

## Camden Chinese Community Centre

# Camden Chinese Community Centre

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

The overall feedback from people using the service and their relatives was positive. People and relatives were satisfied with the support received apart from the arrangements for the length and timing of visits.

Although positive feedback was received we found shortfalls in how the service was run. The issues identified during our previous inspection, related to risk assessment had not been addressed to the standard required by the Regulations. The issue related to time allowed for staff travel between calls had not been addressed. The standard of care planning at the service had improved, however, it required further work to ensure people received fully personalised care.

During this inspection we identified further shortfalls demonstrating the service was not meeting the standards required by the Regulations and current national guidelines.

We found that medicines had not been managed safely and in line with current national guidelines.

Staff received training in safeguarding people, however, the service had not had effective systems in place to protect people and staff from potential financial exploitation.

The service did not operate effective systems to ensure it met the requirements of the Regulations. Some limited systems were in place to help provide a safe service and these included management of accidents and incidents, infection control and staff recruitment. The service provision had not been regularly monitored to provide safe, effective and high standards of care.

Staff had received training in the number of areas to help them carry out their roles. However, the service's approach to training was not systemic in ensuring staff were fully trained and competent in all the areas of the service provision. Staff skills and competencies had not been checked and staff direct work with people had not been observed to ensure they provided safe, effective care that was in line with the current national guidelines.

Where people lacked capacity, people's files had limited information about which decisions people could make and how staff could support them in deciding about aspects of day to day care.

People were asked for feedback about the service via a recently completed annual customer satisfaction survey. The outcomes had been analysed and an action plan created to address highlighted issues. We saw that formal complaints made to the service had been promptly looked into and action was taken to resolve

There were sufficient staff deployed to support people. When possible, people were visited by the same staff which helped continuity of care and development of friendly relationships between people and the staff supporting them.

People were supported to eat a balanced diet that met their individual needs. Staff helped people to have access to respective health and social care professionals when people's health deteriorated and their needs had changes.

Staff were encouraged to participate in monthly team meetings where a variety of topics related to care delivery had been discussed. In general, staff felt supported by their colleagues and the management team at the service.

Staff supporting people were compassionate and caring. They were able to demonstrate a good level of understanding around the needs of people they supported. The management team and staff spoke kindly and with dignity about people. People felt their privacy and dignity was protected by staff during the provision of personal care.

The service has been rated as Requires Improvement. More information is in the full report.

Rating at last inspection: Requires Improvement (Report published on 16 January 2018)

About the service: The Camden Chinese Community Centre [Housebound Project] is a domiciliary care agency. It is an organisation that provides services for members of predominately but not only Chinese community. The organisation provided a range of socially inclusive services, such as, social welfare, recreational and leisure activities, outreach work for people living in Camden and surrounding boroughs. The organisation's housebound service provided personal care to people living in their own houses and flats in the community. The support was provided for older people, people who have mental health difficulties and people with a physical disability. At the time of our inspection the housebound service provided care to 16 people from the Chinese community. Care staff employed by the service spoke Cantonese and other southern Chinese dialects.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Enforcement: We found four breaches in Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued two warning notices about the Regulation 12 and 17.

We have made three recommendations related to calls scheduling, supporting people with limited capacity to make decision about this care and a person-centred care planning.

You can see what action we asked the provider to take at the end of this report.

Follow up: We asked the provider to submit to the Commission an action plan to show how they will make changes to ensure the rating of the service improves to at least Good. We will continue to monitor the service and we will revisit it in the future to check if improvement have been made.

## 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 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 not always responsive

Details are in our Responsive findings below

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Camden Chinese Community Centre

## **Detailed findings**

### Background to this inspection

**The 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.

**Inspection team:** This inspection was carried out by two adult social care inspectors, one inspection assistant and one Expert by Experience. An Expert by Experience [ExE] is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type** This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults.

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 the service 48 hours' notice of the inspection visit because it is a small service and we needed to be sure that staff we needed to speak with would be available.

