St. Hilda's East

Shebadan Domiciliary Care Service (Sonali Gardens)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
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 16 and 20 June 2016. We gave the provider 48 hours' notice of our inspection. This was so that we could be sure there would be someone available when we visited. At our last inspection on 8 September 2014 the provider was meeting all the regulations we inspected.

Shebadan Domiciliary Care Service provides personal care to people from the Bengali community who live in their own homes. At the time of our inspection there were 45 people using the service, including older people and people with physical disabilities.

The service had a registered manager. 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.

The service had a stable staff team which was drawn from the Bengali community. People who used the service had received support from the same staff for many years, and commented on the consistency of the staff, and how they had benefitted from staff who spoke their language and understood their cultural needs. People felt the service respected their dignity and privacy, supported them to make decisions about their care, and that staff treated them with respect.

The provider assessed risks to people and took appropriate measures to manage these risks, which were reviewed regularly. Staff had received training in safeguarding adults and understood their responsibilities to report when they thought people may be at risk. Staff were recruited in line with safer recruitment processes and checks on the suitability of staff were carried out before they started work and reviewed every three years. The provider did not administer medicines, but ensured that when they prompted people to take their medicines this was appropriately recorded.

Staff had received training in core areas relating to their roles, and the majority of the staff team had earned qualifications in care or were working towards achieving this. However, we found that staff lacked training in mental capacity, and this was reflected in how the service approached people's consent to their care. Care plans were not always signed by the appropriate person, and the service did not assess people's capacity to consent to their care.

There was a visit monitoring system in place which logged when staff had arrived. Staff did not always log out, and managers were addressing this. The system showed that staff were punctual and had sufficient time to travel between appointments. Staff were well supported by managers through team meetings and supervisions, and managers were responsive to people's concerns, including complaints made regarding the service.

Care plans and care summaries were reviewed regularly to meet people's changing needs, however these

did not always accurately reflect the care that people received, including personal care and when people needed meals provided. Records of care delivered were not always complete, and there was insufficient audit of these by managers to detect inaccuracies and omissions.

We found a number of breaches relating to care planning, consent to care and auditing of records. You can see what action we told the provider to take at the back of the full version of this 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?

Good

The service was safe.

Staff were knowledgeable about the signs of abuse and their responsibility to report concerns. The provider assessed risks to people and reviewed risk assessments regularly. The provider used a visit monitoring system to ensure that people received their care at the right time with the correct number of staff.

The provider followed safer recruitment processes and carried out three-yearly checks of people's suitability for their roles. Staff did not administer medicines but there were processes in place to ensure that people were prompted with their medicines when this was required.

Is the service effective?

Requires Improvement

The service was not effective in all areas.

Staff had not received training in the Mental Capacity Act (2005). We found the provider was not meeting its responsibilities under the Act to assess people's capacity and obtain appropriate consent to care.

Staff had received core training and were satisfied with the level of training they had received. Most of the staff held at least a level two national qualification in health and social care or were working towards this.

Support plans did not always contain up to date information about people's nutritional needs. We saw that concerns about people's health were raised appropriately by staff.

Is the service caring?

Good

The service was caring.

People benefitted from a stable staff team recruited from the same community as them. This meant that people spoke the same language as their care workers and consistently received

care from the same staff for several years at a time.

People told us the provider listened to their views and respected their preferences and dignity.

Is the service responsive?

Requires Improvement

The service was not responsive in all respects.

People had detailed support plans and a summary of care tasks. However, these did not always contain the same detail, and did not always reflect the care delivered.

People's care was reviewed yearly. The provider managed complaints well, and people who used the service knew how to make a complaint. People who had complained were satisfied that the service had listened and taken appropriate action.

Is the service well-led?

Requires Improvement

The service was not well led in all aspects.

Managers did not have sufficient audit systems in place to ensure that care records were well-maintained and completed accurately.

Staff morale was high and staff were well supported and supervised by managers. Managers took steps to ensure people were happy with the service they received.

Shebadan Domiciliary Care Service (Sonali Gardens)

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 16 and 20 June 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

This inspection was carried out by a single inspector who was supported by a Bengali interpreter. Before the inspection, the provider completed 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. In carrying out this inspection we spoke with four people who used the service and four people whose relatives used the service and were unable to communicate with us directly due to their health care needs. We spoke to four care workers, the registered manager, team leader and deputy team leader. We reviewed the files of five people who used the service, four staff files and three supervision files. We also looked at information relating to the management of the service, such as rotas, policies and procedures, minutes of internal meetings and audits carried out by the provider. We also reviewed information held on the electronic visit monitoring system.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. People's comments included, "We feel safe with the staff, they make sure everything is safe" and "They make sure safety is first."

