

Age Concern - Tower Hamlets

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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

About the service

Age Concern – Tower Hamlets is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to the whole population. Not everyone using Age Concern – Tower Hamlets receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of the inspection, it was providing a service to two people.

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

A relative or friend told us that their loved one was safe with the carers, but the service was not run safely. The provider had not always identified risks to people who used the service or developed guidance for staff about how to reduce risks where these were identified. The provider had not always reviewed and updated people's risk assessments to reflect their changing needs.

People were at risk of not getting their medicines as prescribed because the system to check medicine records was not effective and medicines were being administered by staff who had not been trained or assessed as competent to carry out the task.

The provider lacked robust systems and processes to ensure the quality and safety of service. The registered manager had recently expanded their other services and did not have enough time or support to continue providing the same quality of service found at the last inspection. The relative or friend of a person using the service did not feel confident their concerns would be listened to and acted upon. Not all staff had received training needed to support them carrying out their role.

Where full care records were in place they were personalised to reflect people's preferences. Staff developed caring relationships with people and supported their diversity and independence. People were supported to eat and drink in line with their preferences and were supported to access healthcare services if required.

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.

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 outstanding (published 7 April 2017). At this inspection we found the rating had not been sustained and the provider was in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified three breaches in relation to safe care and treatment, staffing and training, and good governance at this inspection. We have made a recommendation in relation to person - centred care.

Please see the action we have told the provider to take at the end of this report.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Age Concern - Tower Hamlets

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

This inspection was announced. This inspection was announced. We gave the service half a day's 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority quality monitoring team 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 the registered manager and the project manager. We reviewed a range of records. This included two people's care records and their medicine records. We looked at two staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service were reviewed.

After the inspection

We spoke with one person's family member or friend. We spoke with one care worker. We continued to seek clarification from the provider to validate evidence found. For example, we looked at training data and quality assurance records.

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 outstanding. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management; Learning when things go wrong

- Medicines were not always managed safely and the provider could not be assured people were getting their medicines as prescribed.
- We found seven gaps on one person's medicine administration record (MAR) meaning it was not clear whether the person had taken their medicine. The provider had not audited the MAR so had not investigated whether the person had received their medicines or discussed the risk to their health with the person's GP.
- Records showed that one staff member was administering medicines without having completed medicines training nor having been assessed as competent to administer medicines by the provider.
- People were not always protected from risks to their health. Risk assessments did not include comprehensive guidance for staff about how to reduce identified risks because risk assessments were not always reviewed and updated within the provider's stated timeframe.
- The provider did not always learn lessons when things went wrong. For example, the provider was aware that the risk assessments needed review but had not done it.

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

Staffing and recruitment

- The provider did not have enough staff to keep people safe from the risk of harm.
- The registered manager told us there were two vacancies for the position of key worker. Key workers conduct assessments of the risks to people's safety. This meant not all risk and safety records had not been completed putting people at risk of harm. Care record audits stated, 'The project manager explained that due to staff shortage there wasn't anyone available [to conduct an assessment review].'
- A recent survey of people who use the service found that people could not get through to the office by telephone. The provider told us they had arranged a system whereby a group of staff tried to answer calls before it went to voicemail.
- We reviewed the electronic log of care visits for the two weeks preceding the inspection. One person's care call was over an hour late.
- People's relative or friend told us, "There's not enough staff and the management are not organised at all; even when the staff give four or five weeks' notice of their leave, they don't organise the cover. They don't seem to be able to plan and cover absences. Last weekend I had to cover the morning and evening calls and this week, the mornings and Sunday".

- In order to provide cover, the provider told us they had rota-ed on a member of staff who is a "cleaner" and had not had all relevant training required to provide personal care such as the administration of medicines training.

The above issues were a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff would stay longer than their allotted time when required. A family member or friend told us staff would stay longer to ensure their loved one was supported with their medicine. Staff told us they felt the provider supported them to stay to make sure people were safe and comfortable and had enough time to talk with them.
- Staff recruitment records showed relevant checks had been completed before staff worked unsupervised at the service. We saw completed application forms with explanations for any gaps in their employment history, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- Care staff we spoke with could identify the types of abuse people might face and understood their responsibilities to protect people from harm. Staff understood they could blow the whistle if there was a need to escalate allegations of abuse.
- The registered manager understood their responsibilities and had made an appropriate referral to the local authority safeguarding team and the CQC. The registered manager told us, "I sit on Newham safeguarding board and serious case reviews in Tower Hamlets. When support workers raise a concern, they need to know it's made a difference to that person then I can say you know you really made a difference and I can raise it at the board level."

