CareQuality Commission

Hopscotch Asian Women's Centre

Hopscoth Asian Womens 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

We carried out an announced inspection on 18 February 2016. Hopscotch Asian Women's Centre provides personal care to people in their own homes in Camden. Currently there are 38 people, some older and some younger adults, who receive personal care from the agency.

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

Staff were not always appropriately trained and the service could not demonstrate that staff were competent and skilled to support people safely. The training matrix showed how less than half of care workers employed had received medicines training and it was later confirmed that only three out of seventeen staff trained to support people with medicines had received refresher training.

Staff had received induction training; Only 19 out of 47 staff had completed mandatory dementia training. Staff did not always receive supervision and appraisal on a regular basis. Staff had not received adequate training and support to enable them to carry out the duties they were employed to do.

Spot checks on staff to check their competence and performance around service delivery were not carried out on any consistent basis. Although there was a service user survey carried out in 2015, the response was very poor with only five people returning their forms. The service was not able to determine the quality of the experience for people who used the service .There was evidence that people were asked for their views on the service provision via telephone interviews. The service was unable to demonstrate how issues raised were followed up with the relevant member of staff or any action taken. Audits of staff records or care records to ensure the quality of the care being provided was of a good standard were not carried out.

People were concerned that issues around staff being sent to them who were unfamiliar with their care were not responded to effectively. Staff sometimes did not stay for the allotted time. We made a recommendation that robust systems should be put in place to respond to concerns and issues in a timely manner to ensure the satisfaction of people using the service and their relatives.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person.

There were sufficient numbers of staff available to keep people safe. Care workers told us they had sufficient time in which to complete their visits and their schedule included travelling time between clients.

Thorough recruitment checks were carried out before staff started working at the service. We looked at staff records and saw how there was a safe and robust recruitment process in place.

Staff prompted people to take there medicines from blister packs. They recorded this on a Medicine Administration Record (MAR) in line with providers policy and procedures.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to support people who lacked the mental capacity in line with the principles of the act and particularly around decision making.

Some people were supported by staff with eating and drinking and this was detailed in people's care plans. People were supported to access GP appointments as well as access to other health services to ensure they were able to maintain good health.

People and their relatives told us they were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out.

We saw that people's records included a personal care support timetable. This included a comprehensive outline of the person's care needs. There was clear guidance for staff about how to support the person according to their needs and wishes.

There was a system in place for addressing formal complaints and ensuring feedback was given to the complainant.

At this inspection there were breaches of regulations in relation to staffing and good governance. You can see what action we told the provider to take at the back of the full version of the report.

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. Concerns and issues raised by people and their relatives via telephone, regarding staff timekeeping were not always monitored and responded to in a timely way. Staff did not always stay for the allotted time.

Staff knew how to report concerns or allegations of abuse. People and their relatives were given information on how to report concerns.

Individual risk assessments had been prepared for people and measures put in place to minimise the risks of harm.

There were sufficient staff available to meet people's needs.

Is the service effective?

Requires Improvement

The service was not always effective. Staff received induction training but not all mandatory training was up to date.

People were assisted to access their GP and on-going healthcare support.

Staff supported some people with food and drink in order to maintain a balanced diet if required.

Staff had a good understanding of the Mental Capacity Act 2005 and how to support people using the principles of the Act.

Is the service caring?

Good

The service was caring. Staff understood people's individual needs and ensured dignity and respect when providing care and support.

Care workers supported the same people as much as possible in order to ensure consistency and to build relationships with people.

People were supported by staff who were able to speak the same language and understand their culture, as much as possible in order to ensure good communication.

Is the service responsive?

The service was responsive. There was clear guidance for staff about how to support the person according to their needs and wishes.

Equality and diversity training was incorporated in the induction programme and staff had a good understanding of how to ensure unique aspects of people's identity were respected and valued.

Managers and staff liaised with other professionals to ensure people were receiving individualised care that met their needs.

Is the service well-led?

The service was not always well-led. Effective systems, including audits had not been established to check that the service was providing high quality care.

There were appropriate policies and procedures in place to support and guide staff with areas related to their work.

The service used an electronic monitoring system which would monitor when care workers arrived at a person's home and when they left. This was used as a tool for monitoring performance, although further improvements were needed to ensure that this was effective.

Care Quality Commission

Hopscoth Asian Womens 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 checked 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 was undertaken on 18 February 2016. We gave the provider 48 hours' notice before our visit. We gave the provider notice as we wanted to make sure the registered manager was available on the day of our inspection. The inspection visit was carried out by two inspectors. After our visit to the office we talked to two people using the service and four relatives and a live in carer over the phone. These telephone interviews were carried out by the two inspectors.

