

Thumhara Centre

The Robert Atkinson Centre

Inspection report

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Date of inspection visit:
04 April 2023
12 April 2023

Date of publication:
23 May 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Robert Atkinson Centre is a domiciliary care agency providing support for people in their own homes. The service was supporting 5 people at the time of the inspection.

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

The provider did not ensure staff were recruited safely. Appropriate checks were not completed prior to staff supporting people. This placed people at risk of harm.

The provider did not have effective systems to monitor the safety and quality of the service.

People were happy with the care and support provided. The registered manager ensured people had a regular team of staff. Staff were introduced to people prior to providing support. People told us they looked forward to staff visiting. People and families were involved in assessments.

The provider had systems in place to investigate safeguarding concerns. Staff had completed safeguarding training. Individual and environmental risks were identified and mitigated against. Systems were in place to ensure people would continue to receive support in the event of an emergency.

The registered manager conducted regular visits to gather feedback. The service liaised with healthcare professionals and their information was included in care plans.

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

Rating at last inspection and update

The last rating for this service was good (published 5 January 2019).

Why we inspected

We received concerns in relation to the recruitment and management of staff. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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

Due to the shortfalls found during the inspection the provider was requested to produce an action plan detailing what action and by when that they would address the issues identified.

Enforcement and Recommendations

We have identified breaches in relation to safe recruitment and monitoring the safety and quality of the service.

Follow up

We have already requested an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

The Robert Atkinson 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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by 1 inspector and an interpreter. We asked an interpreter to make calls to people and staff as their first language was Urdu.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 3 April 2023 and ended on 14 April 2023. We visited the office on 4 and 12 April 2023 and an interpreter conducted calls to people and staff on 6 and 11 April 2023.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We looked at records relating to the management of the service. We looked at 3 people's care and support files. We spoke with the registered manager and 2 admin support staff during our office visits. An interpreter spoke with 3 people who used the service and attempted to contact 6 staff and was successful in speaking with 2 staff members.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- The provider did not ensure staff were recruited safely. The service did not always carry out recruitment checks, and Disclosure and Barring Service checks (DBS) were not always conducted. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager did not have effective systems to monitor recruitment files were accurate and complete. They told us they had delegated the task to office staff and recalled how difficult it was to recruit staff to support with the management of the service.

The registered manager took immediate action to address the matter.

The provider did not have effective systems in place to ensure staff were recruited safely. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported by a consistent staff team. New staff were introduced to people prior to supporting them. The registered manager ensured staff had the appropriate language and cultural links with the person they supported.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems in place to record and investigate safeguarding concerns. Staff had completed safeguarding training.
- Accidents and incidents were recorded and investigated.

Assessing risk, safety monitoring and management

- Environmental and individual risks were identified with risk assessments put in place. Information supported staff to reduce the risk.
- Contingency plans were in place to ensure people received continued care in the event of an emergency.

Preventing and controlling infection

- Staff had completed infection control training. Staff had access to personal protective equipment to help prevent the spread of infections.
- People told us staff wore the necessary PPE when providing care. The registered manager conducted spot checks to ensure staff remained at the appropriate standard.

Using medicines safely

- The service was not currently supporting people with their medicines.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance processes were not in place or were ineffective. The issues we identified had not been recognised and addressed. The registered manager told us they had focused on the delivery of care. They acknowledged that the management of the service had 'broken.' They told us they had difficulty in recruiting experienced office staff as applicants needed to be trilingual.
- Policies had not been followed. The registered manager had policies in place to support in the management of the service. However, the registered manager told us these were not utilised.
- The registered manager was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. This meant the lack of oversight was at both registered manager and provider level. Following the inspection, the registered manager obtained the support of an external organisation to assist in establishing an effective management structure and quality assurance processes.

The provider did not have effective systems in place to monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider has created an action plan detailing how they will address the shortfalls identified and are currently working to complete this.

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

- The provider understood their legal requirement to notify the CQC of certain accidents, incidents and events.
- The registered manager was proactive within the local BAME community and had recently been recognised for their work.
- People spoke positively about the service. One person said, "They are very respectful." Another person told us, "If I am not feeling too well, they stay a bit longer."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager obtained feedback directly from people and their relatives. People told us the

registered manager regularly visited them to ask if they were happy with the service.

- Staff had opportunities to express their opinions during supervisions.

Working in partnership with others

- The provider worked with external healthcare professionals, information was included in care plans to support staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their duty of candour responsibilities. The provider and management team acknowledged when things went wrong and gave a full explanation.
- The registered manager fully engaged with the inspection process and took immediate action where required.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems in place to monitor and improve the quality and safety of the service.</p> <p>Regulation 17</p>

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not have effective systems in place to ensure staff were recruited safely.</p> <p>Regulation 19</p>