

Hopscotch Women's Centre

Hopscotch Asian Women's 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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hopscotch Asian Women's Centre provides care services to people living in their own homes. The service specialises in supporting people from the Asian community and people living in South Camden. At the time of this inspection, approximately 67 people were receiving personal care. The service provided care to people between 18 to 65 years, some of whom are living with dementia, physical disabilities, learning disabilities and mental health conditions.

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

Since our last inspection in January 2020, the service continued to make improvements across all service delivery areas. The service received positive feedback from all stakeholders who were complimentary of staff, the managers and their efforts to provide good care to people.

The service still needed to continue their work on improving managing medicines, to ensure staff provided this support safely and according to the national guidelines.

Risks to providing personal care were assessed and plans to manage such risk were available to staff. Additional work was needed to ensure that risks regarding specific health care conditions were assessed and plans to manage such risks were available to staff.

The service ensured that people were protected from the spread of infections by following government guidance and ensuring staff were tested regularly and provided with the necessary equipment to control infections.

The service assessed people's needs in detail and in line with current good practice guidance.

Care plans were robust, detailed, person-centred and of a good standard and reflected people's preferences and needs.

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.

The service recruited staff safely, and staff received sufficient training and support to carry out their role as care workers safely and effectively.

The service involved staff and people using the service in conversations about its provision and how to improve it. Staff contributed their ideas during supervisions, random spot-checks or staff meetings. People shared their experience through the complaint's procedure, care review meetings and participation in quality monitoring telephone calls. Staff and people told us the managers listened to them and were

responsive to any suggestions for improvement.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 23 March 2020). 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 the provider remained in breach of regulation 12 in relation to medicines management.

Why we inspected

We undertook this focused inspection to check the service had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe, effective and well-led, which contained those requirements and recommendations we made at our last visit.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Hopscotch Asian Women's Centre on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified a continuous breach in relation to managing medicines at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Hopscotch Asian Women's Centre

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of two inspectors, one pharmacy inspector, and one 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, flats, and specialist housing.

The service did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. There was a new manager in place, and they were going through the process of registration with the CQC.

Notice of inspection

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

What we did before the inspection

We checked the information we held about the service and the service provider, including notifications and

incidents affecting the safety and well-being of people. We received no concerns about this service since our last inspection in January 2020. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We spoke with five people who used the service and four relatives about their experience of the care provided. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the nominated individual, Head of Homecare, the manager and one care staff member. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 12 people's care records and multiple medicines records. We looked at five staff files in relation to recruitment and staff supervision. We reviewed a variety of documents relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We received feedback from two social care professionals. We also received feedback from four care staff.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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

At our last inspection we identified issues with the management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we identified that improvements were needed, and the provider was still in breach of this aspect of Regulation 12.

- We saw that the medicines support that care workers were providing was detailed in care plans. However, we did not see any medicines risk assessments or information on where medicines were stored in people's homes.
- Medicines care plans did not always match the medicines support being provided. For example, there was a person who managed their medicines. However, staff signed to say they had administered the medicines. This was not in accordance with the national guidance.
- Medicines administration records (MAR) were computer-generated by senior staff. However, there was no system to check them for accuracy before using them. We found mistakes and discrepancies on MAR charts that the staff had not identified.
- Senior members of staff completed medicines audits. When medicines issues were identified, staff did not always take action to avoid reoccurrence.
- The service had a policy for patient safety alerts. Whilst staff were able to explain who was responsible for taking required actions, the policy document was unclear on this.

We found no evidence that people had been harmed. However, systems relating to the management of medicines needed to improve to protect people from unsafe use of medicines. This was a continued breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received medicines training as part of their induction and annual refresher training. Staff competencies in medicines administration had been assessed by the service.
- For topical medicines, staff used body maps to show where a cream medicine needed to be applied.

Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to robustly assess the risks relating to people's health, safety and welfare. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection, some improvements had been seen. The provider was no longer in breach of regulation 12 about assessing risks. However, further improvements were still needed.