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 also reviewed other information we have about the provider, including notifications of any safeguarding or other incidents affecting the safety and wellbeing of people.

We spoke with four care worker the registered manager and the interim director.

We looked at six peoples care records including their care plans and risk assessments. We looked at other records held by the agency including meeting minutes and quality checks and surveys.

Requires Improvement

Is the service safe?

Our findings

People and their relatives we spoke with said they felt safe and that staff understood their needs. One person said, "What we tell them [staff] to do, they will do. They listen."

There were sufficient numbers of staff available to keep people safe. Care workers told us they had sufficient time in which to complete their visits and their schedule included travelling time between people they supported. One member of staff told us, "Clients are clustered within the same area, so there is no difficulty going between calls." They also said how 'double up' calls (where a person requires two carers to assist them) "are well scheduled by the office and my working partner always turns up at the same time as me." This effective planning decreased the risk of staff not being able to make the agreed appointment times. Staff also told us that they usually had a consistent schedule so they were supporting the same people. One member of staff said, "This is important because the person does not have to get used too many different people and I get to know them well."

However, some people and their relatives we spoke with told us staff do not always stay for the time they are supposed to and one said, "They do not do full hour, we complained but they do not do anything. They leave 15-20 minutes before," another said "At times; they do not do most of the jobs and leave early." Other people and relatives told us that timekeeping was not always good. This was discussed with the registered manager who explained that there is a tracker system that staff should use to log in and out of each visit. She went on to say that there had been problems with staff compliance in the use of the system and they had recently informed staff that disciplinary action would be taken if they continued to be none compliant. We saw this had been discussed at the last team meeting and also in some staff supervision records we saw, where action had been taken by the service to improve staff performance.

We recommend that robust systems are put in place to monitor staff performance in relation to the agreed times spent supporting people and timekeeping to ensure the service provided is meeting people's assessed needs.

Staff had received training in safeguarding adults and was knowledgeable in recognising signs of potential abuse and the relevant reporting procedures to follow. They told us the signs they looked out for when they supported a person. One care worker told us how they recognised possible signs of abuse, for example, "If there is something out of the norm, such as if their communication was different or if I noticed bruises on their body." They told us how they would report anything which was of concern to them to the registered manager, in line with the provider's policy.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring. Where a person was at risk of falling out of bed, their risk assessment emphasised the importance of their bed rails being up at all times. On another risk assessment, where the person required

the use of a hoist, the risk assessment included an instruction to staff for them to do an equipment check. Risk assessments details were included on the care plan, enabling staff to follow the plan to minimise risk and ensure the safety of the person and themselves.

Thorough recruitment checks were carried out before staff started working at the service. We looked at staff records and saw how there was a safe and robust recruitment process in place. We saw completed application forms which included references to their previous health and social care experience, their qualifications, their employment history and explanations for any breaks in employment. Each record had two employment references, and an in-date Disclosure and Barring Service certificate [DBS]. This meant staff were considered safe to work with people who used the service. One newly appointed care worker told us their start date had been delayed, "because I was not allowed to work until my DBS came through and this took some time."

Staff prompted people to take there medicines from blister packs. They recorded this on a Medicine Administration Record (MAR) in line with providers policy and procedures.

Requires Improvement

Is the service effective?

Our findings

All staff were required to complete an induction programme which was in line with the common induction standards published by Skills for Care. The registered manager told it was her intention to introduce the Care Certificate which has since replaced the Common Induction Standards (in social care). The Care Certificate is the benchmark which has been set for the induction of new social care support workers.

The service maintained a matrix for the training that staff received. The training matrix did not clearly show what specific training staff had received. The registered manager told us the training which was regarded as mandatory training included induction, safeguarding adults and moving and handling. We saw how the majority of staff had completed their safeguarding and moving and handling training, although three staff had out of date moving and handling training. The registered manager also told us they had made dementia training mandatory in 2014, as many of the people they supported were living with dementia and staff were expected to meet there specific needs in relation to this. However we could see on the training matrix that only 19 out of 47 staff had completed this and some dating back to 2013. Induction training for first aid, infection control and food hygiene, took place over a period of three hours. The registered manager agreed that this was an inadequate period of time in which to become competent in all of these areas and we saw no evidence of competency checks relating to the induction training to demonstrate staff were able to apply what they had learnt.

