Hopscotch Asian Women's Centre

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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

This inspection took place on 5 and 6 April 2018 and was announced. We gave the provider 48 hours' notice to ensure that someone would be available throughout the inspection process to provide us with the necessary information.

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. At the time of this inspection there were 55 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.

At the time of our inspection, the service did not have a registered manager in post. The previous registered manager left in February 2018. 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 and associated Regulations about how the service is run. The service had recruited a new manager who was in post since February 2018. They told us they were in the process of applying to be formally registered with Care Quality Commission.

At our last inspection on 14 March 2017 we identified one breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured that staff received appropriate training and professional development as was necessary to enable them to carry out the duties they were employed to perform. At this inspection we found this issue had been addressed. We saw that staff had received appropriate training or were scheduled to have training in the near future. Because many staff had a limited level of spoken and written English, an interpreting service had been provided to help staff to better understand and learn the training context. Staff received regular supervisions and appraisals to help them to carry out their professional duties.

From April 2018, the service had entered a new contract with the local authority for providing additional hours of care and support to people wider than the Asian community, which includes all different cultures and backgrounds. This meant the number of people receiving support from the service would significantly increase. During this inspection we found a number of shortfalls in the service delivery. Prompt improvements were needed to ensure the service was fully equipped to provide safe and effective support to people who used it. The main areas of improvement needed were related to medicines management, assessment of risk to health and wellbeing of people who used the service, dealing with complaints, meeting people's nutritional needs, keeping robust records on care provided to people and analysing and taking actions following people's feedback on care provided.

We found that the new manager and the service's director were committed to implementing changes and introducing improvements to the service. A number of improvements had begun prior to our visit and was related to staff allocation, training and supervision. Since our inspection, they also provided evidence about

further developments commenced at the service and which were triggered by feedback provided by us during our visit.

At this inspection we found the service had not managed people's medicines safely and there was risk that people would not receive their medicines as required. There was no up to date information on what medicines had been prescribed to people and medicines administration had not been recorded systematically. Although staff had received appropriate training, staff competencies in medicine management had not been assessed.

We found that risk to health and wellbeing of people who used the service had not always been fully assessed and staff were not always provided with sufficient guidelines on how to care for people in a safe way.

Staff supported people to meet their dietary requirements. However, when people's needs around eating and drinking were more complex staff had not always been provided with sufficient information on how to support people safely and effectively.

The service had dealt with complaints received from people. However, there were no contemporaneous records available to show that the complaints process had been followed, how the outcomes of complaints had been achieved and that the actions agreed following complaints had been followed.

Staff received training in safeguarding adults and they had a good understanding around the various types of abuse. There were no current safeguarding concerns related to the service and people told us they felt safe with the staff who supported them. However, we found that the service needed to improve the processes around the handling of people's money to ensure staff and people who used the service were not at risk of potential financial exploitation.

The service had not carried out their own assessment of needs and preferences for care and treatment of people who used the service. Each person had a care plan that guided staff on personal care that needed to be provided to people. However, there was limited information on people's life stories and how they would liked to be cared for. Care plans had not been provided in the form that people could understand, therefore, people could not review them or recap what type of care they agreed to.

All of the people who used the service had signed their consent to care and treatment. However, it was not always clear if people understood what they were signing and if they had the capacity to make these particular decisions about their care and treatment.

The service operated appropriate recruitment practice and people were safe from unsuitable staff. There were sufficient staff deployed to support people and to ensure all calls were covered.

The service had followed safe infection control procedures. People were supported to have access to health professionals when required.

Staff supporting people were kind and showed compassion and understanding towards people they supported. People spoke positively about staff and the majority of people were pleased with the support they received.

The service provided care to people predominately form an Asian background. However, they were also open to supporting people from all cultural and religious backgrounds. People thought staff were

understanding and respectful towards people's individual ways of living and being. When possible, staff supported people in accessing the local community and doing things they liked.

People using the service and their relatives spoke positively about the service and the care that the service provided. People said staff listened to them and involved people in decisions about their care. People thought staff respected their dignity and privacy when providing personal care.

Staff were provided with a number of forums in which they discussed matters related to the service provision and received an update on the latest developments within the service. The provider was also in the process of formulating a staff handbook which would provide staff with guidance on tasks and requirements related to staff professional role.

We found six breaches of Health and Social Care Regulations. We made one recommendation which related to handling of people's money.

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.

The service had not managed people's medicines in a safe way and there was a risk people would not receive their medicines as intended by a prescriber.

Staff were not always provided with guidelines on how to provide safe care as not all risks to health and wellbeing of people had been assessed.

People were protected from avoidable harm from others and staff understood issues around safeguarding adults. The service had sufficient recruitment process in place and people were protected from unsafe staff.

There were enough staff deployed to ensure all scheduled visits took place as agreed.

There were processes in place for management of accidents and incidents and effective infection control.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff supported people to meet their dietary requirements. However, when people's needs around eating and drinking were more complex staff had not always been provided with sufficient information on how to support people safely.

The service had not carried out their own assessment of needs and preferences for care and treatment of people who used the service.