Preventing and controlling infection

- The provider had systems in place to control the spread of infection and there was a policy to support staff to do this. We saw there were adequate cleaning supplies.
- Staff told us about safe practices such as hand washing and wearing gloves.

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 good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had not supported all care staff to receive training relevant to their role.
- The provider's training matrix demonstrated that not all staff had received training in safeguarding people from abuse, the Mental Capacity Act 2005 and person-centred care.
- One member of staff had administered medicines without having medicine administration training and this had led to medicine errors.
- A relative or friend told us they did not think staff training was sufficient and they had to fill the gap. They said, "They're good with [person] and do what they're supposed to. I trained them about how to do it."

The above issues were a breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received regular supervision sessions where they could discuss their role and staff told us they were useful.

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

- The provider developed a very brief support plan before a person's care package commenced. This stayed in place for the first six months of care being provided. The registered manager told us that a comprehensive care plan including information about the person's background and preferences was drafted after the first review.
- This meant the provider could not be assured they were providing care in line with their needs and preferences for the first six months of their care. This is dealt with further under the responsive key question.

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

- The provider supported people to eat and drink.
- Daily logs showed that staff prepared people's meals and gave them drinks.
- Care records captured information for staff about the support people required to eat and drink and staff told us how they offered a choice of what to eat and drink.

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

- The service worked with agencies and professionals to ensure people received effective care.

- Where people required support from healthcare professionals this was provided. Information was shared with other agencies if people needed to access other services such as GPs, and health and social services. Records showed that care workers detected when someone was unwell because of a change in their behaviour and appropriate treatment was sought from healthcare professionals. One person's friend or relative told us , "They phone me and phone the GP."
- Records showed the service had worked with other professionals to promote people's health such as GPs and pharmacists.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Consent to care was obtained in line with law and guidance.
- People told us they consented to the care they received.
- Staff understood they needed to get people's permission to provide care and knew how to support people to make decisions about their day to day care.
- The provider recorded where people had legally appointed people to make decisions on their behalf.

Is the service caring?

Our findings

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

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

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

- Staff developed caring relationships with people using the service.
- A relative or friend told us, "They're good with [person]. They're kind, polite and respectful... they're lovely."
- Staff explained how they got to know people and worked to build up a good relationship. Staff talked about people in a caring and respectful way. One member of staff said, "We're there to take care of them. Have a little chat with them, keep them company and make them feel someone cares for them."
- Records captured people's spiritual, cultural needs and sexual orientation. Staff told us how they treated everyone equally with respect to their diversity and human rights.
- Discussions with the registered manager and staff members showed they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel welcome at the service. The registered manager told us they had embedded equality within the service and had developed links with LGBT organisations in order to do this. Literature about the service were inclusive and contained the rainbow flag (inclusive for LGBT) and the forget me not flower which is the emblem for people living with dementia. This meant the service was welcoming to all people.

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

- Staff were aware of people's individual needs and preferences. Staff supported people to make decisions about their day to day care as far as possible.
- Staff gave examples about how they communicated with people who were living with conditions, such as dementia, that meant they needed more support to make decisions. One member of staff told us, "We repeat things to them and explain why it will help them if they do something... We always give them a choice."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and promoted their independence.
- Staff we spoke with gave examples of how they respected people's privacy when they washed them and carried out personal care.
- Spot checks assessed care staff's approach to personal care and records we reviewed demonstrated they held respectful conversations with people using the service.
- Staff gave examples of how they promoted and encouraged people's independence. Care records captured information about what people liked to do for themselves and the impact that not doing so has on their wellbeing.

