Thamescare Limited

Harold 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 service is registered to provide personal care to people in their own homes. At the time of the inspection there were three people receiving care from the service.
This inspection took place on 12 April 2018 and was announced. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection. The inspection team consisted of one inspector.

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

At our last inspection in August 2017 we found breaches of legal requirements and the service was issued two warning notices and placed in special measures. The service did not have robust information about people who used the service and their medical backgrounds and needs. Risks assessments were not robust and were unclear as to how the risks identified were mitigated. Information about how people's medications were managed were not recorded in a person centred way. In addition, care plans were not personalised and did not contain information about people's histories or personal preferences. Care plans had inconsistent identifying information within them about people's names. The service was not monitoring training needs for care staff and staff supervision was not taking place. The registered manager did not maintain an accurate, complete or contemporaneous record in respect of each service user within care plans, within their quality audits or their support of care workers. Recruitment was not always safe as the provider did not always obtain references for new employees.

At this inspection, we found that some improvements had been made and the service is no longer in special measures, however we still found that not all regulations were met. We found the provider was in breach of three regulations of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. You can see what actions we have asked the provider to take at the end of the full version of this report.

The service was not always safe. Risk assessments were still not robust and did not contain information for support workers to follow to manage risks.

Management continued to lack insight and understanding on how to develop thorough risk assessments and what it meant to manage risk and prevent harm.

Care plans lacked detail about people's preferences and how to support people in a personalised way.

People and their relatives told us they felt safe and support workers knew what to do in an emergency situation.

People had regular and consistent support workers that were punctual.

Recruitment practices were safe and references and checks were obtained by the provider.

All staff had received mandatory training and refresher training had been arranged.

Staff supervision and appraisals were taking place.

People and their relatives told us support workers were caring and positive relationships had been formed.

The service had a complaints procedure and people knew how to make a complaint.

Team meetings were taking place and the provider was carrying out quality assurance practices.

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. Risk assessments were not robust or thorough and the provider failed to carry out risk management plans.

People told us they felt safe and support workers knew what to do in an emergency situation.

Recruitment checks were taking place.

Support workers were consistent and punctual.

Is the service effective?

Requires Improvement

The service was not always effective. Care plans did not contain information about people's likes and dislikes in relation to food.

Support workers had received mandatory training and an induction and supervision and appraisals were taking place.

Support workers demonstrated an understanding of seeking people's consent.

Care plans contained information about people's capacity to make decisions.

Is the service caring?

Good

The service was caring. People and their relatives spoke positively about the care they received.

Support workers had developed compassionate relationships with the people they supported and promoted people's independence.

Support workers spoke the same language as the people they supported.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans lacked detail about people's care needs.

There was a complaints procedure and people and their relatives knew how to make a complaint.

Is the service well-led?

Requires Improvement

The service was not always well led. Management lacked insight around risk management and care plans.

Team meetings were taking place.

Quality assurance practices were taking place.

The service was involved in networking with the local community.

Harold Community Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 April 2018 and was announced. We informed the provider 48 hours in advance of our visit that we would be inspecting. This was to ensure there was somebody at the location to facilitate our inspection.

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

During the inspection we spoke with the company director and one care worker. We looked at records relating to the three people who used the service including care plans and risk assessments. We looked at other documentation including three staff files, policies and procedures and quality assurance. After the inspection we spoke with one person who used the service and one relative.

Requires Improvement

Is the service safe?

Our findings

At our last inspection, risk assessments were not robust and were unclear as to how the risks identified were mitigated. At this inspection, risk assessments were still not robust and failed to have mitigation plans in place to protect people from harm.

For example, one person's care plan stated, "[Person] is a diabetic type one. She uses insulin to manage her diabetes. [Person] suffers from severe asthma and uses inhalers. [Person] also suffers from severe depression which sometimes leaves [person] feeling traumatised and fearful which at times prevents independence." In addition, this person's care plan stated, "[Person] started experiencing fits." There was no risk assessment for this person in relation to their diabetes, asthma, depression or "fits". Records showed that a 'home visit book' entry from March 2018 stated, "[Person] measured that there is no risk, physical or mental health problems include stress or depression." We spoke with this person and they told us, "I have epilepsy, once or twice a week and three of four times the carer was with me, they put me in the right position and call the ambulance." They also explained, "I have hypo's all the time. The district nurse comes every day in the afternoon and morning." (A "hypo" is an abbreviation of hypoglycaemia, which is low glucose level in the bloodstream). The support worker for this person told us she knew the person was diabetic but was not aware of her having "fits". We asked the support worker if they knew what to do if the person experienced low sugar levels and they said, "She sweats and becomes really tired, heart beating fast. If this happens I'll give her a banana and offer her Lucozade. There's always cola in the fridge. But this doesn't happen often." They also explained, "I know about the fits. [Person] told me it's happened a couple of times. It's never happened when I've been there and I visit three times a day but I'd call an ambulance. I've had first aid training but I haven't had epilepsy training. I think it would be useful but I'm doing NVQ level three in Health and Social care and we cover epilepsy."

