

## Hopscotch Asian Women's Centre

# Hopscotch Asian Women's 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?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Hopscotch Asian Women's Centre provides care services to people living in their own homes. The service specialises in supporting people from the Asian community and people living in South Camden. At the time of this inspection there were approximately 48 people using the service. The service provided care to people between the ages of 18 to 65 years some of whom are living with dementia, physical disabilities, learning disabilities and mental health conditions.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Since our last inspection in June 2016, the provider began improvements across all areas of the service delivery. Warning notices issued by CQC under regulations 12 and 17 had been met. Firm foundations were established for further work on improvements to ensure the service provided safe and effective care that met the Health and Social Care regulations. The service needed to continue their work on improvements to demonstrate these were fully established and sustained over a significant period of time.

Systems relating to the management of medicines needed further improvement. The provider needed to ensure information about medicines used by people matched across various care documentation and that medicines audits were fully effective.

Risk to people's health and wellbeing had been assessed. Further improvements were needed to ensure staff had clearer and more detailed guidance on how to manage risk to people.

Quality audits were taking place. Further work was needed to ensure there was a clear system and structure around these audits so that these could be used for further review, reference and evidence of progress made by the service.

The service had introduced new safeguarding procedures to ensure safeguarding concerns had been dealt with promptly and by appropriate members of the management team. The service needed more time to ensure these procedures were fully established and always followed by staff.

Aspects of support for care staff needed further improvement. Managers and staff told us supervisions and spot checks had been taking place, however there were limited records to evidence this. Supervision process needed further improvement to ensure all aspects of effective supervision including performance management, training and development and personal support had been discussed. Further improvements were needed to ensure improved team work and support amongst staff team at the service. We made recommendations about supervisions and team work.

The service had introduced new procedures around managing people's money. We saw these were followed by staff and the manager carried out financial audits to ensure people were not subjected to financial abuse. Overall people and relatives said they felt safe with staff providing care.

There were safe recruitment procedures in place to ensure only suitable staff were employed. There were sufficient staff deployed to support people. People told us the same care staff usually visited them. Appropriate infection control measures had been followed by staff when supporting people. There were systems in place to analyse and learn from accidents and incidents to minimise the possibility of them reoccurring.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Overall people using the service, their relatives and external professionals thought staff were sufficiently trained to support people effectively. Newly employed staff received an induction to the service and mandatory training. The provider was in the process of completing appraisals of staff performance.

People were supported to live a healthy life. People's health and care needs had been assessed to ensure care staff provided care that was required. Staff provided people with sufficient food and drink that met their needs and personal preferences. When needed staff supported people in contacting healthcare professionals to ensure they received support when their needs had changed.

Care staff were caring and people and relatives said they were happy with care provided by staff who visited them. People and relatives felt involved in decisions about people's care. They confirmed staff asked people what their daily needs were and asked for people's consent before providing the support. People's care plans had detailed description of what personal care and support was required. Staff respected people's privacy and dignity when providing personal care.

People's care plans described people's personal histories, needs, preferences and interests and how people were able to communicate. This meant staff were provided with a range of important information about people they were supporting. Care plans would benefit from further details on how people would like to receive their care. The senior management team assured us this would be addressed. Care plans had been reviewed and updated.

The customer care and responding to queries and concerns from people using the service and their relatives had improved overall. Information gathered during the inspection indicated that members of the senior management team were acting promptly when issues arose. The service received no formal complaint since our inspection in June 2019.

The provider maintained a service improvement plan and staff across all levels of the service delivery had been working consistently towards addressing issues identified during our last inspection. The service was working closely with the local authority to ensure improvements to the service delivery were effective.

Following this inspection, the senior management team were receptive to our feedback and willing to undertake further improvements to ensure the service met the Health and Social Care regulations.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)  
Rating at last inspection (and update) The last rating for this service was rated Inadequate (published 22

August 2019). This service has been in Special Measures since August 2019. The provider completed an action plan after the last inspection to show what they would do and by when to improve. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating. We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report. We identified two continuous breaches and made three recommendations about safeguarding training for staff and providing effective supervision and support for staff. You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will request an action plan for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 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 responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Hopscotch Asian Women's 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of two inspectors, one pharmacy inspector, one assistant inspector and one Expert by Experience. An Expert by Experience 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 and specialist housing.

