

DCAS Direct Personnel Limited

Tottenham Town Hall

Inspection report

Town Hall Approach Road
London
N15 4RY

Date of inspection visit:
24 June 2019

Date of publication:
10 July 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Tottenham Town Hall is a domiciliary care service registered to provide personal care support to people with a physical disability, a mental health condition, and older people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection, six people were receiving personal care support.

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

People told us they felt the service was safe, staff were kind and the care received was good. We found staff had a good understanding of their responsibility with regard to safeguarding adults.

Risk assessments were in place which provided guidance on how to support people safely. There were enough suitable staff employed by the service. Staff had been recruited safely with appropriate checks on their backgrounds completed. Medicines were managed safely.

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

Staff undertook training and received regular supervision to help support them to provide effective care. People and their relatives told us staffing treated them with dignity and respect.

Person centred support plans were in place and people and their relatives were involved in planning the care and support they received.

People's cultural and religious needs were respected when planning and delivering care. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

The provider had a complaint procedure in place. People and their relatives knew how to make a complaint.

At the time of our inspection the service did not have any people receiving end of life care. The service had an end of life policy in policy. Staff received end of life care training.

Staff told us the registered manager was supportive. People and their relatives felt the service was well led. The service had various quality assurance and monitoring mechanisms in place

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

Rating at last inspection

The last rating for this service was requires improvement (published 5 July 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Tottenham Town Hall

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 June 2019 and ended on 24 June 2019. We visited the office location on 24 June 2019.

What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, the deputy manager, the nominated individual and two care staff.

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

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. We found people's risk assessments did not provide sufficient information and medicines administration charts were not accurately completed. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- People had risk assessments in place and these were detailed. Each person had an environmental risk assessment as well as individualised risk assessments relevant to each of their needs.
- Risks covered included skin integrity, washing and dressing, communication, toileting, nutrition, pressure area care, manual handling and moving and handling.
- The risk assessments detailed the risks to people, the level of severity and actions for staff to take to reduce the risks. Risk assessments were reviewed quarterly.
- Staff were trained in health and safety, and basic life support. They had a good understanding of risks to people and how to provide safe care.

Using medicines safely

- People's medicines were administered safely.
- The service had a medicines policy in place which covered the recording and administration of medicines.
- Records showed staff were up to date with medicines training.
- The provider told us only one person was supported with medicines. The person had a medicines administration record (MAR). We found these were accurately completed and showed that people received their medicines as prescribed.
- Medicines records were returned to the office weekly and checked. One staff member told us, "I record [medicines administration] and put my initial I have signed. I bring back to the office. I check with office if I am doing it right. If there is a mistake they will tell me."

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the service was safe. A person said, "Yes [safe]." A relative told us, "[Staff] treat [relative] safely."
- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- Staff had undertaken training about safeguarding adults. Staff and management staff we spoke with had a good understanding of their responsibilities.

- Staff and management we spoke with had a good understanding of their responsibilities. A staff member said, "I would tell the manager. If the case was [not reported] I would tell CQC."
- The registered manager was able to demonstrate the actions they had taken when incidents had occurred which included reporting to the Care Quality Commission and the local authority.

Staffing and recruitment

- There were enough staff in place to meet people's needs safely. People, relatives, and staff confirmed this.
- People and relatives told us staff were punctual. One relative said, "[Staff] on time always." Another relative told us, "[Staff members] have enough time."
- The provider had a recruitment policy and procedures in place to ensure staff who supported people were safe, skilled and of good character.
- The registered manager told us no new staff had been recruited since the last inspection.
- Staff personnel files contained application forms, recruitment checks including reference, criminal records, identity and right to work in the UK.

Preventing and controlling infection

- Staff were trained in infection prevention and control.
- People and their relatives told us staff used protective equipment when they provided care.
- Staff told us they were provided with protective equipment and they demonstrated a good understanding of how to prevent the spread of infection.
- One staff member told us, "I wear gloves, aprons and shoe covers. The agency provides [protective equipment]."