Another person, who was identified as being a type II diabetic in their care plan also did not have relevant risk assessments in place. Their relative told us, "[Relative] does get low sugar level, she gets really tired and sweaty. If that happens, we give her something sweet. The carers know what to do and they'll call me if this happens."

Although support workers told us they were confident in knowing what to do if these risks were to become apparent, mitigation plans were non-existent within care plans which meant that if people's regular support workers were to be off sick or on holiday, other support workers may not know what to do if risks were to arise.

Care plans contained body maps but these were undated. Two people's body map's highlighted that they had a pressure sore, however this information was not expanded on and there was no detail on whether the person needed support to prevent the pressure sore from worsening or whether there was any health professional input. In addition, there was no risk assessment in place for this or any form of mitigation plan for support workers to follow.

After the inspection, the director sent us re-written risk assessments but these were not relevant to the risks

associated with the care plans we looked at. Care plans did contain environmental risk assessments and physical risk assessments but these stated that there were "no risks" for any of the people who used the service.

As a result of the above, care and treatment was not provided in a safe way for people. This was partly mitigated due to people who used the service living with their families and one person had daily input from a district nurse. In addition, support workers demonstrated a good understanding of what they would do if risks were to arise. However, the provider still failed to assess the risks to the health and safety of people. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a 'safeguarding adults from abuse' procedure in place which made clear their responsibility for reporting any safeguarding allegations to the host local authority and the Care Quality Commission. The director told us there had not been any safeguarding investigations. A support worker told us, "Safeguarding is protecting the person from getting hurt for example abuse, neglect, physical abuse, mental abuse. I will take a note and report it to the registered manager or I'd speak to social services." A relative told us, "My [relative] is safe, one hundred per cent."

The director told us how they made cover arrangements for support workers if there were unexpected absences, "If care worker is off sick we have back up staff. We train all of our care workers." A support worker told us, "If I'm not well, I'll tell the office and there's cover arrangements. If I'm going to be late I'll call the office and then let the service user know as well." One person explained, "I always have the same carer. If she is off sick, they send cover." A relative told us, "If regular carer is off sick there's someone else who covers, but that's never happened."

At our last inspection the service did not always have robust staff recruitment processes in place. Although support workers had DBS checks (DBS stands for Disclosure and Baring Service and is a check to see if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults) and proof of identification, references were not always obtained. At this inspection, we found that support workers did have DBS checks and references had been obtained.

At our last inspection, information about how people's medications were managed were not recorded in a person centred way. At this inspection, people's medicines were listed in their care plans and care plans stated that all three people who used the service did not require support with their medicines due to family support or independence. A relative told us, "My [relative] knows her medicines and my brother is always there. We're usually here to give her medicines."

The service had an infection control policy in place. A support worker told us about infection control practices and said, "I wear gloves when helping people. I have my own packet of gloves."

The service had an emergency policy and procedure in place. A support worker told us, "I've never been in an emergency situation." The director explained, "There have not been any accidents or incidents."

Requires Improvement

Is the service effective?

Our findings

At our last inspection the service was not effectively employing people with the relevant experience and skills to support people. We did not see any record of induction or training for staff and supervision was not taking place. At this inspection, records showed that support workers had completed mandatory training courses. The service's training policy stated, "All of our care workers are required to successfully complete our mandatory training programme including; mental health, safeguarding, sensory impairment, loss and bereavement, medication, continence, equality and diversity, dementia, palliative care and customer care."

Support workers employed since our last inspection had taken part in a five day induction programme which consisted of, "organisation, health and safety, safeguarding and medication, introduction to epilepsy and autism and emergency aid." A support worker told us, "I had an induction and was told what to do and who to contact. I had training in mental health, health and safety and safeguarding." They also explained, "Last time I had training was September 2017. Next training? I don't know when, they always let me know in advance. The training is enough for me." After the inspection, the director told us that all support workers had been booked to have refresher training in May 2018.