We saw that all staff had had training on safeguarding adults. Staff we spoke with had a good understanding of what constituted abuse and what signs may indicate an adult is being abused. All staff we spoke with understood their responsibilities to report if they suspected abuse and told us that they were confident that managers would take these seriously. Staff were confident that people were safe using their service.

We saw that the provider had carried out risk assessments where people who used the service may not be safe. These covered areas such as pressure care, risks from moving and handling, the safety of the person's environment including trips and falls, and the risks of people being neglected or becoming socially isolated. These risk assessments were comprehensive in their scope and were reviewed yearly. Where people were identified as requiring two staff to support them safely, we saw that staff had not always recorded in the logs that these were in place, however the provider used an electronic visit monitoring system to monitor calls, and this showed that people were always supported by two staff where necessary. We looked at records of calls for four people this year, and this showed no evidence that missed calls had taken place, or that staff were regularly late. We saw that the provider kept records of incidents and accidents which had occurred in the service.

Staff recruitment was carried out in line with safer recruitment processes. The provider had obtained a complete work history for prospective staff, and had obtained references from at least two previous employers as to the person's suitability. The provider had records which showed that they had verified people's identities and eligibility to work in the UK, through obtaining copies of people's passports and official correspondence which verified their addresses. The provider carried out a check with the Disclosure and Barring Service (DBS) as to the person's suitability before they commenced employment, and this was repeated every three years. The DBS provides information on people's background, including convictions, in order to help providers make safer recruitment decisions. We saw that the registered manager maintained a log of DBS checks and had ensured that these were carried out every three years in line with the provider's policy. All staff had an identity card issued by the service and a copy of this was held on file. This meant that people using the service were protected from the risk of being visited by bogus care workers.

The provider had a policy in place that stated that they were unable to administer or apply medicines, and were only to prompt people with their medicines. Where people required prompting with medicines this was clearly recorded in their care plans and task plans for staff. Staff recorded on a medicines recording chart (MRC) that they had prompted the person to take their medicines, and this chart clearly stated the level of support staff could offer, the medicines that the person had been prompted to take and the date and time that this had taken place. Where they had been asked by families to support people to take their medicines in a way which may not be appropriate, for example by covertly administering medicines in people's food, managers had explained that they were not able to do this. Where people were taking medicines, as part of the care planning and review process staff had checked that the person's medicines had been reviewed in

the past 12 months, and if not were asked to arrange for this to take place.

Requires Improvement

Is the service effective?

Our findings

Staff told us they received enough training to do their jobs effectively. People who used the service told us, "They are knowledgeable and know their jobs." The registered manager maintained an up to date record of staff training, which showed which training sessions people had attended and had a training plan in place for the coming year. Staff had received core training in health and safety, moving and handling, first aid and safeguarding adults. Food safety training was also included as a core training, we found that not all staff had attended this, but all of these staff had received this training as part of their National Vocational Qualification (NVQ) training. We found that most staff held a level two NVQ or above, or were actively working towards it at this time.

However, very few staff had received training in the Mental Capacity Act 2005 (MCA). The Act 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.

Most staff we spoke with did not understand what we meant by mental capacity, and were therefore unaware of their responsibilities under the MCA. We raised this with the registered manager, who agreed that this was an area for development.

We saw that in some situations there were doubts about people's capacity, and the provider had not carried out a mental capacity assessment or arranged for a social worker to do so. We saw one instance where the person's social worker had recorded that the person did not have capacity to consent to their care and that a discussion had taken place that the care plan was in the person's best interests. In several cases support plans had been signed by relatives of the person without evidence that they had legal authority to give consent to care on their behalf. Where people were not able to sign a support plan, it was not clear whether this was due to literacy, physical ability to sign or whether people were unable to sign as they did not have capacity. There was no information on support plans to indicate which decisions people were able to make for themselves and what staff needed to do in order to aid their understanding.

As the majority of people who used the service did not have English as their first language, it was not always clear that people would have understood the document or the care plan they were signing. The registered manager told us that the contents of the document were explained to people, but there was no record of this having taken place. This meant that we could not be assured that people's rights were always protected.