The service had a manager who was not yet registered with the Care Quality Commission. They told us they were in the process of registering with the CQC. This means that they and the provider would be 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. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

#### What we did before the inspection

Before we visited the service, we checked the information we held about the service and the service provider including notifications and incidents affecting the safety and well-being of people. We received no concerns

about this service since our last inspection in June 2019. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the nominated individual, senior operations manager, the manager, two care coordinators, one care field supervisor. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 11 people's care records and multiple medicines records. We looked at 12 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

During and after the inspection we spoke with nine people who used the service and seven relatives about their experience of the care provided. We also received feedback from four care staff.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from two social care professionals.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved 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.

### Using medicines safely

At our last inspection the provider did not manage medicines safely and people were at risk of receiving their medicines not as intended by a prescriber. We issued a warning notice under regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection some improvements had been seen, however, more improvements were needed and the provider was still in breach of this aspect of Regulation 12.

- We saw that medicines' care plans were person-centred and detailed the level of medicines support care staff were to provide. However, we still found some information discrepancies. In one care plan, it said that the person was self-administering their medicines. Later in the same care plan, it said that care workers were prompting the medicines. We fed back to the management team that medicines care plans needed to be reviewed to minimise such discrepancies. They were receptive to our feedback.
- Staff recorded administration of topical medicines (a medication that is applied to a particular place on the body) on Medicine Administration Records (MARs) and people's care plans. However, in one care plan the names of the creams being administered were not clear. Therefore, there was a risk that incorrect topical medicine would be applied by staff. We saw one example where the topical MAR chart had been completed appropriately.
- MARs were computer generated by senior staff who were trained to do this. However, we noted different versions of the MARs were in use as a new version had recently been implemented. There were differences in coding systems used on different MARs to describe when medicines were not administered to people. This could be confusing for staff and lead to incorrect completion of documentation.
- The system for ensuring that medicines listed on the MARs were accurate and up to date needed further improvement. The medicines listed on the MAR charts were assumed to be accurate as these had been made using the GP medicines list. However, the service did not always actively liaise with GP surgeries about being involved in people's care and what medicines were currently prescribed to people. This meant that when medicines changes occurred, they could have been missed and not reflected on MARs. We saw one example when an antibiotic had been prescribed and had not been written clearly on the MAR chart. Furthermore, the system did not take into account the fact that medicines were sometimes prescribed by people other than the GP (e.g. mental health teams, hospital consultants).
- Medicines audits were completed by senior members of staff; however, they were not adequately picking up medicines' issues, as described above. We did not see a robust system for following up findings from the medicines audits. There was not a robust system for recording medicines incidents nor for showing that people's safety alerts had been actioned.

We found no evidence that people had been harmed. However, systems relating to the management of medicines still needed to be improved to fully protect people from unsafe use of medicines. This placed people at risk of harm. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Since our last inspection staff received medicines training and their competencies had been assessed.
- There was a medicines reconciliation system in place. Staff took steps to clarify the list of medicines that people were taking on admission to the service. Medication reconciliation is the process of creating the accurate list of all medications a person is taking.
- Staff recorded medicines administration on MARs and we saw all but one MAR was completed with no gaps.
- The service had sufficient systems in place for ordering and disposal of people's medicines. The medicines policy covered how medicines should be ordered, collected, stored and disposed of. People's care plans described the specific location of medicines to enable care staff to find them in people's homes.

#### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection some improvements had been seen, however, more improvements were needed and the provider was still in breach of this aspect of Regulation 12.