All of the people who used the service had signed their consent to care and treatment. However, it was not always clear if people understood what they were signing and if they had the capacity to make decisions about their care and treatment.

Improvements had been made in the provision of training provided to care staff. Staff had received appropriate training

and interpreting services were provided if staff ability to understand English was limited.

Staff received regular supervision and appraisal to support them to carry out their professional duties.

People were supported to have access to health professionals when required.

Is the service caring?

Good

The service was caring.

People were supported by kind and compassionate staff who showed consideration for how people may feel when receiving support.

The service provided care and support to all groups of people regardless of their age, cultural and religious background and people said staff showed respect and understanding towards people ways of living.

Staff respected people's privacy and dignity when providing personal care.

Is the service responsive?

Requires Improvement

The service was not always responsive.

The service had dealt with complaints they received. However, there was not always documentary evidence available on how the service achieved outcomes of the complaints and if actions agreed following complaints had been taken.

People had care plans consisting of information of what care needed to be provided to them. However, there was limited information on who the people were and what was important to them. Care plans were not provided in the form people could understand.

The service did not provide the end of life care at the time of our visit.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider did not have effective systems in place to ensure regular monitoring, of all elements of the service provision.

Therefore, shortfalls were found in the service provided and there was risk that people would receive care that was not safe and effective.

The management team were keen on introducing changes and improving the service provided.

The service received positive feedback from people using the service, their relatives and external health professionals.

Staff took part in team meetings where they could discuss matters related to the service delivery and to find out about the latest developments within the service.

Hopscotch Asian Women's 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 regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 and 6 April 2018 and was announced. We gave the provider 48 hours' notice to ensure that someone would be available throughout the inspection process to provide us with the necessary information.

The inspection team consisted of two Adult Social Care inspectors and two experts by experience. An expert-by-experience (EXE) is a person who has personal experience of using or caring for someone who uses this type of care service. Because the majority of people using the service and care staff members were not able to communicate in English, we used the support of two Bengali speaking interpreters.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection. We reviewed other information we had about the provider, including any submitted statutory notifications and the action plan that was sent to us by the provider with details of improvements they planned to make as a result of the previous inspection findings in March 2017.

On the first day of our inspection both EXEs called people using the service and their relatives. On the second day of our inspection one EXE continued calling people and their relatives and one inspector called staff employed by the service. We received feedback from nine people who used the service and 14 family members. We also spoke with 13 members of the care staff team.

During the inspection we spoke with the nominated individual, the manager and three care co-ordinators and the training coordinator.

We reviewed a range of records about people's care and how the service was managed seven training records, three medicines, administration records, quality surveys and a range of policies and procedures.

Requires Improvement

Is the service safe?

Our findings

The service had not managed people medicines in a safe way and there was a risk people would not receive their medicines as required. The majority of people who used the service managed their own medicines, or family members did this. The manager informed us that five people using the service needed low level support which required staff to prompt (remind) people to take their medicines. We looked at how the agency managed medicines for three of these people. We found that the support provided by staff was beyond prompting. This was because staff had physically prepared medicines for people by taking them out from a blister pack prepared by a pharmacy and gave them to people to take. This type of support demanded appropriate training, competency checks and robust record keeping to ensure people received their medicines as required. We found numerous issues with medicines management indicating this area of the service delivery needed to be improved.

People's care plans had not reflected accurately how staff should support people with their medicines. One person's care plan stated that staff were to prompt [remind] the person to take their medicines in the morning. A support timetable within the same document instructed staff to administer medicines from the blister pack and witness the person taking it. Risk assessment for this person said they could get confused and forget if they took their medicines. This indicated a high level of support required. Therefore, the lack of clear and consistent instructions for staff across the person's care documents meant there was a risk the person would not receive support that was appropriate to their needs. In another example, staff were asked to prompt medicines to a person as the person could get "muddled up and forget". This again suggested a higher level of needs than described in the care plan and staff needed to have clear directives on how to support the person to ensure the person received their medicines as required.

Each person who received support with medicines had a medicines administration record (MAR) in place. A MAR is a legal record of the medicines administered to a person using the service by a person formally assigned to do it, the agency's care staff. As such this document is required to have clear information on what medicines had been prescribed to a person, what dose, when and how it needs to be taken. It should also clearly state who gave the medicines and if medicine was not given, what was the reason for that. We looked at the MARs produced by the service and we found issues with how MARs were managed.

We were told by the manager that MARs had been pre-populated by one of the service's care co-ordinators who had received appropriate medicines training. However, we found MARs viewed by us, did not always have clear information on what medicines had been prescribed to people and how people should take them. For example, one MARs stated staff should administer paracetamol and Movicol in the morning and afternoon. However, the chart did not state what dosage of these medicines should be given. Additionally, paracetamol is a medicine that could be prescribed to a person as a regular or as a PRN (when required) medicine. The instruction on how the paracetamol should be administered for this person was not documented. In another example, a person was prescribed Losartan tablets 50mg (high blood pressure tablets). There were instructions recorded on the person's MARs between January 2017 and September 2017. In October 2017 a hand-written note had been made on the person's MARs, stating they were receiving Losartan 25mg. It was not clear who made the note, why this amendment had been done and if the new

dose was in addition to the original one or instead of it. We noted that on the following MARs from November 2017 the person was again only receiving Losartan 50mg. There was no additional documentation available to explain why these changes had taken place and if this was a temporary change or a long term one. We found that care plans for both individuals did not have detailed information about medicines prescribed to them. There was no corresponding documentation, for example, no current medicines list or copies of blister pack labels to allow us to cross-reference information between these documents and respective MARs. Therefore, we could not say if information recorded on people's MARs was current and if people received their medicines as intended by a prescriber.