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 good. At this inspection this key question has now deteriorated to required improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care records were not always personalised.
- Brief care plans were completed before a person started to receive care. These were updated after six months into comprehensive care records. However, these brief care plans did not contain enough information about the person likes, dislikes and choices in order for staff to provide person – centred care. For example, there http://crmlive/epublicsector_oui_enu/images/oui_icons/cqc-expand-icon.png was no information about a person's bathing preferences.
- The provider could not be assured all care plans contained up to date information about people's support needs because care plans had not been reviewed in line with the provider's timescale. For example, one care plan was five months out of date.
- Permanent members of staff knew people well but the records did not provide enough information for staff who provided cover to understand people's needs.

We recommend the provider seek guidance about approaches to person centred care documentation.

- Comprehensive care records were personalised and included information about people's likes and dislikes. For example, the hair styles they prefer.
- A relative or friend told us that staff knew their loved one's needs well and staff explained that they read the care plans to understand people's preferences and spoke knowledgeable about people's likes and dislikes.
- People's care records demonstrated the service supported their choice of activities such as attending day centres. The provider maintained links with people who were important to the people using the service.

Improving care quality in response to complaints or concerns

- The complaint system was not always well managed and were not always used to improve the service.
- A person's friend or relative told us they knew how to complain but were not confident they would be listened to or that things would improve. There were no records of the person's concerns at the service.
- The provider's records demonstrated one complaint had been made. An account of the concerns had not been recorded and the provider had not investigated the concerns in line with their own timeframe. This meant people's concerns had not been captured or acted upon effectively.

Meeting people's communication needs

- Comprehensive care plans captured people's communication needs and provided information for staff about how to best communicate with people.
- Staff gave examples about how they use different methods to fully communicate with people who may need extra support because of medical conditions.

End of life care and support

- The provider supported people to make decisions about their end of life care.
- The provider had an end of life policy and provided training for staff.
- The service was not supporting anyone receiving end of life care at the time of the inspection, but records reflected discussions the provider had had with people about their preferred place of death and their wills.

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 outstanding. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had systems to check the aspects of the service. These were not always sufficiently robust and had not identified and rectified the issues we found during this inspection in relation to risk assessments, medicines and person-centred care.
- The registered manager told us medicine administration records and care records were scheduled to be audited monthly, but they were not always being completed. Where they had taken place it had been identified that improvements needed to be made but these actions had not always been completed, such as conducting care reviews.
- Internal inspections and staff surveys were not conducted to assess the quality of the service. The provider had not ensured staff had the necessary skills and training to undertake their roles to the best of their ability.
- The provider had recently expanded their unregistered services and this process was being managed by the registered manager of the service. This meant the registered manager did not have the same level of time and resources available to embed good quality care as was found at the last inspection.
- The two senior staff vacancies had also impacted on the quality of the service because it meant documents were not reviewed in line with the provider's time frame.

The above issues were a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider conducted spot checks to assess the conduct of care workers.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 management team were not always available. A person's friend or relative told us, "I could try to make complaints, but the problem is that they won't be dealt with; nothing has been done to my satisfaction. I have no faith in them; they apologise but there's no cover at weekends... They have always been poor at basic managerial things but we are happy with the carers."
- Staff told us they are supported by the project manager and senior care workers but did not have frequent contact with the registered manager.

- The registered manager demonstrated an understanding of the duty of candour. 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 general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. There was evidence the registered manager had made referrals to the safeguarding team where required.
- People reported they could not get through to the office in a recent survey of people using the service

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- There was good communication with staff in team meetings. A member of staff told us, "All the staff are all quite happy and when get in to meetings it's a good catch up. We're one staff family".
- Staff delivered care in line with the management team's positive values of equality and respect. One member of staff told us, "We do a good job. We care for the elderly and the vulnerable. We are very happy to deliver this care. I just love doing this."
- The provider worked in partnership with health and social care professionals to support people with their needs such as a local hospice, safeguarding boards and GP services.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Risk assessments lacked the detail required to effectively mitigate risks. Medicines were not consistently managed in a safe way. Regulation 12 (1) (2) (b) (g).</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The systems and processes to audit the service did not operate effectively to assess, monitor and improve the quality and safety of services. The assessment, monitoring and mitigation of risks to people using the service was not effective. Regulation 17 (1) (2) (a)(b).</p>
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Sufficient numbers of suitably qualified, competent, skilled and experienced persons had not been deployed. Staff had not received appropriate training necessary for them to carry out their duties. Regulation 18 (1) (2) (a).</p>