- Risk to people's health and wellbeing had been assessed. We saw risk assessments had been developed for a range of care activities such as mobility, moving and handling, medicines, falls and environmental risks. However, for one person with dysphagia (difficulty or discomfort in swallowing) and on a soft/pureed diet we did not see a risk assessment or management plan in relation to the risk of choking. Therefore, the provider could not evidence that staff knew how to manage risk of choking for this person.
- Risk assessments had not always been completed in relation to people's risk of developing pressure ulcers. Notes had been placed in people's files to indicate this information was required. However, these notes were not signed or dated and there was no indication of when action should be completed.
- The risk assessments were not always signed or dated. Notes had been placed in people's files to indicate where risk assessments required to be signed or dated. However, these notes were not dated and there was no indication of when actions should be completed.

We found no evidence that people had been harmed, however, missing risk assessment on choking and insufficient risk management on skin pressure areas put people at risk of harm. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider did not have robust safeguarding systems in place and people were at risk of possible harm and abuse from others. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the service was in the process of making improvements and the provider was no longer in breach of regulations. Further improvements were needed to ensure the safeguarding procedures introduced were fully understood and always followed by staff.

- At our last inspection we found that the service had not monitored all financial transactions carried out on behalf of people, for example grocery shopping. At this inspection we found that new documentation had been introduced to record and audit all financial transactions and money exchange between staff and people. People confirmed when staff did their shopping, they returned money and receipts.
- Records showed that audits of financial transactions made by staff were carried out. However, available audits did not include information on who carried out these audits and when, or what exactly was checked and found. Following our discussion with the manager we assessed that appropriate checks had been done. We fed back to the manager that the recording of what was included in financial transactions' audits needs improving. They were responsive to our feedback and assured us appropriate action would be taken.
- Since our last inspection, the provider introduced new policies and procedures around safeguarding. These had been now implemented and staff had been trained to ensure they knew and understood these procedures.
- There were no new safeguarding alerts recorded since our last visit in June 2019. During the inspection process we were made aware of two possible safeguarding concerns which were known to the service's care coordinators, but not to the service's safeguarding lead responsible for dealing with all safeguarding matters. We informed the services' safeguarding lead about both concern's and they took immediate action to investigate the matters. This showed further training for staff was needed to ensure they follow the new safeguarding procedures.

We recommend that the provider seeks further retraining for staff on how to deal with safeguarding concerns.

- Overall, people using the service and relatives felt safe with staff who supported people. One person told us, "A very nice person does my care. Oh yes I feel safe." A relative told us, "My relative has [number] carers a day, there is a key safe. She feels safe."
- Care staff understood different types of abuse. They knew what action to take if they thought somebody was at risk of harm and how to protect people from harm from others. One staff member told us, "I can contact the office if there is a safeguarding concern. If nothing happens, I can contact the police, local authority or CQC."

#### Staffing and recruitment

At our last inspection, we recommended the provider sought further support and training on scheduling of care visits and monitoring of staff timekeeping and care visit attendance. The provider had made improvements.

- Care coordinators received training on how to monitor care visits and what action to take if a visit did not take place as planned. Records show that three visits did not happen as planned and action was taken by a care coordinator to investigate it.
- People and relatives said staff usually arrived on time and they were informed if staff were going to be late. They told us there were no missed calls.
- People and relatives said the continuity of care improved and people were usually supported by the same care staff. One person told us, "I have two regular carers. I get on well with them, they are perfect." One relative said, "The carers do a really good job. They now have just one or two carers coming. Previously it was like Piccadilly Circus."
- Staff told us they were informed about their rotas in advance. One care staff said, "Yes, we got rota by text. And we have enough time to travel between calls."
- The service had safe recruitment procedures in place to ensure only suitable staff supported people. These included, references from the previous employer, proof of identity and Disclosure and Barring checks (DBS).

The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.

- When staff conduct was unsatisfactory the provider used appropriate disciplinary procedures to ensure issues were addressed and the service provided improved.

#### Preventing and controlling infection

- We noted that people's care plans had limited information on infection control measures, for example reminding staff to wash their hands before and after personal care. We fed this back to the management team and they told us this would be addressed.