There was inconsistency in how other information of importance was recorded. For example, dates recorded on MARs did not match up. One person's MARs for a period of three months stated only the month but not the year they were completed. For the same person, five other MARs had one date recorded (printed or hand-written) which was then crossed out and different a date was added. Another person's MARs had the month and the year recorded, however, there were hand written notes on a number of these MARs, which related to a different month. We saw that these MARs had been reviewed by the agency's care co-ordinator. However, the date suggested the review took place a year before MARs were completed. We saw that information about people's allergies or other medicines side effects had not been recorded on MARs we viewed. Therefore, staff did not have full information on how medicines could affect people.

We looked at how care staff completed MARs and we saw gaps in recording of medicines administration. Consequently, we could not always say if people received their medicines as required. We saw that MARs for one person from March 2018 did not have one medication recorded as administered on five occasions though records showed that other medicines were given at that time. There were no other records available to explain this. We noted that for the previous months this medication had been listed on the person's MAR's, however, the administering had not been recorded at all. We saw similar issues with gaps in recording of medicines administration all MARs we looked at.

We saw that unofficial codes had been used on MARs to represent non- administration of medicines. We saw that there was not a unified approach to what codes should be used. Therefore, staff were not provided with clear guidelines on how to record that medicines were not given to the person. We saw that codes used on the MARs differed from the ones in the provider's own medicines policy. Consequently, there was a risk that recorded information would be misinterpreted and appropriate action would not be taken to support people with their medicines.

Some people using the service had creams and ointments prescribed. Care staff confirmed that they applied these for people. However, we found there were no topical medicine administration charts with completed body maps to show the site and frequency of application. These were also not recorded on people's MAR's. Therefore, there was no clear records guiding staff on how to use this medication.

There were no clear arrangements in place when medicines support had been shared between the care staff and family members. Consequently, people were at risk of not receiving their medicines. One person's care plan stated that Monday morning medicines would be given by care staff and evening by the family. It was not clear what the arrangements were for the rest of the week. MARs showed that sometimes staff administered, sometimes the family and sometimes there was no record at all and we could not say for sure that the person received their medicines. In another example, staff and family also shared responsibility for administration of medicines for the person. The care plan stated the medicine should be stored in a safe place away from the person. However, it did not specify where this place was. A note on the MAR for this person from January 2018 stated that the care staff could not find the medicines, therefore, they left the administration for a family member. The note was not fully dated, therefore, we could not cross-reference

with other information available to say if the person received their medicines on that occasion.

Records showed that all staff received or had been booked to attend medicines administration training. However, we did not see evidence that staff competencies had been checked and they were assessed as competent to administer medicines. The manager confirmed that there was no formal assessment of staff competencies carried out by the agency.

At the time of our inspection, the agency had not carried out quality assurance audits of medicines administration. Therefore, identified by us issues had not been identified and addressed.

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

Following our inspection, the nominated individual contacted us to ensure us that the service was taking the medicines management seriously. They were concerned about the issues identified by us during our visit and they were taking action to review their medicines policy and processes.

The service had assessed risk to health and wellbeing of people who used the service. A senior staff member had visited the homes of new service users, to carry out a risk assessment of the environment people lived in and risk around health and care needs identified in the referral documentation. The findings were then used to formulate the person's risk assessments and risk management document. In February 2018, the service had implemented a new risk management form which was completed by the service's care co-ordinators and aimed to reflect detailed information on risks to each person who used the service. However, we found that the level of information varied. There were insufficient guidelines for staff on how to provide safe care to people.

A number of risk assessments had inconsistent information on what the risk for the person was and what level of support they needed. One person's risk assessment document stated that there was low risk of them self-harming. In another part of the same document it stated that when the person got upset they might attempt to harm themselves and staff should use specific distraction techniques to support them. In another example, risk assessment stated there were no risks related to the person's mobility. At the same time, the level of risk related to the person mobility was described as high. There was no explanation of what the actual risk was, however, guidelines given to staff suggested the person could not mobilize on their own and they needed support of two staff members to transfer between various points in their home.