The registered manager told us that only staff that had completed medicine training were assigned to people who needed support with their medicine. We saw from the training matrix that less than half of the care workers employed had received medicine training and it was later confirmed that only three out of seventeen staff trained to support people with medicines had received refresher training by the date this was due in October 2015. One care worker's supervision record noted how their medicine training had expired four months prior to our inspection. The registered manager told us that this member of staff had not completed their refresher training. They later confirmed that the staff member had been supporting people with medicines but would be taken off that particular job until they had completed the training. The registered manager told us after the inspection that a date had been confirmed in March 2016 for the training to take place. Staff who had not done the training and those that required a refresher were expected to attend the course.

We noted on one support plan how the carer was instructed to, 'please check for pressure sores.' We discussed this with the registered manager and asked what training carers had to support this action. They acknowledged that there was no relevant training included in carer's training to enable them to do this with any level of competency. We saw from the training matrix that some staff had covered pressure sores in there induction but not in any depth due to the three hour time slot.

We spoke with two members of staff about training, supervision and annual appraisals. One newly recruited care worker told us they had completed an induction when they started work, and then shadowed a more experience member of staff, "so that I know what is expected of me." One member of staff told us they received supervision every three months and, "It is good because it gives an opportunity to discuss issues."

They also said, "You don't have to wait for supervision to talk to a manager, there is an open door policy in the office." We looked at care staff records and saw that whilst supervision and appraisal did take place, there was little regularity to this. For example, on one person's record, there was an eight month gap between supervisions, with their last annual appraisal done in 2012 and on another there was a six month gap between supervision, with no evidence of an appraisal having taken place with this person. When we checked the supervision/appraisal/spot check matrix, the appraisal for this person was due on 31 March 2015. We saw that team meetings had taken place February 2016, December 2015, September 2015 and June 2015. The service was unable to demonstrate that staff received adequate training and support to enable them to carry out the duties they were employed to do effectively.

The above is evidence of a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us they thought the service was effective and people's needs were met. One person explained to us about the support they were receiving and went on to say, "They do these things for me and they do it well."

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to support people who lacked the mental capacity in line with the principles of the act and particularly around decision making. They told us that if they had any concerns regarding a person's ability to make a decision they worked with the local authority to ensure appropriate capacity assessments were undertaken and best interest decisions made. Staff told us the people they supported were always offered choice and they respected their decisions.

Some people were supported by staff with eating and drinking to maintain a balanced diet and this was detailed in people's care plans. One care worker told us that a person she supports has soft food and although she does not prepare it, she follows the guidelines shown to them by the speech and language therapist which also included what to do in an emergency. They told us that written guidance was also in the home for this person.

People were supported by staff to access GP appointments as well as access to other health services to ensure they were able to maintain good health. One person said, "They help with supporting to take my son to GP and hospitals. They explain information in English to me." We saw actions and outcomes from appointments in people's care records.

We saw evidence on people's records of liaison with other professionals such as a community occupational therapist to ensure people were receiving individualised care that met their needs. Specific moving and handling advice was given by the occupational therapist, and we saw an e-mail from the registered manager which confirmed this.

Good

Is the service caring?

Our findings

People who used the service and their relatives were positive about the attitude and approach of the staff that visited them and told us they felt the staff were caring. One person told us "They are friendly and caring" another said."

The registered manager told us that care workers supported the same people every day as much as possible in order to ensure consistency and for staff to build relationships with people. She told us that people were matched with people who spoke the same language as much as possible, to assist with communication and to ensure people's needs were met. Some staff had also been given the opportunity to undertake English for speakers of other languages (ESOL) training to improve their communication skills.

People's privacy and dignity were maintained. Staff told us they gave people privacy whilst they undertook aspects of personal care. For example, only exposing those parts being washed, and ensuring that all doors and curtains were closed whilst undertaking this.

One care worker told us they had supported someone with dementia for some time and now the person was finding it hard to communicate verbally with them. She described how she would use gestures and take time to show them what they might have to eat or what they might want to wear. She said, "I always give options. I try not to talk too much and give them time and space, I don't want to overload them." She said the person always looks forward to them coming as she can tell by their reaction and they always greet her with a smile.

Equality and diversity training was incorporated in the induction programme and staff we spoke with had a good understanding of how to ensure unique aspects of people's identity, including culture, race, disability and sexual orientation were respected and valued. One care worker told us that they visited many people who spoke different languages and held different beliefs and that as a team they were able to assist each other if they were unsure of how to address certain issues in relation to this. For example, food preparation and ensuring food was prepared in the correct way.