- The agency provided staff with personal protective equipment (PPE), for example gloves, aprons. This was confirmed by all people and relatives we spoke with. One person told us, "Yes, care staff wear aprons and gloves."

- Staff had up to date training in infection control. Staff understood how to protect people from the risk of infection. One staff member told us, "I wear aprons and gloves when giving a client a wash."

#### Learning lessons when things go wrong

- An accidents and incidents procedure was in place. Staff knew how to report any accidents and incidents they witnessed. One staff member told us, "I will record any incident and accident. I will inform the office and they will advise me [on what action to take]."

- Accidents and incidents had been recorded including what action was taken to address the situation. The senior operations manager maintained an accidents and incidents log. They used it to monitor and analyse accidents and incidents for any potential themes and patterns so improvements could be made.

- Since our last inspection only one incident took place and appropriate action was taken by care staff to support the person. During this inspection we found no evidence to suggest that more accidents and incidents happened but were not reported and recorded.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

At our last inspection the provider had not always acted in accordance with the principles of the MCA. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 11.

- Information about people's capacity to make decisions was included in their care records. This included guidance for staff on supporting people to communicate choices and make decisions. People's care records showed that family members were involved in supporting decision making appropriately. Where people did not have capacity to sign their care plans, this was recorded.
- The provider was in the process of gathering information and documentation showing that relatives who made decisions on behalf of people had been legally authorised to do so.
- All people and relatives we spoke with confirmed staff sought people's consent before providing care.
- Staff received training on the MCA and they understood the principles of the Act. One staff member told us, "I understand those who are unable to make decision for themselves can have a power of attorney. We need to act in people's best interest."

Staff support: induction, training, skills and experience

- Aspects of support for care staff needed to improve. In staff files there were limited records of staff supervision. We saw evidence of latest formal supervisions taking place between May and October 2019 with the majority happening in September 2019. In case of three care staff there was no evidence of supervision in their files. In supervisions, supervisors covered training aspects of the supervision process as various

guidelines related to care work were discussed (for example safeguarding or medicines management). However, the supportive and managerial aspect of supervision was not reflected. Staff voice on how they were doing and what support they thought they needed was not recorded. There was no link between staff spot checks and supervisions. Therefore, the provider could not evidence that issues highlighted during spot checks were addressed in supervisions or anywhere else.

- There were limited records of spot checks of staff work with people in their homes. Some spot checks took place in September and October 2019. In case of five care staff there were no records of spot checks taking place within the last six months.
- There was a range of small care staff tutorial team meetings arranged to discuss specific aspects of the care provision, for example, recording of daily care. One care staff confirmed that such meetings took place. Because these meetings were not minuted, we could not review their context or frequency.
- We discussed the above shortcomings with members of the management team who assured us supervisions and spot checks had been taking place. They agreed these should be better documented for future reference and audit. The supervision and spot checks tracker confirmed these had not always been recorded to show they had taken place. The senior quality manager was in the process of planning this support and checks for staff who were still to receive it. They also said, further improvements to staff support were planned within the next months. This included weekly office team meetings and quarterly care staff meetings.

We recommend that the provider seek further guidance on effective supporting, motivating of staff and effective reviewing and monitoring of staff practice.

- Overall people using the service and relatives said care staff had skills and training to support people effectively. One person said, "Yes, staff know what they are doing." One relative told us, "Yes, they know what they are doing. They know how to use the hoist equipment." One person thought not all staff had equal skills to support them. However, they also stated the service was responsive and replaced carers when requested.
- The service's training matrix showed staff undertook mandatory training in a range of subjects including safeguarding and the MCA, moving and handling, infection control and medicines awareness. Training was provided in line with The Care Certificate. The Care Certificate includes a set of standards that staff should abide by in their daily working life when providing care and support to people. Additionally, since our last inspection staff received training in dementia awareness. One staff member said, "I had Dementia training and how to approach a client with different types of dementia, and what sort of behaviour we may identify."
- Newly employed staff received an induction to the service and mandatory training.
- The provider was in the process of completing appraisals of staff performance.

Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection, we recommended the provider consider current best practice guidance and training on supporting people with food and drink. At this inspection we found that some improvements were made but further improvements were needed.

- Staff supported some people with eating and drinking. Overall, people's care plans contained information about their food preferences and requirements. This included information about their cultural dietary needs where appropriate.
- The care plan for a person who required soft or pureed foods in relation to dysphagia, did not include information about how staff should support them to eat to reduce the risk of choking and aspiration of their food (food accidentally breathed into the lungs). A risk assessment had not been carried out in relation to choking/aspiration. We reflected this issue in the safe domain of this report.
- Where staff were supporting people to eat and drink their records of care did not always specify the food and drink they were provided with. This meant we could not be sure that people received sufficient nutrition or hydration where this was part of their care plan.

- We discussed both issues with the management team and they said they would take action to address them.

Supporting people to live healthier lives, access healthcare services and support, Staff working with other agencies to provide consistent, effective, timely care

At our last inspection, we recommended the provider sought further guidance and training on effective skin care and making referrals to health and social care professionals when needed. At this inspection we found further improvements were needed.

- We found that guidance on monitoring people's risk of pressure ulcers was not always detailed. People's care plans referred to monitoring their skin when personal care tasks were being carried out. The care plans did not provide guidance for staff on what exactly they should be monitoring/looking for and the actions they should take if they had any concerns. Therefore, the provider could not evidence that staff had enough information on effective skin care. We reflected this issue in the safe domain of this report.
- Otherwise, people's care plans included information about their health and wellbeing needs. Some people's care plans included guidance on supporting people to take exercise and mobilise within their homes.
- People and relatives told us staff helped to contact external healthcare professionals and relatives when people's health deteriorated or their needs had changed. One person told us, "Yes, staff do look after me. I ask them if they can call the doctors for me."

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

- Since our last inspection people's needs had been re-assessed. This enabled the provider to ensure they knew what people's needs were and that the service could meet these needs. People and relatives, confirmed, the service's representative had visited them to discuss their needs and preferences. One person told us, "Yes, [staff] came one day and asked what support I need." A family member said, "Yes, they discussed [my relative's] needs to see what he requires."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All people and relatives told us they were happy with staff supporting them. People's comments included, "Staff always ask me how I am doing and how has my day been" and "Yes, staff are nice people and caring." One family member told us, "Yes, staff are very loving. They are nice to [my relative]."
- The service provided care and support to people of all faiths, cultures and belief systems. Staff received training in equality and diversity to better understand other cultures and the way people chose to live. One person told us, "Yes, staff respect my cultural needs."
- Staff spoke kindly about people they supported. One staff member told us, "Most of my clients are Bengali, which I can speak fluently. I have one English lady client who I speak English."

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

- People and relatives told us they were involved in making decisions about their day to day care. Their comments included, "Yes, [my carer] is a nice carer. She respects my decisions" and "Yes, staff respect my needs."
- All people and relatives confirmed staff asked people what their daily needs were and asked for people's consent before providing the support. One person said, "Yes, they always ask me if I'm ready to receive my personal care." One family member told us, "Yes they ask [my relative's] consent."
- Staff encouraged people to participate in their care as much as possible. One staff member told us, "I encourage people to comb their hair, try and wash their own face. If they can't I give them support."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity when providing personal care to people. One person told us, "Staff closes the bathroom door when helping me with bathing." One family member said, "When giving [my relative] a wash or changing their clothes, staff close the bedroom door."
- Staff understood the importance of respecting people's privacy when providing personal care. One staff member told us, "I close the door, tell clients of what I am going to do. I place a towel over their body. Once finished with their washing, I allow client to choose their own clothes."
- People were asked if they preferred a male or female staff supporting them and people's wishes were respected. One person told us, "At the beginning I told them I always want a female carer. Since then I always get a female carer."
- People's care plans had detailed description of what personal care and support was required. We noted less information was provided on how people would like to receive this support. Based on people's comments there was ongoing communication between people and staff on how people wanted their care.