Not all risks had been assessed and therefore staff were not given guidelines of how to provide safe care. For example, some people had specific needs around eating and drinking, such as difficulty with swallowing or diagnosis of diabetes, but there were no risk assessments around these conditions. When people had incontinence, there were no risk assessments around skin integrity guiding staff on how to monitor people's skin to avoid potential pressure ulcers. When staff used a specialist equipment to support people, for example, a hoist, wheelchair or a percutaneous endoscopic gastrostomy (PEG) tube, there were not always sufficient guidelines on what to do if the equipment stopped working. PEG tube is a medical procedure used to provide food or medicines to people when oral intake is not possible

We found that there was no set schedule to review the risk to people. The manager said that if a spot check at people's home revealed any concern, or a care staff identified increased level of needs their risk assessment would be reviewed and further support sought for the person. We found that this had not always been the case and there was a possibility that assessment of risk to people was not current. For example, one person's file showed there had been an annual review approximately a year ago, however

there had been no change to the risk assessment. Other documents for this person indicated the person's health had significantly deteriorated during the time they had received support from the service. We saw that these changes had not been reflected in their risk assessment documents.

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

However, we saw various good examples of risk assessments and management plans. These were related to the management of epilepsy, people's behaviour that could challenge the service and infection control. Environmental risk assessments were completed to a good standard and staff were provided with guidelines on how to be safe in the environment they worked in.

People using the service and their family members told us people were safe with staff who supported them. One person said, "Yes, I feel safe. They're good". Family members told us, "I feel that I can leave the house in the knowledge that my [relative] is safe in their [staff] hands" and "My [relative] is definitely safe with the carers. I couldn't speak more highly of the carers."

There was a policy in place related to handling people's money. We were told that no care staff handled people's money or that they only did so if they took the person shopping and people made payments themselves. Care staff we spoke with contradicted this. Staff told us that they purchased items for people and payed for them with money received from people or their family members. This had not been documented in people's care records and staff had not kept records of financial transitions they were involved in when caring for people. Consequently, staff and people who used the service could be at risk financial exploitation. CQC had not received any information of concern indicating that such exploitation had taken place within the service. However, the service needed to improve how they handled people's finances to protect staff and people from such situations potentially happening in the future.

We recommend that the provided seek further information and training on how to handle people's money safely.

There were no safeguarding concerns raised about the service since our inspection in March 2017. We saw that care staff had received training in safeguarding and they had a good level of understanding of the different types of abuse that people might experience. In the PIR submitted to the commission prior to our inspection, the provider stated the previous registered manager, who was also a safeguarding lead was a member of Local's Authority's Safeguarding Adults Board. Any learning from these meeting had been fed back to the service staff team meetings and care staff forums. We saw that safeguarding matters had been discussed during staff induction as well as in staff supervisions and yearly appraisal meetings.

The service had appropriate recruitment procedures in place to ensure only suitable staff were employed to support people. The service had contracted their human resources (HR) services to an external HR specialist contractor, which specialised in matters related to staff recruitment and employment. We found that appropriate recruitment checks had been completed to ensure fit and proper staff were employed. The checks included appropriate identity and criminal checks. We saw that an additional risk assessment was carried out if staff required additional monitoring because of their past. The check included two references, one from someone in a professional capacity. We saw that all staff had references required although not all references had a stamp or a company paper provided with references to show that these were genuine and provided by a person in a professional role. We discussed this with the registered manager who said this would be looked into and appropriate format of reference will be requested from now on.

There were sufficient staff numbers deployed to support people. The majority of people told us staff never missed a call and they were usually on time. When staff were running late people were informed so they knew the support would be arriving shortly. One person told us a staff had missed a call shortly prior to our visit. We discussed this with a member of the management team during our visit. We saw that immediate action was taken to investigate the situation.

The service had used an online system to write rotas and allocate calls and we saw that this was well managed. We saw the same staff usually visited people, staff planned absence had been taken into consideration, staff were not double booked and all calls were covered. Staff could access their rotas online or could pick them up from the office if they did not have access to the internet.

We saw that staff were required to log in and out of the monitoring system at the start and the end of the call. We found that a number of staff had not been doing this systematically, therefore the correct timing of the call was not always recorded. We spoke about this with the manager who was aware of the issue. They told us they were taking a robust approach to address this issue in staff individual supervision or through the disciplinary process. Additionally, we found that the service was in the process of purchasing a new staff online management system. The new system would allow live monitoring of all calls so immediate action could be taken if staff had not logged in during required visit times.

The service had procedures in place for management of any accidents and incidents. Staff were aware they needed to report any such events to the office so action could be taken to stop harmful situations from reoccurring. The registered manager showed us a newly introduced log for all accidents and incidents within the service. They told us they would monitor it and analyse quarterly for any potential themes and patterns so actions of improvement could be implemented.

Staff had training in infection control and the agency provided staff with appropriate personal protection equipment (PPE), such as gloves, aprons and shoe covers. Staff we spoke with understood that people using the service due to their fragile health were at greater risk of infection. Staff we spoke with were aware of basic infection control measures, however, we found that staff mentioned gloves rather than handwashing as being most important for infection control.

Requires Improvement

Is the service effective?

Our findings

During our previous inspection on 17 March 2017, we found that staff were not always provided with appropriate training in order to deliver safe and effective care. This was especially in relation to specialist training where staff were providing care to people with specific needs. At this inspection we found that improvements had been made.

