses.

We found four 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. Staff were not provided with appropriate information on medicines administration. Risk assessments were not regularly reviewed and personalised. The service did not carry out timely recruitment checks to ensure people using services were supplied with safe and suitable staff.

People and their relatives told us they felt safe with staff.

Is the service effective?

Requires Improvement

The service was not always effective. Staff told us they felt supported but had not received formal supervision. People's care records did not make reference to people's capacity and who staff should contact if people lacked capacity to make decisions. Staff did not record in daily care logs how they supported people with their nutrition and hydration needs. The service did not maintain records on people's care plans of their mental capacity assessments.

People told us staff met their nutrition and hydration needs, and always sought their consent before supporting them. Staff received sufficient induction and additional training to do their job effectively.

Is the service caring?

Good

The service was caring. People and their relatives found staff friendly and helpful. Staff were matched to people with similar cultural backgrounds and languages. The service provider gender specific care. Despite of staff being briefed on people's religious beliefs and cultural backgrounds no reference was made in people's care records.

People told us they were treated with dignity and respect and they mostly received the same staff which them helped form positive and trusting relationships.

Is the service responsive?

Requires Improvement

The service was not always responsive. People's care plans were not person-centred and did not include people's personal

histories, wishes and preferences. People were supported with activities when requested.

There was a complaints procedure in place. People told us they never had to complain but felt comfortable in calling the office to raise any concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led. The service had not carried out any audits of records and hence, had not picked up gaps and inaccuracy in the documents.
The service lacked efficient record keeping and data management systems to ensure safe delivery of care.

People, their relatives and staff found the management friendly and approachable. The service worked with health and care professionals to improve the quality of people's lives.

Tottenham Town Hall

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.

The inspection took place on 30 March 2017. This was an announced inspection. We gave the provider 48 hours' notice of the inspection as this is a domiciliary care agency and we wanted to ensure the manager was available in the office to meet us.

The inspection was carried out by one adult social care inspector. We phoned people using the service and their relatives to ask them their views on service quality.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We looked at the information sent to us by the provider in the Provider Information Return, this is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted local authority and healthcare professionals about their views of the quality of care delivered by the service.

There were nine people receiving personal care support from the service, and 11 staff, at the time of our inspection. During our visit to the office we spoke with the director and the registered manager. We looked at nine people's care files and 10 staff personnel files including recruitment, training and supervision records. We also reviewed the service's feedback surveys, and medication administration and care delivery records for people using the service.

Following our inspection visit, we spoke with three people, two relatives and three care staff. We reviewed the documents that were provided by the registered manager (on our request) after the inspection. These included policies and procedures, accident and incident record and staff start dates.

Requires Improvement

Is the service safe?

Our findings

People using the service told us they felt safe with staff. Their relatives told us the service was safe. One person told us, "Oh yes, I feel safe with them [staff]." One relative commented, "They look after my mother well, she is safe with the carers."

The service assessed risks involved in supporting people before they started receiving care. However, we found not all risk assessments were completed appropriately and were relevant to people's needs and were not regularly reviewed. For example, there were two self-medication risk assessments for a person who was receiving support from staff with medicines administration. Both risk assessments gave different information on the person's medicines need. The information in the risk assessments was misleading. This meant staff were not provided with appropriate information to provide safe care and people may not have received care in a safe manner. Another person's environment risk assessment had not been reviewed for over a year. There were risk assessments for areas such as moving and handling, environment, self-medication and personal care. However, risk assessments were not always accurate and personalised. Despite the inappropriately completed risk assessments, staff we spoke with were able to explain the risks involved in supporting people and how they managed them.

We spoke to the registered manager about this and they said the risk assessments would be reviewed immediately to ensure they were personalised and comprehensive, and safe care delivery.

The service supported people with medicines management and at the time of inspection the service was supporting three people with medicines. The service only supported people with the medicines that were provided in blister packs or dosette boxes, and the family were responsible for ordering and collection of medicines. At the time of inspection, the registered manager told us they had recently introduced medicines administration record (MAR) charts and currently, was only being used for one person. We looked at MAR charts for this person for one month and found they were not appropriately completed. Some MAR charts did not mention the time when were staff required to give medicines, some staff had ticked boxes after administering medicines and some staff had included their initials. Where staff were prompting people to take medicines this was not being recorded. The registered manager told us staff were recording medicines administered in the daily care records for those people who were not provided with MAR charts. We looked at their daily care records and found staff were not recording medicines administration.

This demonstrated that the service was not appropriately assessing risks involved in people's care delivery and, putting measures in place to minimise identified safety risks. The service was not providing proper and safe management of medicines, thereby putting people at risk of harm.

We concluded the above was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had received training in safeguarding adults and were given guidance on the safeguarding procedure in the employee handbook. Staff were able to describe the types and signs of abuse. They knew

to contact the office if they had any concerns about abuse or poor care. The registered manager told us they were in middle of organising a refresher safeguarding workshop.

