Tooting Neighbourhood Centre

NTA - Tooting Neighbourhood Centre Home Care

Quality Report

28 Glenburnie Road
New Testament Assembly
Tooting
London
SW17 7PY
Tel: 020 8767 1619

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

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Overall summary

NTA - Tooting Neighbourhood Centre Home Care is a domiciliary care provider that offers a service to a range of individuals. In the main it provides a service to adults and older people, some with a diagnosis of dementia. During the time of this inspection it was providing care for approximately twenty people.

Care plans were individual to people using the service and recorded their support needs. Risks to people and also staff working in people's homes were identified and recorded. Although care plans were not always reviewed on time, people using the service felt involved in their care and were happy with the support they received.

Many of the care workers had been employed by the provider for a number of years which meant that people received a consistent service which was important to them. People told us the care workers treated them well.

The Deprivation of Liberty Safeguards (DoLS) apply only in hospitals and care homes, for domiciliary care providers, the deprivation of liberty safeguards do not apply.

People felt able to raise their concerns with the provider, either through the care workers or directly with managers.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People using the service and their relatives told us they had no concerns about safety and they were confident about the care provided by staff. Training records confirmed staff had attending training in safeguarding vulnerable adults. Staff were knowledgeable about the steps they would take if they had concerns for people's well-being.

People were assured of safe practice through the recruitment procedure which included appropriate identify checks, appropriate references and criminal record checks.

Appropriate risk assessments that were reviewed on a regular basis were completed for people. We saw instances where risks had been identified, appropriate action had been recorded.

Are services effective?

The provider carried out an assessment of the support needs of people using the service from which care plans were developed. Care plans recorded people's agreement and consent to their care.

Staff told us they felt very well supported by the managers of the service and praised the training that they received. Training records showed that all care workers had completed mandatory training. We saw that plans had been put in place to deliver more service specific training in areas such as challenging behaviour, stroke awareness, falls prevention and learning disabilities.

Are services caring?

People who used the service and their relatives with were positive about the care they received. Care workers were familiar with people's likes and dislikes and had a good understanding of what privacy and dignity meant in the context of providing personal care.

People's care plans included detailed information about how they liked to be supported with certain tasks. The care plans were individual to the needs of each person.

People were issued with a service user's guide which gave them details of who to contact in the organisation if they had concerns.

Are services responsive to people's needs?

We saw the complaints procedure and file. A copy of the complaints procedure was included in the service user guide. We saw that where complaints had been received, the provider had responded and investigated these appropriately.

Summary of findings

People we spoke with said they would feel confident in raising issues with the manager if they needed to.	
Are services well-led? Managers carried out regular monitoring reports to assess the quality of service that people received. Staff meetings were held regularly. Staff that we spoke with told us there was some anxiety amongst the care workers with regards to the structure of the organisation at management level.	

Summary of findings

What people who use the service and those that matter to them say

We spoke with ten people using the service and three relatives. All were positive about the care they received. They told us the service was “caring”, “compassionate”, “offered dignified care” and “I can’t ask for more.” Some of the comments about the care workers were “she looked after me, she is very good”, and “the carers are always chatting and asking about things in a genuine caring way.”

People using the service told us that they always felt safe when they were visited by the care workers. Relatives we spoke with told us that they sometimes observed care workers while they were carrying out their work and said they had no concerns. One relative told us “yes she is safe, they report and record everything. I personally monitor to see to it that she is well looked after.” They also told us “staff are well trained to make sure my mum is safe.” People using the service and their relatives told us that the continuity of care workers contributed to them felling safe.

People we spoke with said they would feel confident in raising issues with the manager if they needed to. One person told us “I have no complaints.” Other comments included “I do get visits from their senior and they sometimes send a letter and I get a phone call to see how I am getting on.”

With regards to timekeeping and consistency, people told us “she is never late”, “they are very nice, always on time”, and “always on time and I have had the same carer for more than two years.”

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

Before the inspection, we reviewed all the information we held about the provider. At the last inspection in December 2013, there were no concerns identified.