Inspection site visit activity started on 21 November 2018 and ended on 22 November 2018. We visited the office location on both days to see the manager and to review care records and policies and procedures.

#### What we did:

Before the inspection we reviewed the action plan provided to the CQC following our inspection in November 2017. We also reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse, and we sought

feedback from the local authority.

Prior to our visit we carried out telephone interviews with people who used the service. We received feedback from six people using the service and three relatives.

During our visit, we spoke with the members of the management team including the registered manager and two other members of the management team of which one was also a care worker.

We looked at records including five people's care records, recruitment, training and supervision records for six staff members, and other documents relating to the management of the service.

Following the inspection, we contacted staff members and we received feedback from six of them. We also contacted external health and social care professionals and we received feedback from one of them.

# Is the service safe?

## Our findings

Safe – this means 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.

Assessing risk, safety monitoring and management

At the last inspection in November 2017 the provider had failed to ensure care was provided in a safe way for service users. This was because they did not do all that was reasonably practical to assess and mitigate risks to care and treatment of people who used the service. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider failed to meet the requirements of this regulation at this inspection.

- Following our inspection In November 2017, the provider had introduced an individual risk assessment for each person using the service. However, newly implemented risk assessments did not have sufficient information about risk to people and how staff should support people safely. For example, moving and handling risk assessments did not always specify what type of equipment was used and how staff should use it safely.
- Not all risks had been identified by the agency, therefore we could not say if support provided was always safe. For example, when supporting people included financial transactions, such as shopping, this had not been risk assessed to ensure people and staff were protected from financial exploitation.
- Some records we viewed were inconsistent in description of the level of risks for individual people using the service. One person's risk assessment stated that they were at low risk of falls. However, records for this individual indicated that the risk of falls was high due to the person's impaired vision and frail health affecting their ability to walk.
- The management team assured us that staff had sufficient information about identified risks as these had been frequently discussed with staff. However, because these were not recorded we could not say if all staff supporting people had a consistent approach to managing and reducing risk when caring for people.

The above is evidence of continuous breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Management of medicines

- Medicines were not always managed safely because staff were not provided with sufficient information on how to administer medicines to people. Staff who wrote Medicines Administration Records [MARs] used by staff to document each administration were not appropriately trained to ensure MARs were transcribed as required by the current guidelines. We were provided with example of MARs for three people. In two out of three MARs we found the dose, method of administration and time for administration were not recorded to reflect the directives given by the prescriber.
- MARs had not reflected actual medicines administration or were not completed at the time of

administration as required by the guidelines. A staff member told us they regularly administered one specific medicine, on a specific day to a person. However, corresponding MARs suggested that the medicine had been administered on different days and with a fluctuating frequency. In another example, completed MARs indicated a medicine that should only be given once a week was given three times a day for the whole month. If this was the case the person would suffer serious side effects and would need medical attention. We did not receive any information from the service or external health and social care professionals indicating that such incident happened. Such frequent administration was true for a different medicine on the same MARs. Therefore, we assessed that the administration for both medicines on these MARs had been incorrectly documented for the whole month and it had not been spotted until the inspection team highlighted it. Other issues included gaps in recording of administration, using dots and single letters rather than staff signatures to certify administration, incorrect use of codes explaining none administration and the lack of information about allergies.

- Staff were not provided with the necessary support and training to ensure they were competent to administer medicine safely. Appropriate medicines competencies had not been carried out by the management team. Staff medicine administration training had last been completed on 25 November 2015 and was due to expire on 25 November 2018 [three days after our inspection]. There had been no refresher training and staff had not been made aware of the current guidelines from The National Institute for Health and Care Excellence (NICE) specific to medicine administration in the community that had been in place since March 2017. There was no further medicine training scheduled at the time of our visit.
- Medicine administration records were stored in people's homes and should be reviewed during a managerial spot checks of staff direct work. However, as confirmed by the registered manager, spot checks had not been carried out since our previous inspection in November 2017. Therefore, we assessed that the provision of medicines at the agency had not been monitored and the management team could not assure medicines were administered safely.