Adding this information to people's care plans would ensure staff could read it and people would not need to explain it every time a replacement staff visited them. We fed this back to the senior management team who were responsive to our feedback.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider did not ensure that care and treatment met people's needs and reflected their preferences. This was a breach of Regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvements had been made and the provider was no longer in breach of Regulation 9.

- Care plans provided staff with detailed information about people's care needs and what care should be provided. We noted care plans would benefit from further details on how people would like to receive their care. We discussed this with members of the senior management team who assured us this would be addressed.
- People's individual care plans described their personal histories, needs, preferences and interests. Information about people's cultural and religious needs was also included in their care plans. Guidance was provided for staff on meeting these needs where required.
- People's care plans had been reviewed and updated. However, we noted some care plans had not been signed or dated. Therefore, we could not always say who undertook the review and when.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans included information about their communication needs and guidance for staff on how they should engage with people. Staff knew where to find this information. One staff member said, "I will look at people's care plans and see their preference of communication."
- The senior quality manager advised us that the service was in the process of translating some care plans into Bengali language. They were also seeking support from an external service on introduction of easy read/pictorial documentation for people who could not read and communicate in English.
- Where possible people were matched with staff who could communicate with them in their first language. Approximately 30% of people who used the service spoke Bengali as their first language. All staff employed by the service could speak Bengali, meaning they could talk with people and read and translate care documentation to them. One person told us, "Staff will translate [documents] for me in Bangla, then my

children read it to us." People and relatives, where English was their first language said overall, they could communicate with staff. One person told us, "Staff are wonderfully polite. I just wish they spoke English better. My regular one does."

- Where people spoke other languages, the service worked with family members to provide translation. The manager told us staff had learnt words in one person's language to facilitate support.
- Where information was translated verbally to people this was recorded.

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

At our last inspection the provider did not have an effective system in place for managing complaints and ensuring that actions on improvements were followed. This was a breach of Regulation 16 ((Receiving and acting on complaints)) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, the service was in the process of making improvements and the provider was no longer in breach of regulation 16.

- The service received no formal complaints since our last visit in June 2019. Information gathered during the inspection indicated that members of the senior management team were acting promptly when issues arose. People and relatives confirmed they had not made any formal complaints about the service they received.
- Complaints received prior to our inspection in June 2016 had been captured on a complaint's tracker. This was a comprehensive document describing what action was taken on complaints and what lessons were learnt as a result.
- Staff received training on how to handle complaints and effective customer service. A member of a management team confirmed they participate in the training. The service was planning to introduce a six-monthly customer service refresher training to ensure staff handling complaints had appropriate skills and knowledge to handle complaints effectively.
- The service was in the process of implementing a new complaints policy and procedure to make it more current and easier to use by people who use the service and their relatives.

#### End of life care and support

- At the time of our inspection, the service had not provided end of life care to any of the people who used the service.

# 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 the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider did not have effective systems in place to ensure regular monitoring, analysis and improvement of the service. We issued a warning notice under regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we noted work on improvements had commenced. The provider established firm foundations for what they needed to be doing to provide a safe and effective service. Therefore, the issued warning notice had been met. Further improvements were needed around how auditing and the quality monitoring of the service was achieved. Therefore, the provider was still in breach of Regulation 17.

- Quality audits were taking place. However, there were no robust systems and clear structure around these audits. We could not say what measures and comparatives were used to conduct audits, when they took place and by whom. Where shortfalls were identified, for example, incomplete details of care required and failure to sign and date records, there was no indication of when actions on improvements were required to be completed. Members of the senior management team told us that they had reviewed people's care documentation shortly before our inspection. They acknowledged that they had to implement a structured system for doing so to ensure clear records of audits were available for further review and reference.
- The processes and checks around supervisions and spot checks were not yet clearly established to ensure these were taking place when required and that supervisions were effective in supporting, educating and managing staff.
- Improvements were needed in relation to maintaining complete records in respect of each service user and staff employed at the service. We observed that documentation related to people's care and staff supervision and appraisals was not always fully completed.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to show the service was monitored, analysed and improved effectively. This was a continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were many improvements that had taken place since our inspection in June 2019. Managerial structure had been developed to better meet the needs of the service. A new role of a Senior Quality Manager was introduced to oversee and lead on improvement within the service.
- The provider was working towards involving health and social care professionals to join the provider's

board of trustees. This was to have access to a wider support, experience and specialist knowledge to further improve the service.