People and their relatives told us they were involved in developing their care and support plans and identifying what support they required from the service and how this was to be carried out. One person told us "What we tell them [staff] to do, they will do. They listen." Another said, "They [staff] do listen." We saw that people and their relatives were asked about the best ways in which to support people, according their preferences and wishes. We saw examples of this in terms of people requesting a male or female care worker or a care worker who spoke a specific language. We saw how the service always accommodated people's preferences.

Good

Is the service responsive?

Our findings

People told us the care and support people received was responsive and met their needs.

We saw that people's records included a personal care support timetable. This included a comprehensive outline of the person's care needs. There was clear guidance for staff about how to support the person according to their needs and wishes. For example, where a person needed to be assisted with moving, the support plan stated 'carer must make sure there is clear communication with the service user and the second carer when completing transfers.' On another, it was written, 'please use two separate flannels.' A care worker told us, "I stick to the care plan, that way I know I am doing what the person needs. If something is unclear, I will speak to the person or their family and ring the office."

In addition to a person's support needs, the personal care support timetable included risk assessments for the service user. This information was well documented and accessible to the care worker. This ensured they were clear of the risks to themselves and the person they were supporting on a day to day basis. The personal care support timetables also demonstrated that people were consulted on the outcomes they hoped to achieve from the support they were getting. Comments included, 'I want to be able to maintain personal dignity and respect' and on another, 'I want to have improved quality of life, with increased choice and control.'

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, which enabled them to provide a personalised service. A care worker told us how they needed to communicate in a specific way with one person in order to generate a level of communication with them.

Health and social care professionals we spoke with told us they thought the service provided by Hopscotch Asian Women's Centre was good and they felt staff supported people with specific cultural needs in a person centred way. We were specifically told of an issue that had been raised with the manager about a person with dementia not being adequately supported and how it was responded to quickly and effectively by the manager and staff team.

Care workers we spoke with knew how to support people to make a formal complaint. One said, "I would always encourage them to speak to the manager first, or pass a message on to the manager as it may be something that can be something that can be dealt quickly". The service had a complaints policy and a copy of this was detailed in the service user guide provided for people. There was a system in place for addressing formal complaints and ensuring feedback was given to the complainant. There were four complaints recorded in the past year.

Requires Improvement

Is the service well-led?

Our findings

We saw from the care records and staff records that spot checks on staff to check their competence and performance around service delivery were not carried out on any consistent basis. For example, one person's last spot check was dated October 2013, and on another, whilst they had one in October 2015, the one prior to this was January 2014.

The registered manager had given responsibility to three care supervisors to plan six monthly care reviews, quarterly telephone review spot checks, supervisions and appraisals and ensure they were taking place. Although we were told these roles had recently been implemented, the registered manager did not have effective monitoring systems in place to detect the shortfalls we had discovered during this inspection.

People who used the service were asked for their views on the service provision. However, the service was not able to demonstrate they responded to people expressing dissatisfaction. For example, where one person gave a low rating for 'communication from the office', the service could not provide evidence of follow up with that person to explore the matter further. On another, the person made negative comments about the care worker, including their time keeping. There service was unable to demonstrate that they had followed this up. The registered manager told us such negative comments 'would be discussed at the weekly compliance meeting'. She acknowledged that there was no direct contact made with the person in response to their comments.

Staff and care records were not audited to ensure the quality of the care being provided was of a good standard. A service user survey carried out in 2015, the response was very poor with only five people returning their forms.

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

People we spoke with told us they thought the service was well generally run. One relative said, the "Manager is good." The registered manager told us they were committed to ensuring the service was equipped to meet the needs of people using the service regardless of their backgrounds, culture and beliefs. We had feedback from people and their relatives from all backgrounds who confirmed that the service provided was person centred and met individual needs.

Staff told us they thought the registered manager was approachable and very supportive and they felt they received guidance and supervision through telephone calls and meeting face to face.

The service used an electronic monitoring system which monitored when care workers arrived at a person's home and when they left. Although there were times when staff had not used the system the registered manager told us they were able to use it as a tool for monitoring performance. However, further improvements were needed to ensure that this was effective.

There were appropriate policies and procedures in place to support and guide staff with areas related to their work.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered manager did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity including the quality of the experience of service users in receiving those services. Regulation 17. 2 (a)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered manager did not ensure staff received such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they were employed to perform. Regulation 18. 2 (a)