The above is evidence of further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Supporting people to stay safe from harm and abuse from others

- All people we spoke with and their family members felt people were safe with staff who supported them. One person told us, "Yes I feel safe." A family member stated, "[My relative is] safe as they can speak and listen to each other, speaking the same language."
- Staff received training in safeguarding people and they knew how to recognise signs of abuse. They told us, "It's about how to protect elderly and vulnerable adults. Normally we spot bruises, I would report to the manager straight away and make a note in our record book" and "I never saw any abuse. I would know that someone was being abused if I saw bruises. We pay good attention to them."
- The service had a safeguarding policy in place which guided staff on protecting people from harm by others. However, we found that people using the service and staff supporting them were at risk of potential financial exploitation. This was because the service did not have effective systems in place on handling people's money when this support was required. At least five people using the service received help from staff that included withdrawing money from the bank or grocery shopping. We found that apart from one person, there were no appropriate financial agreements in place to specify how this support should be provided. There were no risk assessments and financial transactions and money exchange had not been appropriately recorded. There was no managerial monitoring taking place to ensure this support minimised any potential for financial exploitation. Staff we spoke with confirmed that the lack of clarity around money handling procedures, for example how the money for shopping would be provided. Staff told us, this caused them and people using the service uncertainty, anxiety and a level of frustration.

The above is evidence of continuous breach of Regulation 13 of the Health and Social Care Act 2008



#### Accidents and incidents accidents

The agency had a system in place to report any accidents and incidents. The registered manager informed us that there were no accidents and incidents since our last inspection in November 2017. Staff we spoke with knew the procedure around informing about the accidents and incidents. They said they would inform the manager about this as well as exchange information with colleagues and raise the alarm with appropriate services if required. The registered manager said any accidents or incidents would be discussed with care staff in a team meeting to prevent them from happening again. Prior to, and during, our inspection we did not see any evidence to suggest that accidents and incidents took place that had not been recorded.

#### Recruitment and Staffing levels

- The agency had not recruited new staff since our last inspection. We found appropriate criminal record checks had been completed when staff started to work at the service. Proof of identity and right to work checks were retained in staff files in order to ensure that suitable staff were employed. We noted that the current recruitment practices had shortfalls in the reference checking process. One staff member had letters of recommendations dated in 2010 and 2008 when they had only started to work at the service in 2013. This showed that references for this person were not obtained or verified by the agency to ensure they were genuine. We discussed this with the registered manager. They assured us that if new staff were recruited, appropriate guidelines would be followed when requesting references from potential employees.
- We found there were sufficient staffing deployed to support people. People told us and records confirmed, they were usually visited by the same staff. This helped development of friendly relationships between people and staff and promoted consistency of care. People and their relatives told us that although rushed, staff had usually visited them on time. When staff were late they still provided the full length of the agreed visit.
- During our previous inspection in November 2017, we identified that staff did not have enough travel time between calls because visits were scheduled back to back. At this visit we saw that this issue had not been addressed. We viewed staff rotas that showed that when people resided at the same premises calls were still scheduled back to back. We cross referenced a sample of the staff rotas with the records of actual visit times as recorded on the provider's staff log in system. We found some visits were outside the visit time on a few occasions by more than 20 minutes either side. This could have serious implications for people's health or wellbeing, especially if their care required time specific care, such as, time restricted diet and medicines. We asked for missed calls and late visit calls tracker and the registered manager told us these were rare and not logged. This meant the agency had not actively monitored this aspect of the service delivery to ensure visit times were adhered to.

We recommend that the provider seeks, from a reputable source, further training and guidelines of effective calls scheduling and appropriate monitoring system to ensure all visit times are adhered to.

#### Preventing and controlling infection

- Infection control principles were adhered to by means of regular staff training and ensuring personal protective equipment [PPE] was available for staff when required. We reviewed the infection control policy and found it contained all the required guidelines. Staff had also received food safety training to ensure they were aware of how to handle food appropriately.