People using the service and their family members gave positive feedback about staff skills. A person using the service told us, "They are good. The ones who are regular understand everything. The ones who are new I have to explain everything." Relatives told us, "Yes they know what they're doing. They are doing their job properly" and "The staff are well trained. They use the hoist and seem to know what they are doing."

The manager provided us with an up to date training needs analysis (TNA). The document contained information on both mandatory and specialist training. Records showed that staff had completed their training or were booked to do so in the near future. Training included, safeguarding adults, infection control, health and safety, basic life support, moving and handling, medicines awareness and mental health, learning disabilities, dementia and fluids and nutrition awareness. We looked at files for six staff members and we saw training certificates in staff files. We noted that the manager had recently reviewed staff files and where evidence of training was missing, the manager took action to obtain the missing copies.

The provider had employed an external company to provide the training. For the majority of staff employed by the service English was their second language and their ability to communicate in English varied. To ensure staff understood and benefited from training the provider had arranged an interpreter who accompanied staff during their learning. We also saw that external health professionals had provided training on specialist subjects. For example, medicine and epilepsy training was delivered by a local pharmacy and a percutaneous endoscopic gastrostomy (PEG) tube feeding training by a district nurse.

The service had introduced care certificates, a set of standards which aim to give confidence that workers have the introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. We saw from team meeting minutes that all staff had received workbooks and were given three months to complete the course. Staff received additional support with completing care certificates, as they could discuss topics covered in the workbooks in their mandatory training sessions. All the care staff that we spoke with told us that they had attended training on a range of topics and found it useful. Some staff told us they had training on the same topic twice within a year.

New staff had a half day induction to become familiar with Hopscotch policies and processes such as responsibilities of employees, infection control and office protocols. The provider was also in the process of introducing a new system where new staff would shadow an experienced staff member for two visits. This system had not started yet and the manager explained it was scheduled to start in the very near future. Regardless, new staff we spoke with told us on their first care visit they had worked alongside another more experienced care staff.

The majority of people who used the service did not need staff support with regards to food and fluid intake as they had other arrangements in place to ensure regular meals had been provided. Some people required care staff at mealtimes, such as warming up already prepared food of their choice. People who were receiving support with food and drink told us, "Staff makes me snacks and offer a cup of tea" and "They help with the meals from time to time not always."

We found that information about people's dietary needs and preferences in people's files had not always been completed. The service's risk assessment template had not included a section of nutrition and dietary needs, therefore this area of care and support had not been risk assessed. For example, one person was diagnosed with diabetes and had difficulties related to their weight. This had not been risk assessed and staff had not been provided with guidelines on how to support the person. In another example, a person was receiving food via a specialist feeding tube (PEG). The person's care plan stated that the family was responsible for providing food to the person. However, the person's daily care notes clearly stated that staff was also providing the person with food and drink via PEG and orally. We saw that the care plan had not reflected this support. Both interventions had not been risk assessed. Additionally, there were no records available of the recommended PEG feeding regime and completed PEG feeding charts to reflect each feed. Consequently, we could not say if staff provided the person with support that was in line with recommendations provided by the health professionals.

Some guidelines for staff were provided in people's care plans, for example, how to support a person with identified risk of choking. However, we found these were not always sufficient to ensure people received safe and effective support.

The above is evidence of a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had not carried out their own assessment of needs and preferences for care and treatment of people who used the service. The assessment had been completed and reviewed by a referring professional. Following the referral, the agency's care supervisor would visit a person and would conduct a risk assessment of care needs described in the initial referral documentation. Information from the initial referral and a risk assessment visit had been then used to formulate people's plans of care. We saw that people's care plans had appropriate level of information on people's needs and preferences. However, because of the lack of the service's own initial assessment tool there was a risk that that people's needs would not be met fully and as people would like it. Furthermore, there was a risk of a discrepancy between what was expected by people and their families and the support provided by the service. During our inspection we came across examples of tasks that staff had been expected to complete while supporting people, such as various domestic chores, even though this was not within staff professional carer role.

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. We checked whether the service was working within the principles of the MCA.

We found that all people who used the service had signed their consent to care and treatment. However, it was not always clear if people understood what they were signing. This was due to the fact that English was not always people's first language, or whether they had the capacity to make the decision to sign. The manager explained to us that all people who used the service had all documents translated to them verbally by staff, to ensure they knew what they were signing. However, based on documentation provided, we could

not always say if all people who signed their consent had the mental capacity to understand the terms and conditions of support provided.

The manager told us the service supported people living with dementia and that all these people had the capacity to make decisions on their care. However, when reviewing people's care documents, we found there was a possibility some people had reduced capacity and their ability to make decisions could fluctuate. We found records for four people who were identified as living with dementia. Records for two of them implied they were clearly often confused and forgetful. A care file for one person made reference to the person's confusion, inability to recognise people or likelihood of making accusations about staff or family members. Such descriptions indicated that those individual's capacity varied which could impact on their ability to make decisions and give their consent to care. We saw that living with dementia had been mentioned in those people's files, however, this matter had not been fully explored with people or their families. In people's files there was no reference to mental capacity assessments carried out by the service or other professionals. There was also no reference to best interest decisions to ensure any decision made on people's behalf had been made to benefit them. There was also no reference to decision making agreements on people's care plans. Therefore, staff had not had guidelines on what decisions people could make and which they needed support with. Consequently, we could not say if these people did have capacity to make decisions and if they were able to consent to the care provided.