Records showed that supervision and appraisals were now taking place. All support workers had received supervision in March 2018, as well as an appraisal. Supervision discussions included duties, skills, communication, crisis intervention and time management. A support worker told us about the supervision they received and said, "The supervision is actually good. We talk about how everything is going, how clients are. I feel supported."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. A support worker told us about their understanding of the MCA and stated, "Never force someone, always respect wishes." One person said, "They never force me." A relative explained, "They always ask [relative's] permission. She'd tell me if she was ever forced into anything."

One person's care plan had information about their ability to make decisions that stated, "[Person] has the capacity to make choices and decisions for herself. However, with all bigger choice and decisions she is supported by her grandchildren." This person had also signed a consent form, however not all care plans contained consent forms. However, people chose to use the service as part of receiving an individual budget, by way of direct payments via the local authority. Direct payments enable people to have full choice over who delivers their care.

At the time of our inspection the service did not support anybody to have access to healthcare professionals. A support worker told us, "No, I don't have contact with any health professionals."

Care plans did not contain a pre-assessment for people, however one person told us, "They did [a pre-assessment]. They filled in a form. That was a long time ago." A relative told us, "There was an assessment, I was there. They asked certain questions, like if [relative] can walk." The director told us, "Of course we assess someone before we take them." We recommend the provider follows best practice guidance on pre-assessment record keeping.

Care plans lacked detail on people's preferences in relation to food and drink. One person's care plan stated, "Due to [person's] health and frailty [person] is no longer able to prepare and cook meals and snacks for herself. She is able to independently eat." A support worker told us, "I help [person] with preparing food. She likes Somali food." We recommend the provider seek best practice guidance in relation to care plans and documenting people's preferences.

Good

Is the service caring?

Our findings

People and relatives told us the service provided support workers that were kind and compassionate. One person told us, "I'm happy with them [the support workers]. They're good, they help." A relative of a person told us, "[Relative] gets on really well with the carer. She's always saying how happy she is. They speak the same language, it helps a lot. [Relative] is really happy, the carer cares for her like family."

In addition, a support worker said, "I am a very caring person and I'm friendly. I treat people how I'd want my family to be treated." A relative told us, "We are one hundred per cent happy. The carer cares for [my relative] really well."

Support workers told us how they supported people in a dignified and respectful way. One support worker told us, "I'll take [person] to the bath, pass her soap and towels. But she can wash herself. I make sure I look away when she's washing to give her privacy." They also told us how they promoted the person's independence and said, "Most of the things she's independent and that's a good thing. I tell her to maintain it, not to be dependent on someone else." One person told us, "I have a shower or bath and they help me. It's done respectfully." A relative told us, "With personal care, it's very respectful and dignified."

The provider had a policy on dignity, privacy and respect which reminded staff that they were guests of people who used the service and they should behave accordingly. The policy also gave guidance to staff in line with the Equality Act 2010 about not discriminating against people who used the service regardless of age, gender, disability, race, religion or belief, gender reassignment, sexual orientation, marriage or civil partnership, and being pregnant or on maternity leave.

Requires Improvement

Is the service responsive?

Our findings

At our last inspection care plans were not personalised and did not contain information about people's histories, health needs or personal preferences. In addition, care plans we looked at had inconsistent information within them. At this inspection, we found that there had been some improvement in creating more personalised care plans. For example, care plans contained information such as next of kin and GP details as well as a sections on, 'Personal care how I want to be supported', 'Mobility', 'Accessing the community', 'Eating and drinking' and 'Finances and correspondence', however this level of detail was only apparent with one care plan out of the three we looked at. This one person's care plan contained information such as, "[Person] enjoys accessing the community on a daily basis. She enjoys taking local walks, going to the local park, enjoys fresh air as well as meeting up with family and friends," and, "The outcomes I want to achieve; [person] remains living as she wishes to at the current family home." Information around preferences was also detailed, for example, "Likes to get washed/dressed at 8am and likes lunch at 12."

The other two care plans we looked at contained less detailed information about people's needs and preferences. For example, one person's care plan stated, "Service user is a frail woman who's facing many health problems, due to this she requires care to assist her with medications, personal care and to be escorted when carrying out outdoor activities. Support with personal care, preparing of breakfast and meal preparation." However, there was no specific detail in relation to how the person was to be supported due to their frailty, their "health problems" were not specified and there was no elaboration on food preferences.