# Is the service effective?

## Our findings

Effective – this means 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. Regulations may or may not have been met.

Staff skills, knowledge and experience

- The provider's approach to training was not systemic in ensuring staff were fully trained and competent in all the areas of the service provision. For example, training in the management of medicines for staff had not been refreshed since November 2015. Consequently, staff had not been managing people's medicines safely. Also, staff had not received training in the Mental Capacity Act 2005.
- Spot checks of staff direct work with people had not been carried out. Consequently, staff skills and competencies had not been reviewed to ensure staff were providing safe and effective care which was in line with current national good practice guidelines.
- The training plan for 2018, which we viewed, indicated that a range of 12 mandatory training topics had been planned. These included food safety, nutrition and hydration, moving and assisting, safeguarding and dementia awareness. The majority of staff confirmed they participated in the training and it was useful. However, two staff commented they did not feel confident in providing some aspects of care as they did not receive training or training was not sufficient.
- Staff had received ongoing support in the form of regular supervision and yearly appraisals. These mainly focussed on reflecting on care needs of the people using the service and not staff skills and training requirements. Staff confirmed they had face to face or phone supervision with their line manager and they said it was useful.
- There were no effective monitoring systems in place to ensure all training, supervisions, appraisals and spot checks had taken place as planned and what action had been taken if they did not.

The above is evidence of a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

We checked if the service worked within the principles of the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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".

- The majority of people using the service had the capacity to make decisions. People told us they were involved in decisions about their care and treatment. They also said that due to their frail health and the language barrier, they asked their relatives to liaise with the agency and other services about care provided

to them. Family members told us they were involved in planning and agreeing on care provided to their relatives. Records showed that above arrangements were not clearly reflected in people's care files. Consent forms were not always completed or signed to indicate people had consented to care and treatment, photographs and the contents of their care plan.

- Where people lacked capacity, there was not enough detail to indicate what decisions people could make and how staff could support them in deciding about aspects of day to day care.
- We saw that MCA training was also not included on the annual staff training. None of the five staff files contained evidence of MCA training with the exception of the two who had completed the care certificate. We were informed the agency were trying to obtain this training.

We recommend that the agency seeks further training and guidelines on seeking consent when providing care and supporting people whose mental capacity may fluctuate.

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

- Since our last inspection, no new people received support from the agency. However, the registered manager was able to explain in detail an assessment procedure that would be used if a new care package would be accepted. This meant there was a system in place for assessing people's care needs and preferences before they received support from the agency.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to eat a balanced diet that met their individual needs. One person told us, "They [staff] support me in helping with shopping, preparing food and cooking. Yes, they do ask what I like to eat." A relative said, "I buy the fish, meat and veg and the carers will cook them for her. [My relative] is able to tell them what she likes to eat."
- People's care plans described their nutritional needs, the type of food people liked and the size of meals depending on the time of the day. One care plan for a person with a chronic condition did not specify the details of the dietary requirements. However, after discussion with the care staff that usually worked with the person, we were reassured staff knew how to support them. The registered manager agreed to update the care plan with required information.
- We noted that the current care plans were newly introduced, they have not yet been made available for staff and people to view. However, based on positive feedback from people and care usually being provided by the same staff we were assured staff knew how to meet people nutritional needs effectively.
- Staff we spoke with were proactive in ensuring people had an appropriate and sufficient diet. One staff member told us, "When the person is sleepy, he only wants very little [food] and I have 45 minutes to feed him. I separate the food into small sections and keep it warm. In the end, he eats it all, just in small bits." Another staff member told us "If we know that they [people using the service] are losing or gaining weight, we will report to the manager to take action."

Support to live healthier lives and have access to healthcare services

- Staff supported people when they felt unwell and required access to external health services. One person told us, "Carer helps me to apply creams and ointments to painful areas. They may suggest that I see a GP or request GP to visit." Relatives told us, "Yes, [staff] call the GP if necessary" and "Normally [staff] will inform us first."
- Correspondence in people's care files confirmed people were supported to access healthcare services. One staff member gave us an example where they were supporting a person to attend a meeting relating to treatment for their chronic condition. An external professional told us, "Yes, staff do liaise with me when they have any concern with the clients, for example health or mobility issues, Occupational therapy assessment or referral to social services."