The above is evidence of a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Records showed that staff received the MCA training or had been scheduled to attend one shortly. Staff we spoke with told us, "The training was very helpful. I learned a lot" and "Is not relevant to the people I look after now, but might be in future. It was useful". Staff were able to describe how they obtained consent when undertaking any care and support task and they recognised the importance of this. They said they would report to the office if the person did not want them to carry out care. They also said they learned to take different approaches if people decided to refuse the care offered. For example, a staff member told us, "I sometimes need to charm people to take their medicines. They do not always want to take them when I first suggest it."

Staff told us they had regular supervision and we saw from the files that records were kept of the conversations. Staff reported supervision was useful, however, some carers said it only took place when something was wrong. The new manager had been implementing new systems to ensure every staff member had received their supervision. For example, they implemented telephone supervisions which meant staff could receive formal support even if they were not able to attend the office. The manager also maintained a central supervision matrix, according to which staff had received or were scheduled to received supervision.

We saw that staff received an annual appraisal of their skills. Records showed, it covered staff attendance, annual leave, timekeeping, sickness rate as well as discussion on care provided to people who used the service. Staff were also subject to regular spot checks of their direct work in people's home. The outcomes of the spot checks had been recorded and kept in staff individual files. We saw that If the result of a spot check was not satisfactory another check took place to ensure staff carried out their duties as required. Records showed that results of spot checks whilst the carer was working at a person's home were discussed with staff during supervision.

People were supported to have access to health professionals when required. People and their family members told us that, although they had not been in such situation, they trusted staff would take action to

help a person if they suddenly felt unwell. Family members told us, "The service gives me full reassurance that my mother is being looked after." In care records, we saw evidence of contact or referrals made to health professionals. This, for example, included speech and language therapist (SALT) and occupational therapist (OT).

Good

Is the service caring?

Our findings

People received support from staff who were kind and showed compassion and understanding towards people they supported. All people we talked with spoke positively about staff who supported them. Some of their comments included, "Amazing flexible staff", "They are respectful, they are caring and kind" and "The carer is very respectful with me and listens to me which is important." Family members expressed their contentment about staff visiting their relatives. They told us, "Staff are nice kind and caring. My [relative] has all sorts of problems and can be challenging to staff. Staff know how to answer [my relative]", "They are really good with my [relative]" and "It seems that my [relative] seems happy with their care staff." One family member said they were happy with staff supporting their relative, however, they felt at times staff spent too much time completing daily care notes which reduced the time they had for the person.

Staff we spoke with showed a caring and thoughtful attitude about people they supported. Some of their comments included, "I have been cared for myself in the past and know how it feels to be dependent on others", "Now I am giving help to others but I may need help myself one day" and 'I respect the people I care for like my family and this works well."

At the time of our inspection, the agency provided care for men and women of different age and predominantly from the Asian community. The majority of staff who supported people shared the same background as the people they supported. This provided familiarity and helped to better understand religious, cultural and other needs people might have. Additionally, people were usually visited by the same staff, which helped to build positive friendly relationship. People and their relatives told us this was important to them. They said, "The carer is the same age as me and speaks Bengali so they really understand me", "[Care staff] is fully aware of my culture and religion" and "The carers speak my language which helps enormously." A family member told us, "They are good at communicating with my [relative] as they use my [relative's] language." Although the service provided care to a specific group of people, they were open to supporting people from other backgrounds. At the time of our inspection the agency had been in the process of entering a new contract with the local authority which meant they would support people from all cultural and religious backgrounds.

The majority of people we spoke with said staff listened to them and they felt involved in decisions about their care. Some of their comments included, "They tell me what they are going to do and what they are not going to do", "They involve me in decision making" and "Everything I ask of them they do to their best ability." One person told us that staff did not listen, they just got on with their work carried on with what they had to do.

People's care plans included information on people's personal likes and dislikes. When possible, staff supported people to access the community to do the things they liked. We saw this was agreed in people's care plan. People's records included information about staff accompanying people to sport activities, eating out or visiting a place of worship. People told us, "Care staff goes with me to the mosque and some hospital appointments" and "The carer is very helpful and sometimes we go out for lunch together." People also said, when needed staff also supported people in interpreting formal documents which otherwise people could

not understand due to the language barrier.

Staff respected people dignity and privacy when providing personal care. Records showed, staff were also provided with training on how to ensure people's privacy and dignity was protected. Staff we spoke with told us their culture of origin was to be respectful of older people. They said that respect was essential for building trusting relationship with people they supported. All people we spoke with told us staff respected them when receiving personal care. Their comments included, 'Oh yes. They talk to me and they don't shout. They talk to me like talking to a family member", "Yes, they are very caring. The staff who assists me in the bathing I like her as she respects me" and "The staff will help me with personal hygiene if I need it." A family member told us, "They bath [my relative] and deal with [my relative's] personal hygiene and are respectful during this process."