The inspection team consisted of an inspector and an Expert by Experience (Ex by Ex) of services providing domiciliary care. The Lead Inspector visited the office of the provider on 24 April 2014. On the day of the inspection we spoke with the registered manager, the acting manager, three care workers and an office administrator. Following the visit, the Ex by Ex spoke with ten people using the service and three relatives on the telephone to gather their opinion of the service.

During the inspection, we looked at several records including seven care records, five staff records, training and supervision records, and various policies and procedures.

Are services safe?

Our findings

People using the service told us that they always felt safe when they were visited by the care workers. Relatives we spoke with told us that they sometimes observed care workers while they were carrying out their work and said they had no concerns. One relative told us they were confident about the care provided by the care workers. They told us "yes she is safe, they report and record everything. I personally monitor to see to it that she is well looked after." They also told us "staff are well trained.to make sure my mum is safe." People using the service and their relatives told us that the continuity of care workers contributed to them feeling safe.

Staff were clear about the steps they would take if they had any concerns for people's well-being. One care worker told us "you need to report it if you have suspicions." Another staff told us "I would speak to the managers if I had concerns." Staff that we spoke with told us they had attended safeguarding training. Training records that we saw confirmed this; we saw that staff had attending training in safeguarding adults a few days before the inspection.

We reviewed the provider's safeguarding policy. The policy had been reviewed in November 2012 but there was no staff name to indicate who had reviewed it. There was a separate copy of the London Borough of Wandsworth Inter-Agency Guidelines for the Safeguarding of Vulnerable Adults kept as part of this policy. This guidance was old and made reference to The Commission for Social Care Inspection (CSCI) which was the previous inspectorate for social care in England. This meant that although people were safe because staff knew what to do when safeguarding concerns are raised, they did not follow up to date policies and procedures. We made the provider aware of this during our inspection and they agreed to rectify it as soon as possible.

There were procedures in place to recruit staff. Applicants attended a face to face interview and completed an application form. We looked at five staff files and saw evidence that care workers had to provide two written references, proof of identity and proof of address. People also completed Disclosure Barring Service [DBS, formerly known as Criminal Records Bureau (CRB)] checks.

We looked at seven care records and saw that risks to people were managed appropriately. Risk assessments were carried out when the provider received a 'package of care'. Risk assessments were reviewed on a regular basis, some at six months and others within a year. Where there had been no change to the identified risk to people, this was recorded by staff. Risk assessments covered different areas such as environment, electrical appliances, water, fire safety, and they also contained a separate moving and handling risk assessment. We saw instances where risks had been identified, appropriate action had been recorded. For example, we saw that the provider had identified that no smoke alarms were present in the home of a person; they had notified the family of this and in the risk assessments reviews had followed up on this.

Are services effective?

(for example, treatment is effective)

Our findings

The provider received a needs assessment from social services which gave information about the care and support needs of people and the number of hours allocated to them. The provider would then decide if they could meet these needs. The manager said "we always carry out our own needs assessment to see if it matches that from social services." Care plans were developed using the information captured on the needs assessments.

Care records contained two needs assessment, one completed by a social worker and one by the provider needs assessment. The care plans reflected the information captured on the needs assessments. The service adapted the care plan according to the local authority assessment but the manager told us they were restricted to a certain extent by the number of hours allocated by social services. Although, they did not have the authority to provide more hours than that specified, they did try and be flexible and work within these constraints and involved the people using the service in the development of their care plans. People were able express their views about their health outcomes and these were taken into account in the assessment of their needs. The care plans that we saw recorded people's agreement and consent to their content.

The care plans recorded the support needs of people using the service. A more detailed section gave guidance to care workers on how to complete tasks based on the individual preference of the person the care plan was written for. Care plans recorded the objectives and also the desired outcome for people using the service. Staff told us that although they were familiar with the care and support needs of people using the service, the care plans "are good, we refer to them. They contain enough detail." The manager told us that care plans were reviewed every six months. We saw that this was not always the case in practice. Some care plans that we saw had not been reviewed in over a year. The manager told us that in many cases people's needs had not changed in this time and therefore the care plans had not been reviewed.