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

Where people's care plans stated that they needed to be supported with meals, we saw that this was usually, but not always recorded by staff. In one case a person's care plan stated they needed to be

supported with meals three times each day, however we saw that this was only carried out once a day. Staff told us that the family had asked for this to be changed, but the care plan still needed to be updated by staff. We asked staff what they would do if people unintentionally lost weight or did not eat, staff told us they were confident in raising concerns about people's diet, and that if they felt somebody was not eating properly they would record this and raise with the family, and if necessary speak to the person's GP. We saw evidence that where necessary, staff had supported people to attend medical appointments, and that changes in people's condition were raised with health professionals and appropriate action was taken.

Good

Is the service caring?

Our findings

We saw that the provider maintained good levels of consistency through a stable staff team. Care plans had a single named care worker for each visit, and care workers had been employed by the provider for at least four years. People who used the service told us that they consistently received care from the same people. People told us, "It's the same staff every time" and a relative said "Since joining we have had the same carer, my relative has a good understanding with the carer as they know each other well." Staff told us that they had the opportunity to get to know people well, and that they got to know people and their life histories through talking to them and reading their care plans.

Care plans contained information on people's preferences for how they received care. One person said, "My wishes and feelings are respected." Care plans showed that it was important to people to receive care from a person of the same gender as themselves, and we saw that this was taking place. One person said, "I preferred a male carer and they provided that."

People who used the service were from the Bengali community, and the majority of people were speakers of the Sylheti dialect. We saw that staff were recruited from this community, and that they had the language skills to be able to communicate effectively with people. Staff and managers understood the needs and wishes of people from the Bengali community, for example by explaining to us that most people would find it disrespectful to be referred to by their name or title, and that many people preferred to be addressed by a respectful honorific title. We saw that policies and procedures, such as the complaints policy and statement of purpose, were provided in Bengali, and the registered manager told us that copies of these were available in people's homes. We found that care plans and risk assessments were not provided in Bengali, but the registered manager explained that most people preferred to have the contents of these documents explained to them. People told us, "They're from the same community as us" and "The staff speak my own language and it is easy for us to communicate with them." A care worker told us, "It is very important to respect people's cultural needs."

People told us that their carer workers were generally punctual and stayed for the entire duration of the visit. One person said, "If the carer finishes early they will stay and chat with us, so my relative is happy." Most people said that in the event of lateness they had been informed by the office that their care worker was running late, however two people told us that this had not happened. Nobody described their care worker as being more than 10 minutes late, and the electronic call monitoring system showed that staff were punctual. Staff told us that they had enough time to travel between appointments, with one care worker telling us, "It's never less than 15 minutes travel time, that's usually enough unless there's traffic." The system showed that staff always had sufficient travel time to enable them to arrive on time.

People we spoke with told us that they were involved in the planning of their care. One person said, "I know my care plans and I am included in the decision making." Another person said, "They listen to us and we are free to express our views."

Staff spoke of the importance of promoting independence and motivating people to do things for

themselves. Where people had temporarily increased care due to a health condition, we saw that people had become more independent with the support of staff. People told us, "They try to keep me happy and independent" and "They encourage me to go out and take me to the places I love to go."

People told us that staff respected their dignity and promoted their privacy. People who used the service said, "They treat me with respect and maintain my privacy." Care workers we spoke with understood how to maintain people's dignity, for example by making sure that doors were closed when providing personal care and that people were kept covered. One worker told us, "It's one of the most important things to maintain dignity."

Requires Improvement

Is the service responsive?

Our findings

We saw that people using the service had a support plan which was comprehensive in its scope. Support plans covered areas such as 'Things I enjoy doing', the person's preferences in how their care was delivered and what they expected from their care worker. Support plans were generally reviewed yearly, however we found some support plans were older than this, but reviews had been carried out and there was no evidence that people's needs had changed. Support plans were sometimes hard to access, as these were filed in the back of a file amongst other paperwork.

Each person's file had a care summary on the front page. This was a breakdown of the exact timings of care calls, the tasks to be done and the care worker who was allocated to attend. We could see from this that staff consistency was good.

Staff completed logs of daily support which was given, including the tasks which were carried out and the times at which staff had arrived. We saw that generally care was delivered as planned, however on some occasions staff had not completed the daily logs, and that where two staff were due to attend, sometimes only one had signed to say they had attended. We checked these visits against the electronic call monitoring system and found that staff had attended as planned. Where people had weekly care needs, such as support to access the community, attend medical appointments and be supported with cleaning and laundry, logs showed that this support was being provided as planned.