Staff we spoke with understood how to protect people's privacy and dignity. Staff said they would knock on doors before going in and would ask people's permission before providing any care. They also said they would close bathroom or bedroom doors when giving personal care. They also said, and family members confirmed, people could choose if they preferred a male or female staff supporting them. A family member told us, "Staff washes my [relative] and are very respectful with this. It is a female staff which we are happy with" and "My [relative] has female carers which was really important to her."

Requires Improvement

Is the service responsive?

Our findings

There was a complaint policy and people using the service and their relatives were aware of it. The majority of people and the family members we spoke with told us they never had to complain about the service. They felt confident that the service would deal with complaints raised by them. All people but one, who had raised complaints in the past said they were happy and satisfied with the outcomes. Some of their comments included, "I would know how to complain if I had a complaint but I am really happy with the service", "We don't have any complaints but if we did, we would not hesitate to contact the agency who are always on the end of the phone" and "I rang the agency and complained and they have sent in another carer." One person told us they were not happy with how the agency dealt with their complaint.

Although we received mostly positive feedback from people and their relatives we found that the service had not always dealt with complaints as required by the Regulations. Since our last inspection in March 2017, the service received 16 complaints. We looked at the sample of 6 of these complaints to check how the service had dealt with them. We found that complaints had been investigated, however, not all complaints have been dealt with at the same level of detail. We saw there was not always evidence available to show that the complaints procedure had been followed and how the outcomes of the complaint had been achieved. On request some documentation had been provided to us during our visit. However, we observed that these were difficult to locate as there was no unified approach within the staff team on where records related to complaints should be stored. On review of these documentation, we saw that there was no always evidence showing that the complaints process had been followed. Follow up interviews with staff who were a subject of a complaint had not always been recorded and signed by staff to show the matter had been discussed with them. There was no evidence showing that the complainant had been updated of the outcomes of their complaint and the changes that had been made as a result of their complaint. We also saw that there was not always evidence showing that agreed actions had been taken as a result of received complaints. For example, an action from one complaint stated that a care co-ordinator would meet with the respective care staff to discuss the complaint. There was no record available to show that this meeting had taken place and if the staff had received additional support to improve their care practice.

The above is evidence of a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We also saw an example on one complaint that had been dealt with systematically, and the person making their complaint had shared their gratitude for help with the service. We also saw one example, where the outcome of a complaint had been discussed with staff in their supervision.

The manager informed us that in March 2018, shortly before our inspection, the service had introduced a new complaints monitoring form and they would review it quarterly. However, they had not had the chance to review existing complaints since their recent appointment at the service.

Each person receiving support from the agency had a care plan. We saw that care plans consisted of some personal information about people. This included description of who people lived with, their support

network, people's communication needs and general information around people's support needs. The care plans also included step by step guidelines of personal care that needed to be provided to people. We saw that information in people's care plans reflected information provided by the referrer and gathered by the service during the initial risk assessment. However, because the service had not carried out their own assessment of people's needs and preferences the information in people's care plans had not always been complete in people's life stories, their personal goals related to care received and how exactly people would like to receive their care. We saw that the section in people's care plan designed to describe people's desired outcomes of the support and treatment goals had often had not been completed. We saw that some answers to the questions about people's lifestyle, for example about hobbies, were marked with an answer "did not say". We did not see evidence that staff formulating a care plan had enquired further or asked family members to get a fuller picture of the person. Consequently, staff had limited information on people and what was important to them.

We found that care plans in people's homes were written in English and signed by people who used the service. There was no documentary evidence that the contents had been translated to people or their family before they signed it. The manager and members of the staff team reassured us that these documents were discussed and verbally translated to people and their relatives. People using the service confirmed that they had been made aware of their care plans and they participated in their formulation. However, they also told us that they could not read them for themselves because the documents were in English. During our inspection we came across feedback from people who used the service and the staff team suggesting there was at times a discrepancy in understanding what support staff should provide. Because care plans were not provided in the form that was accessible to people after the interpreter had left, people were not able to review these documents and simply remind themselves what type of care they agreed to.

The above is evidence of a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

Requires Improvement

Is the service well-led?

Our findings

During our inspection we found that the service was not meeting fully the requirements of the Health and Social Care Regulations. The provider did not have effective systems in place to ensure regular monitoring, analysis and improvement of the service. Consequently, there were areas of the service provision that needed to improve to ensure people received safe care that met their needs and personal preferences. These were related to medicines management, assessment of risk to health and wellbeing of people who used the service, dealing with complaints and meeting people's nutritional needs.

The service had not kept contemporaneous records of care provided to people. On review of people's daily care records, we saw that these had been completed, however, the quality and the level of information varied. Records were task oriented and really reflected how people were and if any changes to their health and wellbeing were observed. We could not always say if daily care records were completed at the time of the visit. For example, we could not tell from the daily logs if the visit took place at the times agreed in the care package. We saw that in some cases the visiting times were pre-populated for the week ahead to match the times in the care package. We saw that care staff added information on care provided next to prepopulated information. We saw that the writing was different confirming that visit times and daily care records were completed by different staff. We knew from people using the service that care staff were not always punctual and that the office sometimes changed visit times. This had not been always reflected in the daily logs. One care staff told us the visit was only meant to be 45 minutes, they only recorded 45 minutes even though they often stayed longer. In one instance we saw that daily care logs were not in date order on a single page.