We saw that referrals were made to appropriate agencies when people's needs changed. Some care workers and people using the service told us that the amount of time allocated to tasks was not realistic. One care worker told us "the time to complete tasks can be short sometimes." One relative told us "she needs more time to wash, get dressed, everything needs some extra time and care." The manager told us if care workers felt the time allocated to people was insufficient or of people's needs changed, they would contact social services to carry out another needs assessment before they were able to change the time they spent supporting people. We saw evidence of this in the records that we saw during the inspection. We also saw evidence where care workers contacted people's G.P when they had concerns about their well-being.

Some of the people who used the service required the use of a hoist and two care workers. Care workers told us they had received training in the use of hoists to enable them to support people more effectively. One care worker told us that a person they cared for required a hoist "there are always two of us allocated to provide care for her". They also said "one person has a special bed; we had training on how to operate it properly". This meant that people had the support and equipment they needed to enable them to be as independent as possible.

Staff told us they felt very well supported by the managers of the service and praised the training that they received. Some of the comments from care workers included "they (managers) are supportive", "you can call them anytime", "they are encouraging", and "we get a lot of training." The manager told us they were in the process of reviewing their induction programme for new care workers but currently care workers completed a three day induction, following which they shadowed an experienced care worker for three days. Permanent staff had one to one supervision meetings with the managers every three months and a yearly appraisal. We saw records that confirmed these were taking place regularly.

We asked the provider for a breakdown of the training arrangements they had in place. The training matrix that we saw for staff showed that all training was broken down into mandatory, service specific and person specific training. The manager told us that this ensured people's support needs were being met by staff that had appropriate skills. Records showed that all care workers had completed mandatory training within the past year. This included safeguarding, health and safety, food hygiene, first aid, infection control, medication and moving and handling. The manager said the focus for the future

Are services effective?

(for example, treatment is effective)

was to provide more service specific training in areas such as challenging behaviour, stroke awareness, falls prevention and learning disabilities. We saw that plans had been put in place to book this training.

Are services caring?

Our findings

People who used the service and their relatives that we spoke with were positive about the care they received from the provider. They told us the service was “caring”, “compassionate”, “offered dignified care” and “I can’t ask for more.” Some of the comments about the care workers were “she looks after me, she is very good”, and “the carers are always chatting and asking about things in a genuine caring way.”

Care workers were able to tell us about the people they cared for and were familiar with their likes and dislikes. This was evident from the care plans that we saw for the people they spoke about. They told us they got to know people through reading their care plans, speaking with family and through “caring for people every day, you get to know them really well.” One care worker told us “one day I will need care so I treat people like I would like to be treated.” Another said “I am familiar with their needs, I know when they have good and bad days.”

Care workers had a good understanding of what privacy and maintaining people’s dignity meant in the context of providing personal care. Care workers described how they went about their daily tasks and gave us examples of how they maintained people’s dignity and respected their wishes. One care worker said “we offer them choices, give them privacy when they need to use the bathroom.” Another care worker told us “I don’t talk down to people and call them by their preferred name.”

People’s care plans included detailed information about how they liked to be supported with certain tasks. The care plans were individual to their needs. People we spoke with felt that they received person centred care and empathy from the carers and were given opportunities to make everyday choices such as what they would like to wear and what they preferred to eat. Care workers completed daily care notes which documented how people were feeling, what tasks were carried out and any concerns. These were bought back to the office periodically so that managers could refer to them if needed.

People told us they felt they could speak to the care workers and the managers were available if they wanted to make their views known about their care, treatment and support. Each person was issued with a service user’s guide which gave them details of who to contact in the organisation if they had concerns. All the people that we spoke with were familiar with the names of their care workers and the managers and told us they were visited by them. One person said “I do get visits from their senior and they sometimes send a letter and I get a phone call to see how I am getting on.”