- We saw that the service had improved to ensure risks in carrying out the regulated activity were assessed and managed. Further work was required around risk assessing specific health care conditions, such as diabetes, and formulating guidance to ensure staff were aware of these conditions and managed them safely when required. We discussed this with the senior management team members, and they assured us they would make further improvements.

We recommend the service seek further training and support in assessing risk around specific health conditions.

- We saw good examples of risk assessment. These were concerning care provided, such as moving and handling, contingency management and skincare, and the equipment used, for example, a hoist.
- The service carried out a risk assessment of the people's homes to ensure people and staff were safe during care visits.
- Risk assessments were reviewed and updated regularly or when people's needs changed. We saw that people who used the service, or their relatives had been involved in this process and contributed to ensuring they agreed with the risk management plans.
- People felt safe when staff supported them. When asked about safety, a person who used the service told us, "Yes, I feel safe; staff talk to me and help me get up."

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended that the provider seek further training for staff on dealing with safeguarding concerns. We saw that the service had made improvements.

- People and their relatives told us they felt safe in staff presence. One person told us, "They are all so nice and helpful", and "They are lovely." One relative said, "Yes, as soon as my relative knows her carers, she feels safe with them.," and "Staff talk to my relative nicely and make her feel welcome and safe. They are calm with her."
- People and relatives had raised no safeguarding alerts against the service within the last 12 months. External health and social care professionals confirmed that the number of concerns they received was minimal, and overall, they were pleased with how the service dealt with any concerns.
- We saw that financial transactions made by staff on behalf of people were monitored by managers through managerial audits and discussions with staff when needed. People and their relatives did not raise any concerns about this support area. One person told us, "Yes, they will do a bit of shopping. No issues, never."
- Staff received training in safeguarding people from abuse and what action to take if they were concerned about people's safety. Staff we spoke with understood how to protect people from harm. They told us, "Safeguarding means protecting people from different types of abuse, for example, neglect or physical abuse."

Staffing and recruitment

- The service had safe recruitment procedures to ensure only suitable staff supported people. These included references from the previous employer, proof of identity and Disclosure and Barring checks (DBS). The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people.
- When staff performance or conduct were lacking in the standard required by the service, the managers

used appropriate support or disciplinary procedures to ensure they addressed issues and the service provided improved.

- Overall, people and relatives gave positive feedback about staffing levels, continuity of care and staff punctuality. They told us that although the staff were running late sometime or the regular care staff could not attend, they felt they received the care they needed. One person told us, "Most of the time, they are on time. When they are late, they make the time up. No missed calls." Records showed that overall care calls had taken place as agreed.

Preventing and controlling infection

- The service had systems in place to prevent and control the spread of infections.
- We were assured that the provider was accessing testing for staff. On the day of our inspection, staff visited the office premises to undertake COVID 19 tests.
- We were assured that the provider was using PPE effectively and safely. The service had sufficient personal protective equipment (PPE) available for staff to use when supporting people around personal care. People and relatives confirmed staff were using PPE when visiting them.
- Care records highlighted the need to use PPE and wash hands between different care tasks, which reduced the risk of spreading infections such as COVID 19.
- The provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The service had an accidents and incidents procedure. Staff knew how to report any accidents and incidents they witnessed.
- Records showed that accidents and incidents had been recorded and monitored by senior management team members.
- When the managers identified potential themes and patterns in accidents and incidents, we saw that they took action to reduce the risk of such incidents and accidents reoccurring.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the last inspection we recommended that the provider seek further guidance on effective supporting, motivating of staff and effective reviewing and monitoring of staff practice. Improvements have been made.