## Is the service caring?

### Our findings

Caring – this means 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

- People and their relatives told us staff who visited them were kind and caring. Some people's comments included, "[Staff are] quite nice", "Yes [staff are] very caring" and "They are helpful and caring." Relatives told us, "[Staff are] caring, friendly" and "I think [staff] are helpful and friendly."
- The registered manager spoke about people with dignity and respect and told us in the Chinese culture they always looked after their elderly. Other members of the management team also told us how they had supported people to ensure their individual needs and wishes were met. For example, we were told how the service had helped people to have a funeral plan and how they attended a recent funeral as they were the only people the deceased had known in their last years of life. In another example, we were told that when required, the service provided people with Chinese, freshly cooked meals to ensure people had a warm meal a day.
- Staff spoke kindly about people they supported and they told us meeting people's needs was important to them. One staff member told us, "We will always try to help with whatever the client asks for, but if they are too ill, we discuss it with our manager." Another staff member said, "Whatever people's decision about their care is, their decision has to be respected and followed."

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

- People and their relatives were encouraged to express their views and be involved in making decisions about their care. We saw that the centre had carried out a satisfaction survey dated October 2018 and 22 people responded.
- People's care plans included information about how people could and preferred to communicate. We noted that communication care plans could be further developed to provide staff with more information on how to communicate with people effectively. For example, one care plan stated a person had a hearing impediment, limited speech and anxiety towards strangers. However, it did not explain how staff could communicate with this person so they understood and reduced their anxiety. We discussed this with members of the management team and they were receptive to our feedback. They assured us action would be taken to include these details in the care plan.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected by staff who supported them. They said, "Yes I am an elder, they have to respect me", "Yes, they respect me" and "Specifically, I feel the current regular care worker respects and maintain my privacy." Relatives also thought staff were respectful when supporting people."
- People were informed by the registered manager if new staff were scheduled to support them. This indicated that people's privacy and safety of their own home were respected by the provider. All people and

their relatives told us that a member of the management team would contact them on the phone or in person to introduce a new member of care staff. Some of people's comments included, "If there is a new care worker, just working with me once or twice, the office will phone me first" and "They come and tell me about it." Family members told us, "Yes, care staff are first introduced, otherwise my [relative] won't accept staff as she doesn't know her" and "Yeah, the manager comes with the carer here."

- People's care plans included information about their preferences around privacy, dignity and independence and how these were respected and promoted. In people's care plans we read, "I like to stay in the bath for at least 20 minutes and would like my carer to leave the bathroom door open, so when I am ready I can give her a shout." However, a copy of this care plan was not yet in the person's own home.

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs

People's needs were not always met. Regulations may or may not have been met.

Personalised care and how people's needs are met

- At the last inspection in November 2017, we found a breach in Regulation 9. This was because the provider did not carry out, collaboratively with the relevant person, an assessment and review of their needs and preferences for care and treatment to ensure their individual needs were met. At this inspection we saw noticeable efforts to develop person-centred care planning. However, the process had not been prompt and still needed to improve to ensure staff had detailed information on how people would like to receive their support.
- We found up to three versions of care plans in people's files. The registered manager explained that since care plans had been introduced in April 2017, they had evolved to include feedback received from the reviewing local authority to better reflect people's needs. The latest version was in some respects more person-centred. It included information about people's life and medical history, hobbies, religious, and care cultural needs and preferences. We saw examples of good description of a person's needs. It said, "I cannot cope with multi-tasking. Carers shouldn't rush me." We noted that some care plans could be more specific with guidelines for staff on how exactly people wanted to be supported. For example, a care plan said, "assist with meal preparation" without going into further details of cooking facilities or menu options.
- This version had been formulated shortly before our visit, therefore it was not yet discussed with people and available in their homes for staff to see. The registered manager said staff had been briefed about the new care plans. We were assured by the management team that these care plans would be discussed with people and be made available in their home within one week of this inspection. The manager also assured us that care plans would be translated into Chinese so people who could not speak English could understand them.
- We reviewed how care provided to people had been recorded. We saw that there was an easy to use daily care tick box format which allowed staff to reflect elements of care provided. However, we saw this was not always used efficiently as not all scheduled care had been recorded. Therefore, we could not always say if the expected support was provided. Any significant observations made during each visit and additional action to support people were rarely documented on the daily record sheets. From people's and staff comments we knew that care staff were responsive to people's needs and they took action when they noticed people's needs had changed or they needed additional support. However, because it was not documented there was no evidence to show what person-centred support was provided to people during the care visits.