The registered manager told us the service had not had any safeguarding concerns or accidents since its registration. The service maintained body maps for staff to complete if they noticed any bruises, marks or lacerations on people's body. We looked at one person's body map which was appropriately completed.

People and their relatives we spoke with told us staff mostly arrived on time. They said either staff or the office would call if they were running late. The registered manager told us they had an agreement with people for the care visit to be early or delayed by 15 minutes. The registered manager told us if the staff failed to arrive after 15 minutes of the scheduled care visit they would send another staff member or they would themselves go to deliver care. We asked staff if they had sufficient time to travel to people's homes on time, all of them said they had adequate time, and were mainly asked to support people living in the closer proximity. The registered manager carried out staff allocations and managed any staff lateness, absences and emergencies. However, the staff allocations were not recorded. This meant if the registered manager was absent such information may not have been accessible. Thereby disrupting care visits in case of staff absences and emergencies. The management told us although they had staff rota system, as they did not have many people using the service, they did not maintain staff rota. The director told us they would draft staff rotas and send them to us following inspection. However, during and following inspection we were not provided with staff rotas. The registered manager said they did not use agency staff to cover staff absences and emergencies; these were covered by their current staff team.

We reviewed 10 staff recruitment files and looked at all staff's Disclosure and Barring Service (DBS) criminal record checks and reference checks. All the staff files we looked at had application forms, interview notes, identity and right to work checks. However, not all staff files had recent DBS checks and still had criminal record checks from their previous employer that had passed the three months period. The registered manager told us they had misinterpreted information related to the requirement to carry out DBS checks for all the newly recruited staff. The registered manager and the director told us they requested two references before staff started working. However, we saw not all staff had two reference checks and some references were not appropriately validated for example they were without company stamp or headed paper.

This meant the service was not always following appropriate recruitment practices to ensure staff employed were safe to work with people.

The above evidence is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The management told us they would apply for DBS checks for staff without current DBS checks and request references for staff in line with their provider's recruitment policy.

Requires Improvement

Is the service effective?

Our findings

People and their relatives told us staff understood their needs and supported them well. One person said she found the staff attentive, commented "she helps me with food and personal care" and "is easy to get on with." One relative told us, "She is good. The carer helps my mother the best she can, helps her with shower and supports with dressing." Staff we spoke with were able to describe the individual needs and abilities of people they cared for.

The management told us they mainly recruited staff that either had previous experience in a care role or appropriately trained to work as care staff. Newly recruited staff underwent induction that included organisational information, policies and procedures, and staff handbook, they underwent mandatory training if they were not previously trained or their previous training was over six months old. All staff received annual refresher training in safeguarding adults, medication, moving and handling and health and safety. Staff induction and training records confirmed they were receiving appropriate care. The director told us their staff were undergoing the national vocational qualification level two or three training. Staff told us they were provided with adequate training to do their job effectively. The registered manager told us they were in the process of creating a staff training matrix which would be used to record training courses staff were booked on and future training dates.

Staff we spoke with told us they enjoyed working with the service and felt well supported by the management team. Supervisions and appraisals are important tools to ensure staff have structured opportunities to discuss their training and development needs with their manager. Staff had not been receiving regular supervision, the registered manager confirmed they had not formally supervised their staff. Staff told us if they needed help they would either call the office or visit the registered manager. The service's staff supervision policy stated all staff should receive formal supervision at least four times a year. This meant the service was not following their policy and staff were receiving insufficient support to enable them to carry out their responsibilities. The registered manager told us they had created templates for staff supervision and appraisal and were in the process of scheduling supervision dates.

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 and their relatives told us staff always asked their permission before supporting them and gave them choices. Staff understood people's right to make choices about their care and told us they encouraged and supported people to make decisions. However, staff did not receive training in MCA. People's care plans did not make reference to people's capacity and did not include information on how and when to support people to make decisions. People's care plans did not state who could make legal decisions on people's behalf should they lack capacity to make a decision regarding their care. This meant that staff were not always aware of people's legal rights and did not always know who to contact when necessary.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us their nutrition and hydration needs were met. Staff we spoke to had a good understanding of people's food likes and dislikes. However, staff did not always record in detail in the daily care logs food and drinks people consumed. People's care plans did not always make reference to people's food preferences and likes and dislikes.

The service worked with health and care professionals especially when people were being discharged from hospital back to their homes. People and their relatives told us at their request staff contacted doctors and other health professionals. One staff member said she would contact the doctor's surgery to book an appointment when the people she supported requested her to do so. We saw records of correspondence with health and care professionals such as occupational therapist, hospital and doctors.

Good

Is the service caring?

Our findings

People and their relatives told us the service was caring. They said staff were friendly and helpful, and were happy with the service.

Most people we spoke with told us they were mainly supported by the same staff team. They found this helpful as staff understood their needs and had an established relationship. One person said, "[Name of the staff member] is my main carer but when she is not well [name of the staff member] comes. They are friendly and helpful." The management team told us they had allocated two staff members to each person so as to ensure continuity of care. Staff told us they visited same people and that enabled them to establish and maintain positive working relationships.