Learning lessons when things go wrong

- The provider had systems in place to report, record, investigate and learn lessons from accidents and incidents.
- Accident and incident records showed staff recorded the description of the incident, actions taken to ensure people's safety and preventative actions taken to minimise the recurrence.
- However, accident and incident records did not always record lessons learnt. The provider told us in the future they would include lessons learnt in the form for a better audit trail and easy access.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- At our last inspection we found staff did not always receive regular supervision and health specific training to meet people's individual needs. This was a breach of regulation 18 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. However, the registered manager told us no new staff had been recruited since the last inspection.
- Training was provided in subjects including basic first aid, food hygiene, moving and handling, infection control, safeguarding adults, medicines, communication, equality and diversity, fluids and nutrition, privacy and dignity, and the Mental Capacity Act 2005.
- Health specific training was now provided to staff. This included dementia awareness, learning disabilities, diabetes awareness and dysphagia training. Dysphagia is the medical term used to describe difficulty swallowing.
- Staff told us they found the training helpful. A staff member said, "[Provider] gives a lot of training." Another staff member told us, "The training is really good. It really helps you with updating your knowledge."
- Staff were provided with regular supervisions. Records confirmed this. A staff member said, "Supervision [sessions] check what you are doing. How we deal with the clients. I had supervision two weeks ago. It is very useful." Another staff member told us, "We talk about our jobs and how can we get better."
- Staff told us, and records confirmed they received an annual appraisal.

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

- People told us staff knew their needs and provided individualised care and treatment.
- One person told us, "[Staff] are good. [Staff member] helps me. [Staff member] understands what I am saying." A relative said, "[Staff] are very good. They do everything correct. I am very happy."
- People's needs were assessed before they started receiving care. However, the registered manager told us no new people had started with the service since the last inspection.

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

- People who required support with their nutrition and hydration and their relatives told us they were happy with the support.
- One person told us, "[Staff member] will ask if I am thirsty. [Staff member] will ask what I want to eat. [Staff

member] helps me with food and cooking." A relative said, "Sometimes [relative] doesn't have appetite. [Staff] try to get [relative] to eat." Another relative commented, "[Staff member] will heat the food."

- Care plan's recorded people's dietary needs and food likes and dislikes. One care plan stated, "[Person] enjoys eating [culturally specific] food such as rice and macaroni, which will be prepared by [relative]."

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

- The service worked with other agencies and professionals to ensure people received effective care.
- Where people required support from other professionals this was supported and staff followed guidance provided by such professionals. Information was shared with other agencies if people needed to access other services such as GPs, and health and social services. Records of communication and correspondence confirmed this.
- Staff were aware of what action to take if people were unwell or had an accident. They told us they would contact people's GP or phone for an ambulance as necessary and inform people's next of kin.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- Staff ensured that people were involved in decisions about their care and understood the procedures to make sure decisions were taken in people's best interests.
- One staff member told us, "Even if [information] in the care plan I will still ask [person] verbally. I ask permission." Another staff member said, "I ask [person] daily what [person] wants to eat and if she wants to eat. We have a good communication. She can tell me."
- People's consent was sought before they were provided care. A person said, "[Staff member] will ask me." A relative told us, "[Staff] always ask."
- The provider completed mental capacity assessments for people who lacked capacity to make decisions regarding their care.
- Relatives were involved in making decisions where people lacked capacity. Records confirmed the service had information on applications for Lasting Power of Attorney (LPA) documents when people were unable to make their own decisions. LPA gives the person who is given power of attorney the power to make decisions about your daily routine (washing, dressing, eating), medical care, moving into a care home and life-sustaining medical treatment. It can only be used if you're unable to make your own decisions.

Is the service caring?

Our findings

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us staff were caring and friendly. One person said, "[Staff member] will ask how I feel. [Staff member] will ask what I am doing today and what I need." A relative commented, "[Staff] listen and sympathetic. [Staff] are very patient. Sometimes [relative] is confused but [staff] try and talk to her."
- The registered manager told us they did not discriminate against lesbian, gay, bisexual and transgender (LGBT) people. They said, "We are open to the idea of having [LGBT] clients. We have training on equality and values. We cover LGBT in our training. We would find the right person to meet their needs."
- A staff member told us, "[LGBT people] are the same. I have to respect this person as a person. I have to know what their needs are and follow the care plan with respect." Another staff member said, "I will not turn down anyone because of their sexuality. You have to respect people. That is what I teach my children."
- People's care records reflected their needs in relation to their protected characteristics including religion, culture, language, and gender. People and their relatives told us staff providing care came from their cultural background and spoke the same language. This enabled staff to provide person-centred care.
- The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.
- Training records showed staff had completed diversity and equality training.

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

- People and relatives told us the provider involved them in planning their care. One person told us, "[Deputy manager] came in a few days ago and asked everything." A relative said, "[Relative] has a care plan. Sometimes they come and make an appointment. They look at what is going on."
- People's care records showed people were asked for their views and were involved in making decisions about their care and support.