We saw that daily care records had not always clearly reflected support given to people. We looked at daily care notes for one person for the period between September and November [year not stated]. We saw that information on what care had been provided had not always been completed. For another person daily care records between January and March 2018 included comments such as, "all job done", "I changed her nappy". We also saw that staff had used a repetition symbol across a number of days and did not describe care provided.

We found that daily care notes had not been regularly collected from people's homes. We reviewed files for eight people and we saw that for four of them daily care notes had not been collected for at least 5 months. Therefore, we could not review how care for these people had been documented. Additionally, we were not confident that the service had monitored to ensure that care provided to people was clearly recorded, reflected any changes and concerns that might be observed by staff and was truthful and respectful towards people it described.

We also saw that the service had not kept robust records on medicines administration which we described in the safe section of this report.

The provider had introduced quality assurance systems to ensure that people and relatives were able to give feedback on care they received. In 2017 the service had carried out a telephone survey as well as a written

questionnaire which was completed in discussion with people using the service. We saw that useful feedback was gained in relation to individual people using the service with actions needed identified. However, we did not see evidence showing that agreed actions on improvements in individual cases had been followed. We also did not see an overall summary of the results of either survey to show trends in concerns and feedback provide by people.

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

We saw that the new manager and the nominated individual were committed to implementing changes and introducing improvements to the service. Following our inspection, both the manager and the nominated individual contacted us to update us on actions they commenced to address issues identified by us during our visit. These were related to the management of medicines and meeting nutrition and hydration needs of people who used the service.

Other improvements had been already introduced by the new manager prior to our visit. We saw that they implemented a new training needs analysis (TNA) tool and supervision matrix to ensure staff had up to date training and regular support to help them care for people effectively. They also implemented a new risk assessment for staff who required additional support due to their special circumstances. Another improvement was related to introducing more care staff to people so people could be supported by familiar staff in case their regular worker was absent. Further improvements included introducing new monitoring tools for accidents and incidents and complaints which the new manager told us they would analyse quarterly. The manager had also undertaken an audit of all staff files and they were in the process of auditing and working towards improvements to people's care files.

People gave generally positive feedback about the service and its leadership. Some of their comments included, "The Service they [Hopscotch] provide is good, just hope they continue like this", "My relative has been with them [many] years very happy with the service" and "This service is not just for us Asians but for other nationalities, young and old and extends it to all ages which I am pleased to hear". We also received positive feedback about both the manager and the nominated individual from external health professional. They told us, "The service had become easy to work with since they took on their roles.

The service had various forums were office staff and care staff could discuss various matters related to the service delivery. There were fortnightly team meetings for the service's supervisors and co-ordinators. From the minutes we saw that topics discussed included staff matters, such as new starters, resignations and disciplinary issues, incidents, any organisational changes and developments and regulatory and legal changes and requirements.

Care staff were invited to quarterly care workers forums. The new manager planned to run the forum every two months with a choice of four different time slots spread over two days. This was to enable all staff to attend at the time suitable for them. At the time of our visit there were no minutes available from this forum, however we were told that the aim of the forum was to provide an opportunity to engage care staff in the service's work, discuss training needs, implementation of care standards, social activities and areas needing improvement. Additionally, there were office drop in sessions available twice a week which could be used by care staff to discuss matters of interest with the management team.

Staff were able to familiarise themselves with the provider's policies during their induction. Additionally, the nominated individual had presented us with a template of a staff handbook which would guide staff on various task and responsibilities related to their professional role. We were told that the handbook had not

been implemented yet, however, the nominated individual was planning to launch it in the near future.

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 registered person did not ensured that care and treatment to service users met their needs and reflected their preferences. Regulation 9 (1) (3) (a) (b) (c)

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person did not always ensured that care and treatment was provided with the consent of the relevant person. The registered person had not always acted in accordance with the Mental Capacity Act 2005. Regulation 11 (1) (3)

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

They had not ensured the safe and proper management of medicines.

Regulation 12 (2) (g)

Regulated activity	Regulation
Personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The registered person did not ensure people's nutritional and hydration needs had been fully met because: They did not carry our appropriate assessment of nutritional and hydration needs and risks related to them when these support was part of the person's care plan. Regulation 14 (1) (2) (b)

Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The registered person did not ensure that an effective system was put in place or managing complaints and that and that actions on improvements were always followed. Regulation 16 (1) (2)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person did not operate effective systems to: Assess, monitor and improve the quality of the service. Regulation 17 (2) (a) Assess, monitor and mitigate the risks relating to health, safety and welfare of service users.

Regulation 17 (2) (b)

Maintain accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided.

Regulation 17 (2) (c)

Analyse feedback received from people using the service and use it to drive improvements to the quality and safety of service and the experience of engaging with the provider.

Regulation 17 (2) (e)