One support worker told us, "I read the care plan. I know what I'm supposed to do. The care plans have all the information I need to know. Plus I get to know people as well by communication, asking them how they are etcetera." They also told us about the benefits of speaking the same language as the person they cared for and said, "All of the clients speak Somali so it's easy to communicate." Despite support workers telling us they knew the people they supported well, and relatives reiterating this, if people's regular support workers were not available, care plans did not have the information needed to provide person centred and safe care.

At our last inspection, care plans did not always contain accurate information about people. At this inspection, we found improvements had been made to rectify errors, however at this inspection one person's care plan had the incorrect age of the person.

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

The service had a complaints policy in place which identified how people could complain and expected timeframes for a response. The director told us they had not received any complaints. A support worker told

us, "If someone made a complaint I'd write it down and tell the managers." A relative told us, "I've never made a complaint. We haven't seen the complaints procedure but I'd call the registered manager."

The director told us about end of life care and stated, "The relatives are in charge of this. All of the service users live with family. In the Somali community we don't like them to live alone."

Requires Improvement

Is the service well-led?

Our findings

At our last inspection, the registered manager did not demonstrate an understanding of the Care Quality Commission and the way in which we inspect. The registered manager was not aware of the responsibilities involved in managing a service, recording information and maintaining records for the safety of people who used the service. In addition, the registered manager did not maintain an accurate, complete or contemporaneous record in respect of each service user within care plans, within their quality audits or the support of their care workers. The registered manager had not developed quality monitoring systems to ensure good quality care was delivered and team meetings were not taking place.

At this inspection, we found that some improvements had been made. Records showed that spot checks had been carried out by the registered manager, the most recent in February 2018. The spot check looked at aspects such as whether log entries were legible, if all dates were clearly identifiable and whether care logs had been signed. A support worker told us, "The registered manager came a couple of times [to complete spot checks]. He gave me feedback that I was doing well." One person told us, "The registered manager used to come and do checks." In addition, we saw records that reviews were taking place in the format of physical assessment for people who used the service, the most recent in December 2017.

Care plans contained surveys that had been completed by people who used the service and their families. Feedback was positive and stated support workers were always on time and that they were informed if support workers were going to be late and that they were treated with respect.

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

Records showed team meetings were now taking place on a monthly basis, the most recent being in March 2018. Topics of discussion included confidentiality, risk management, timesheets and training. A support worker told us, "We had a team meeting last month. We talked about punctuality, how everything should be running. They told us about the last inspection." In addition, we saw records of a meeting from October 2017 where the registered manager met with service users and their relatives to discuss the outcome of our last inspection.

The director told us, "I am the director and know most of the things going on in the company. I know the carers, I know the clients. I come here three of four times a week. I need to know what's going on. The majority of the work is carried out by the registered manager and nominated individual. They deal with day to day and I deal with overall." A support worker explained, "The registered manager is here whenever I need him. When registered manager is not in I speak to [nominated individual] or otherwise I call [director]. The director understands the company and knows the service users."

Despite the improvements that had been made, management continued to have oversight of risk assessments and risk mitigation. In addition, the management did not do everything reasonably practicable to make sure that people who used the service had a person centred care plan. As a result, this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The director explained the ethos of the company and stated, "It's a community business, a Somali business. We understand the language and culture, that's why we created this agency, to help the community." They also told us, "We learnt a good lesson from the last inspection. We had a look at what we were missing and we've worked hard and I think we have improved. We benefited from the last inspection which was good for us and our community." A support worker said, "This is a good company to work for. Somali people in the community have communication issues with people who don't speak Somali, especially the older generation. This company gives these people care from people in their own community." A relative told us, "Because the carers are Somali speaking it's very beneficial, it's helpful."

During our inspection we saw compliment forms had been completed, for example one from January 2018 stated, "Very happy with the service that my [relative] receives. Thamescare is always available to help with any concerns and is easily reachable to help. Very happy and at ease knowing my [relative] is very well looked after." Another one from February 2018 stated, "Thank you for providing me with such a great service, I have really enjoyed it. I would also like to thank you for giving me your time in order to meet with me. I am grateful for our discussion about the service you provided."

The director told us, "We work with a number of organisations; we have a good network with the Somali community. That's how we find the need of the community. That's how we find our carers and service users. The community come to us and we help them with other issues like benefits."

The service had policies and procedures in place and we saw records of these. For example, accident reporting, dementia care, equality and diversity, infection control, moving and handing and quality assurance.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The provider did not do everything reasonably practicable to make sure that people who use the service receive person-centred care and treatment that is appropriate, meets their needs and reflects their personal preferences, whatever they might be.