Respecting and promoting people's privacy, dignity and independence

- The provider, people who used the service and relatives told us they were supported by the same staff.
- Staff told us supporting same people enabled positive relationships. One staff member said, "Person is very happy when I am with her and she communicates more open with me now. She is very calm person. I am a good listener." Another staff member told us, "[Person] likes me as I always talk. I treat [people] how I like to be treated."
- People told us staff treated them with dignity and respect, and their independence was encouraged and promoted. A relative said, "[Staff member] is respectful about everything."
- Staff had a good understanding of the importance of respecting people's privacy, providing dignity in care

and encouraging people's independence.

- One staff member told us, "[Person] tells me how she wants things done. I always do what she wants. That way I get her respect and dignity. I always ask her opinion before I touch her things. I always cover her when washing her." Another staff member said, "I am not sharing information with anyone. [Person] is a human like me. I just take off the clothes she needs. I have to respect."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. We found the provider did not record people's likes and dislikes. At this inspection this key question has now improved to Good.

This meant people's needs were met through good organisation and delivery.

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

- People were supported with their personal care needs and as per their wishes. One person told us, "I had an operation a few days ago. [Staff member] called me and asked to come to hospital. [Staff member] is good at everything." The same person commented, "[Staff member] will ask what I am doing today and what I need."
- People's care plans gave staff information on their background history, likes, dislikes, healthcare needs, routines, how they would like to be supported and preferred care visit times.
- The provider reviewed people's care plans every quarter to ensure people's changing needs were identified and reviewed, and care plans updated accordingly. Records confirmed this.
- The provider kept people and their relatives informed of the changes. One relative said, "Sometimes [staff member] leaves a message and calls me to say [relative] needs to see a doctor if she doesn't eat."

Meeting people's communication needs

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

- The service recorded people's individual communication needs and instructions for staff on how to communicate effectively with them in their care plans.
- Staff were knowledgeable about people's preferred communication methods.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint. A person said, "The office told me to call immediately if [I had] a problem." A relative said, "If I am not happy I would tell them."
- The provider had a complaints policy and processes in place to record, investigate and learn lessons from the complaints.
- The registered manager told us there had been no complaints since the last inspection.

End of life care and support

- The provider had an end of life care policy and systems in place to support people with end of life care and palliative care needs. However, currently no one was being supported with end of life care and palliative

care needs.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection we found lack of the overall sight of the service and did not formally sought feedback from people and their relatives. This was a breach of regulation 17 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- People and their relatives told us they felt the service was well run and responsive to their concerns and needs. One person said, "[Registered manager] is very good manager. I don't have a problem." A relative said, "[Registered manager] is good."
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support systems. For example, management staff meetings were held on a regular basis. Records confirmed this.
- Care staff felt supported and told us they contacted the registered manager and the office when they needed help. The nominated individual told us care worker meetings were planned to start on 15 July 2019 to share information.
- Staff comments included, "[Registered manager] is very good. When we come in she is a very happy person to talk to us. She asks what our needs are" and "[Registered manager] is nice. When I ask her things, she explains to me."

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

- The registered manager understood their responsibilities in relation to duty of candour. They said, "It is about being open and honest, and accessible."
- Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.

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

- The registered manager and staff were clear about their roles in providing care that met the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.
- The registered manager was aware of the statutory notifications they needed to submit to us by law.

- Since the last inspection the provider employed a nurse to assist them in reviewing and updating people's risk assessments and care plans.
- The provider had policies and procedures in place relevant to the service, and to ensure the safety and quality of the service. There were records of internal audits of care plans, risk assessments, medicine records, and recruitment checks.
- There were also records of unannounced spot checks and staff observation visits. One staff member told us, "[The provider] comes in when you are working. I don't know they are coming. They check how I deal with the client. What I wear. How I communicate with client. They do it once a month."
- This meant the provider had a good oversight of the service and monitored it so that improvements could be made where required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider engaged with people, relatives and staff on an ongoing basis to keep them updated and informed on any changes.
- The quality of the service was also monitored through the use of a survey to get the views of people who used the service and their relatives. The last survey was sent out May 2019. Overall the results were positive.
- A relative told us, "[Provider] asks me what I think and if I am happy."
- The registered manager had recently completed a qualification in health and social care leadership management. This enabled them to improve their knowledge about the management of the service.
- The registered manager told us her plans for the service. They said, "We are hoping to start working with the [local authority] more so [we] get a wider range of clients. We will start working with the local safeguarding association. We would love to go to bigger premises when we get more clients. [Local social care organisation] want to offer us training."

Working in partnership with others

- The registered manager worked in partnership to ensure that people received joined-up care. This included the local authority, health and social care professionals and other local care agencies.