We recommend that the service seeks further training and support of how to develop and maintain effective, person-centred care planning and how to efficiently document care provided to people.

- People using the service and their family members thought staff knew people's needs well and they provided good support. They felt reassured that they were usually supported by the same staff who shared

the same cultural background and the language spoken. Some of their comments included, "Yeah, carers speak the same language, Chinese carers, so they understand and respect the Chinese culture" and "[I am] Fortunate to have staff from same/similar cultural background and there's mutual respect and already a knowledge of needs."

#### Improving care quality in response to complaints or concerns

- The service had a complaints policy. People and their relatives were happy with the service received and they said they had no complaints about the support received. They knew the service's complaints procedure and they felt comfortable with contacting the management team if they were not satisfied with any aspects of the care provided.
- We looked at the four complaints that had been logged since our last inspection. We saw that action was taken to look into the concerns that were raised. The complaints were responded to and a follow up calls were made to check with the complainant in order to ensure the complaint was resolved.

#### End of life care and support

- The registered manager told us there were currently no people receiving end of life care at the time of our visit. We noted staff had received End of Life Care awareness training. This was to help them to support people if they wished to make plans and decisions on what they would like to happen in case they passed away.

# Is the service well-led?

## Our findings

Well-Led – this means 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. Some regulations may or may not have been met.

### Leadership and management

- People using the service and relatives told us they knew the registered manager and they thought the service was well managed. Apart from some issues around the timing and the length of visits they were generally satisfied with the support received. One person told us, "Good, everyone is good." A relative stated, "I am quite happy with the service, just the [visit] time is too short."
- Although generally positive feedback we found shortfalls in how the service was run. At our previous inspection in November 2017, we found that the service provided support based on trust between staff and the management team. We found that the service had not fully operated as required by the Regulations and it required modernisation to adhere to most current standards of good practice. At this inspection we saw that this was still the case and the service was still not being operating as required by the Regulations.
- At this inspection we found that there were still shortfalls in having appropriate risk assessments and in medicines management. And that further improvements were needed to ensure the service provided fully individualised support.
- During our previous inspection we highlighted issues around effective call scheduling, as staff did not have enough time to travel and often calls had not taken place as planned. At this inspection found this issue had not been addressed.

### Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- We found that the management team had not been aware of all regulatory requirements as set out by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Quality Commission (Registration) Regulations 2009. For example, the current rating was displayed within the premises but was not on the service's website as required by the law. We noted this was addressed during our visit. In another example, the management team was not familiar with the Duty of Candour requiring the provider to always act in an open and transparent way with relevant persons in relation to care and treatment provided by the service. However, we did not see evidence that the provider had needed to take any action in this regard.
- We found several shortfalls around arrangements to monitor the quality of care delivered. There were no effective quality monitoring systems in place, for example, care plan and medicines audits to show that these had been assessed and reviewed to ensure required standard of care. There was no effective system for collecting care records from people's homes such as daily care records and MARs or auditing these. Consequently, the management team could not assure us that staff provided care as planned and that it was documented as required by the law and national guidelines. There were no supervision and training matrix tools to show that these took place as planned.
- There were no systems in place to monitor care provided by staff in people's homes. Checks such as spot



checks of staff direct work with people had not been completed since 2017. Consequently, staff competencies had not been observed and assessed to ensure they were working according to policies and guidelines.