The registered manager told us at the time of the initial assessment they spoke to people and their relatives to gain a comprehensive understanding of people's background, wishes, likes and dislikes. The service briefed staff on people's ethnic origin, religion, cultural beliefs and preferred languages thereby enabling them to deliver person-centred care. The service also provided gender specific care and matched staff with people that were from similar cultural backgrounds and spoke same language. For example, one person told us the staff member spoke Somalian language which helped them communicate better with the staff member. Where the management team verbally informed staff on people's cultural beliefs and needs, they did not always include information on the religion, language, food and family in people's care plans.

People and their relatives told us staff listened to them and treated them with dignity and respect. Their comments included, "she treats me very well", "she is very good…yes, very much treats me with respect" and "they listen to me, take it all in."

Staff told us they were trained in providing person-centred care and dignity in care. They respected people's privacy and provided care that maintained their dignity. Staff spoke about people and their needs in a caring manner and gave examples on how they provided care in a dignified way, such as gave people choices, did not rush them, closed doors and covered people when assisting them with showering and personal care.

The management team told us they involved people and their relatives in planning their care and people and their relatives confirmed it. Staff understood the importance of confidentially and the care records and sensitive information was stored safely in the service's office.

Requires Improvement

Is the service responsive?

Our findings

The management team told us at the time of the initial referral they carried out an initial assessment where they spoke to the person and their relatives to understand their needs, abilities, wishes and preference. Although, they had a care plan template they did not always create a care plan but mostly relied on the local authority's assessment of needs. Instead of a care plan, the service created a 'care task plan' which informed staff on care visit time and the tasks they were required to carry out. However, these documents were not regularly reviewed and did not always give accurate information. For example, one person's 'care task plan' did not mention the person requiring assistance with personal care, however, the registered manager told us the person was supported with personal care. This meant staff were not always provided with accurate information on people's care needs.

We were only able to view one person's care plan as the service had not developed care plans for other people. The care plan that we looked at included information on the person's next of kin details and their date of birth, but there was no information on their communication needs, medical history, physical health, allergies, hygiene preference, nutrition and hydration. The 'care task plans' were task oriented, and the care plans were not always completed and lacked personalised information.

We spoke with the management team about this and they said all people's care plans will be drafted and copies will be kept at people's homes.

The service supported people in shopping and other activities when requested. One staff member told us they supported a lady to walk around the house and assisted them with exercises. One person told us the staff took them out shopping.

The service had an up to date complaints policy and procedures in place. They had not received any complaints in the last 12 months. People told us they never had to complain, but if they were not happy or concerned about something they would call the office. One person commented, "everything is fine, never had to complain." Another person said, "my carer [staff member] is very good, but if I have concerns, I suppose I will ask my daughters to contact the office, they have the office number." One relative said, "why not, I will call the office; they speak Somalian language so it is easy to communicate."

Requires Improvement

Is the service well-led?

Our findings

The service had a registered manager in post. People and their relatives told us they felt comfortable calling the office and found the registered manager approachable, and their messages and calls were always responded to appropriately. Everybody reported they were happy with the service. All staff told us they found the registered manager and the director approachable and supportive. They said if they were not sure of something or needed help they would call or visit the office and were guaranteed to get help. One staff member commented, "Yes, the management [team] is very supportive. If I am not happy about something I will speak to [name of the registered manager] or [name of the director], they respond quickly."

People's care records and staff personnel files were easily available, filed appropriately and securely stored. However, the service did not have robust data management systems. Not everyone had a care plan, care plans were not personalised, 'care task plans' did not always give accurate information on people's needs, MAR charts were not kept for all the people that were being supported with medicines administration, daily care logs had gaps and there were gaps in staff's recruitment documents.

The service lacked efficient systems and processes to assess, monitor and improve the quality and safety of the care delivery. The service had not carried out any audits of people's risk assessments, care plans and staff recruitment documents. For example, only one person had a care plan and this was incomplete, MAR charts for one person were not appropriately completed, staff's DBS were not updated and references not sought as per the provider's recruitment policy. During the inspection, the registered manager could not locate records of spot checks and we were able to look at only one spot check record. The record we looked at was not signed nor dated.

We concluded the above evidence was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at two completed people's feedback survey forms and they were positive. The registered manager told us the feedback surveys had only been sent out recently and were still receiving completed forms.

We saw records of correspondence with social workers, hospitals and doctors, confirming the service worked with them in delivering efficient care services and to improve quality of people's lives.

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 The provider had not made sure that care and treatment was provided with the consent of the people. Regulation 11(1)(2)(3)(4)

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered persons failed to ensure that care is provided in a safe way to service users, including through: • the proper and safe management of medicines Regulation 12(g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered persons failed to effectively operate systems to: assess, monitor and improve the quality and safety of the services provided; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others; accurately and completely maintain records in respect of each service user. Regulation 17(1)(2)(a)(c)(d)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures must be established and operated effectively that person employed meet the conditions. Regulation 19(2)(a)