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

The service user guide that people were issued with set out the level of service they would expect to receive. It also gave information about the complaints procedure and other information related to the care workers.

People's views were sought when a needs assessment was carried out by a manager of the service. People that we spoke with told us that they had their needs addressed by the provider. They said the care workers referred to the care plans when delivering care. Although people did not comment on how often their care plans were reviewed, they were happy that their needs were being met appropriately.

We saw the complaints procedure and file. A copy of the complaints procedure was included in the service user guide. The provider encouraged people to put complaints in writing and to initiate a formal complaint if they wished. The procedure included timescales of when people's complaints would be acknowledged and the steps that the provider was taking to investigate the complaint. Timescales were also provided of when people could expect to hear a formal response by and what action would be taken in response to the complaint. We asked the provider for a list of formal complaints that had been received in the past year. There had been one recorded complaint in the past year. We saw that the provider had responded and investigated this complaint appropriately and a resolution found which was to the satisfaction of the complainant. People we spoke with said they would feel confident in raising issues with the manager if they needed to. One person told us "I have no complaints." People felt confident to express any concerns and investigations, when required, were thorough.

Are services well-led?

Our findings

The provider was undergoing some changes at management level at the time of our inspection. A long serving employee had recently been formally registered with CQC as the registered manager in post. All other conditions of registration were being met at the time of our inspection. Staff that we spoke with told us there was still some uncertainty surrounding the organisational structure in place. Care workers told us they felt anxious about this aspect of the service. They said that better and more open communication from senior staff would help to alleviate this anxiety and would be welcomed by them. Some comments from care worker included "better communication would be good", "I'm not clear about who I need to report to" and "there have been a lot of changes recently." We raised these concerns with the registered manager who acknowledged that there was still some uncertainty amongst the care workers. The manager told us that some organisational changes still needed to be finalised. The provider needs to consider ways of promoting a more open and inclusive culture to ensure staff are not affected by uncertainty regarding the organisation structure at management level.

We saw that while there was a grievance and internal complaint policy, there was no formal whistleblowing policy. Staff said they would not hesitate to raise concerns about the service and felt that the managers were "approachable" and "fair." Monthly meetings were held with the senior staff team and meetings which included all the care workers were held every four months. Staff told us these meetings were used as an opportunity to learn from mistakes.

The provider kept a record of incidents and accidents and formal complaints. We saw evidence that the provider used these as an opportunity to learn and to reduce the instances of similar concerns occurring in the future. For example, in one instance there were concerns raised that a person had been overcharged. We saw that the provider had carried out a thorough investigation and identified the cause of this. Controls had been put into place to ensure an overcharge would not be generated in the future.

The provider had a philosophy which was based on Integrity, Quality and Care. The aims of the service incorporated the values of choice, continuity, respect and individuality. Care workers and people that used the service were made aware of these values through the care workers and service user's guide respectively. Through conversations we had with staff, we saw that they adhered to many of these values when supporting people.

We found that there were sufficient numbers of staff with the right skills and experience to meet people's needs. There were sixteen care workers employed at the time of our inspection, providing support for twenty people. This meant there was sufficient cover in case of staff absence due to sickness or annual leave. Staff that we spoke with felt staffing levels were sufficient. The manager told us they had recently recruited a bank care worker to provide further flexibility when allocating work. People who used the service told us "she is never late", "always on time and I have had the same carer for more than two years."

A number of quality assurance checks, known as 'monitoring reports' were carried out to assess the quality of service that people received. These were random, unannounced spot checks. The manager told us "we observe care, not only the practical aspect but the attitude of the care workers. It's also an opportunity for people to speak to one of the managers." Monitoring reports were carried out on a regular basis and were formally recorded. Staff confirmed that these took place. One care worker told us "it's good because it shows managers care." Surveys were also sent to people using the service; these results of these were not available at the time of our inspection.

We saw that the registered manager had identified areas of improvement such as specialised training and the need for clarifying the management structure to the care workers. There was a business plan in place with identified targets. This showed that the provider had a long term plan in place for the service.