- There was no effective monitoring system used to monitor late and missed calls. Therefore, we could not say if all care visits took place as agreed.
- Staff were not always provided with clear specification of their roles and responsibilities. For example, two members of the management team described themselves as support to the registered manager and the nominated individual. However, we found their individual roles were not clearly defined, therefore, the level of accountability for carrying out tasks was also not clear.
- The service had a set of policies which they had recently updated using an outside source. We noted these had not been fully adapted to the service and had not been followed. For example, the supervision policy did not state frequency of supervision expected by the service. The new policies had template forms for medicine audits, appraisal and supervision matrix, these were not in place on the days of our visits. The services medicines policy referred to another policy on how to record medicines administration, however, this was not available on the days of our inspection. There were some guidelines and processes related to handling people's money, however, they were not followed.
- Some records of people's care were not contemporaneous and did not reflect accurately the care provided to people. A number of people's care plans, although created shortly before our visit, had been backdated to March/February 2018 which was not a correct representation on when they had been created and what support was provided to people at that time. We discussed this with the registered manager who assured us this would be amended. In another example, the systems in place for recording of communication between people and the service and the service and external professionals had not been used and the communication was not recorded. Therefore, it was not available for future reference and for the audit purpose.

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

Engaging and involving people using the service, the public and staff

- We saw some evidence of community involvement as the service was also a community centre and provided a daily lunch club to people. We saw there was a folder with lots of compliments from local social workers and sheltered accommodation managers to thank the service for support provided to their clients.
- People had been asked for their views in a recent survey completed in October 2018 by 22 people using the service. The outcomes showed that the majority of people using the service were satisfied with the service provided. There was an action plan formulated following the survey. However, we noted the plan had no date or named responsible person for the four points raised.
- We saw staff had been invited to attend monthly meetings and records showed at least 14 staff attended each time. We saw that topics discussed included, staff conduct, winter cold weather protection, skin care and protection, safeguarding, data protection and need for staff to attend their annual appraisal and or supervision meeting.
- The majority of staff spoke positively about the management and the leadership of the service. They told us, "We have a close relationship with our manager and I am happy with our working conditions" and "We work as a team and we get on well, if someone raises the alarm another colleague will inform me of the case and I will help my colleague." However, one staff member stated, "They [management] should get in touch with us more often and listen to us. I would like them to be swifter and spend more time with us when we ask for support."
- One external health professional spoke positively about their partnership with the service. They stated, "I am pleased with their flexibility supporting the elderly and tried to meet their culture and individual needs."

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered person did not ensure that systems and processes had been established and operated effectively to prevent abuse of service users.</p> <p>Regulation 13 (1) (2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered person had not ensured that staff received appropriate support, sufficient training, supervision and appraisal of their skills to enable them to carry out the duties they are employed to perform.</p> <p>Regulation 18 (2)(a)</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure care was provided in a safe way for service users because, they did not do all that was reasonably practical to assess and mitigate risks to care and treatment of people who used the service.</p> <p>Regulation 12 (2) (a) (b)</p> <p>They did not ensure the proper and safe management of medicines.</p> <p>Regulation 12 (2) (g)</p>

### The enforcement action we took:

We have issued a warning notice to the provider requiring them to be compliant with this regulation by 17 February 2019.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not operate effective systems to:</p> <p>Assess, monitor and improve the quality of the service.</p> <p>Regulation 17(2)(a)</p> <p>Assess, monitor and mitigate the risks relating to health, safety and welfare of service users.</p> <p>Regulation 17(2)(b)</p> <p>Maintain an accurate, complete and contemporaneous record in respect of each</p>

service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;

Regulation 17(2)(c)

**The enforcement action we took:**

We have issued a warning notice to the provider requiring them to be compliant with this regulation by 17 February 2019.