However, in many cases the care summary, support plans and logs did not agree. For example one person's care plan stated that they were to be prompted with their medicines, however this was not on the care summary and was not being carried out. The registered manager told us that this person's care needs had changed, but the support plan had not been updated accordingly. In another instance, we saw that a person was being supported with personal care in the afternoon, which was not recorded in their support plan. This was because the person's needs had changed, but the plan had not been updated accordingly. In one case, we saw that a person's plan had stated they were to be supported with a meal three times a day, however, this was not always recorded. The registered manager told us that the person's family had requested a change, and that they were only to be supported at lunchtime, however this was not always recorded. Therefore we could not be assured that people were always receiving care and support that met their individual needs.

This constituted a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that complaints were well documented by the provider, and that the record of complaints clearly showed that complaints had been investigated and the appropriate action taken. We saw that the complaints procedure was available in Bengali, and people we spoke with knew how to make a complaint. People who used the service and their relatives were confident that their complaints would be taken seriously, with one person telling us, "Whenever we've contacted the office we've found somebody to speak with and they were very helpful." People who had complained were satisfied that their complaint had been

taken seriously and the appropriate action was taken. People told us, "I complained and it was sorted quickly", "They listened to us" and, "They listened and there were changes."

Requires Improvement

Is the service well-led?

Our findings

Managers told us that they carried out checks of support logs and support plans to make sure that these were suitable and that care was delivered appropriately. However, these checks were not recorded. Logs of support had a section to say that they had been checked by a manager but these were not completed. We found that there were significant omissions in these logs, and that care and support was not always recorded as delivered in line with people's support plans. There discrepancies between support plans, care summaries and support logs. This constituted a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, we found that the provider took measures to ensure that people were satisfied with the service. Managers recorded that they contacted people who used the service to check that they were happy with the service and to see if any changes were required. Relatives and people who used the service told us managers visited every six months to check on the quality of the service. The provider had carried out quality monitoring, which was a survey of 50 people carried out by an independent person. All were happy with the management of the service and said that care plans met their needs. All respondents had said that care workers were well-trained, efficient and punctual.

Managers maintained a call monitoring system, which required staff to log in using the person's phone when they had arrived and to log out on leaving. This system showed that staff were punctual and there were no missed visits. Managers told us they checked this regularly, although the system was not able to notify them when a staff member had not attended as planned. We saw that there was an issue with some staff failing to log out at the end of the call, and this was addressed with individual staff members in supervision and with the staff team through team meetings.

Staff told us that they felt well supported by their managers, who were responsive to their concerns. One care worker told us, "My managers always support me" and another said, "If I had concerns, obviously my managers would respond." Staff told us they valued their work and that morale was high. We noted that the provider paid the London Living Wage, and there was high retention of staff. This meant that there was a stable staff team, which enabled people to consistently receive care from the same staff for several years. Staff were satisfied with their rotas, and stated that they always had sufficient time in the rotas to carry out their duties.

We saw that supervision was carried out every three months, which the registered manager monitored and audited to make sure that this was delivered, ensuring that each person had a date for their next supervision. Supervision involved obtaining workers feedback on concerns about service users, and providing support to staff. We saw that managers had supported staff when service users had died, and when they had lost hours due to people moving away or going to hospital, managers arranged for people to take on additional work. At the end of each supervision an action plan was agreed with the staff member, although this was not reviewed at the next supervision. Staff received an annual appraisal, which discussed people's satisfaction with their jobs, any reasons that they might be dissatisfied, obstacles to their work and setting priorities for the staff member's development for the coming year.

Managers provided leadership through team meetings, which were carried out every three months. Staff were encouraged to discuss any relevant issues or concerns about people they were supporting. Managers gave staff feedback on areas of practice such as the use of personal protective equipment, discussions and reviewing staff training, the need to improve the use of the call monitoring system and any issues affecting the service in general.

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 Care was not designed with a view to ensuring people's needs were met. 9(3)(b)

Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Where the service user was not able to give consent because they lacked the capacity to do so, the registered person was not acting in accordance with the Mental Capacity Act (2005) 11(3)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not established and operated effectively to ensure that the service maintained an accurate, complete and contemporaneous record in respect of the care provided to the service user 17(2)(c)