- Staff also spoke positively about the senior management team. One staff member told us, "[The senior quality manager] is very good and very nice."

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

At our last inspection we recommended the provider sought guidelines and further training on effective customer care. The provider was in the process of making improvements.

- Office staff received training in customer care. At this inspection overall, people and relatives spoke positively about the service. One person told us, "They are good people." We noted care staff still expressed concerns around communication and cooperation with the services coordination team. This indicated further work was required to ensure all-round effective customer service for people using the service, relatives and care staff employed. The senior management team advised us further six-monthly training on customer service was planned to ensure office staff had skills and knowledge to respond to all queries and complaints effectively.
- Overall feedback from people and relatives about the service had improved. Some of people's comments included, "The service seems to be run well" and "Everything is fine." One relative told us, "I don't know the manager. I think the service is well run."
- Overall quality of care plans had improved. These were person centred and described people's care and support needs adequately. People and relatives thought staff provided care that was required. One relative said, "They do look after my relative well."
- External professionals spoke positively about care staff. One professional told us, "Staff are not always very proactive, however, they seem to have good training and know how to support people safely."

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 managers understood their role under the Duty of Candour. The senior quality manager told us, "It is about being transparent about what is happening within the service. If the service made a mistake we need to be honest about it."

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

- There was some evidence to show that team work between the office staff and care staff needed to improve. Records showed and care staff told us they did not always felt fully supported by the office team. Staff told us, "Support at the office is limited and inconsistent" and "They communicate by text message. No other means of communication."
- There was no systematic approach for receiving feedback from staff about the service. There was a limited number of care staff team meetings, therefore there was limited platform for staff across the organisation to get to know each other better. We noted that the provider was planning to re-introduce quarterly team meetings shortly.
- Supervision records suggested staff were not habitually asked how they were doing and if they would like to suggest any improvements to the service. Therefore, there was a possibility that staff would not share their concerns and difficulties with their role, leading to poorer practice and reduced work satisfaction.

We recommend the provider seeks further support and training on effective team work and support for care staff.

- The service has completed a postal service user satisfaction survey and the senior quality manager told us approximately 30 people responded. The analysis of this survey showed that most people using the service and relatives were satisfied with the support they received. An action plan was put in place where areas for improvement were identified. Further quality monitoring calls to people and relatives were planned to take place shortly.
- The lack of formal complaints since the last inspection and overall positive feedback from people and relatives suggested that the way the agency dealt with queries and feedback from people was improving.

Continuous learning and improving care; Working in partnership with others

- The service had a service improvement plan. We saw that managers and staff across different levels at the service had been working consistently towards issues identified during our last inspection. The senior management team was receptive to our feedback and willing to undertake further improvements to ensure the service met the Health and Social Care regulations.
- The service was working closely with the local authority to ensure effective improvements to the service delivery. The recent visit from the local authority showed improvements with the service delivery and gave further recommendations on improvements which the service was prepared to follow.
- Overall other professionals spoke well about the service. One professional told us, "Generally they are ok. Care coordinators have skills and knowledge to support people. Care staff should have more confidence that they have good knowledge of people using the service. Sometimes beyond what is in the care plan."

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person had not ensured care was provided in a safe way for service users because:</p> <p>They had not done 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 had not ensured the safe and proper management of medicines.</p> <p>Regulation 12 (2) (g)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person had not operated effective systems to: 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. Regulation 17 (2) (b)</p> <p>Maintain accurate and record in respect of staff each person employed by the service.</p> <p>Regulation 17 (2) (d)</p>