- Since our last visit, the provider introduced several initiatives to support and motivate staff. These included counselling services by a Mental Health Advocate employed by the provider and Office Staff Clinical Supervision provided by the local's authority Psychotherapy Unit and local NHS Foundation Trust.
- The provider planned to honour care workers who, during the challenging Covid-19 pandemic, showed their ongoing commitment, determination and compassion. Alongside the local authority, the provider was in the process of implementing a Better Employment initiative. This project aimed at providing a group of well performing care staff for additional training, leading to an enhanced salary and an opportunity to mentor and upskill other colleagues. The initiative was at its early stages of being trialled at Hopscotch and then rolled out across other providers to show the support for the care workers.
- Records showed that each staff received one-to-one supervision or spot checks of their work in people's homes every three months. Supervisions covered managerial, supportive and tutorial aspects of the supervision process, ensuring staff received holistic support in their role as care workers.
- Newly employed staff received an induction to the service. All the staff received mandatory training within the last 12 months.
- Overall, people and relatives told us staff knew how to provide care to them. One person said, "Yes, staff do know what to do in terms of providing care." One person commented that staff newer to the care package would benefit from more induction to specific needs of people they were asked to support.

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

- The service ensured that they assessed people's needs before providing personal care. We saw in care records that the service reviewed assessment of needs annually or when people's needs had changed. One relative told us, "They assessed my relative's needs every time we restarted the service with them."
- The assessments included people's health and social care needs, history, mental health, and environmental suitability. The service contacted external professionals if people required additional equipment for safe transfer or to make people more comfortable.
- Each person had a care plan discussed and agreed with them or their relatives. Care plans provided staff with sufficient information on how care was to be managed and tasks were to be carried out to help people control their care.
- Care plans focused on people's cultural and religious needs and preferences. For example, if people preferred a male or female care worker.

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

- Where agreed, staff supported people to drink and maintain a balanced diet. This support mainly included preheating the pre-prepared meals and preparing light meals and drinks. Overall, people were satisfied with the support received. One person told us, "They make me tea and toast."
- People's care plans included information on what they could and liked eating. Due to their religious beliefs or health care needs, some people had specific dietary requirements. This was recorded in their care plans, and staff followed the guidelines. One relative told us, " Staff do very light cooking, preparing the food or blending it due to my relative's health condition."
- Care plans documented specific health care needs such as swallowing difficulties, and staff had guidance to ensure they supported people effectively. More information was required around possible complications related to diabetes. We discussed this with the managers, and they assured us they would address this.
- Some people needed support with shopping. Where this was the case, people's care plans provided staff with information on people's dietary likes and dislikes.

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 closely with external stakeholders such as local authorities, commissioning and health care professionals to ensure people received the care they needed.
- We saw that staff acted on people's behalf to obtain the necessary equipment, ensuring safe and effective care.
- The service ensured people stayed well during the Covid-19 pandemic. This included people who decided to continue receiving support from the service and those who chose to suspend care visits for the time of the pandemic. The service representatives called people and their families regularly, with more vulnerable people receiving calls weekly. The aim was to make sure people maintained their physical, mental and emotional wellbeing.
- People and relatives told us they trusted that staff would contact external healthcare professionals and relatives if people's health deteriorated or their needs changed. People told us, "They would call my doctor for me" and "I'm sure they would call my doctor, but it has not been a situation yet."

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make decisions was assessed during the initial assessment. Where people lacked capacity, the service obtained the required documentation to ensure that people who used the service were not deprived of their liberty. This included evidence of lasting power of attorney where available.
- Staff respected people's right to agree or refuse care. People and relatives told us staff always asked

people for their permission before providing support.

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 our last inspection, we rated this key question requires improvement. At this inspection, the rating has stayed the same. 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

At our last inspection, the provider did not have adequate systems in place to ensure regular monitoring, analysis and improvement of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found the provider was in the process of making improvements, and the service was no longer in breach of regulations.

- There was sufficient managerial oversight of the service. At our visit, the service did not have a registered manager, which is a legal requirement. The previous registered manager commenced a different role within the organisation in November 2021, and the same month a new manager started. At the time of our visit, the new manager was in the process of registering with the CQC. The service had also had two senior management team members who provided ongoing managerial support and the oversight of the service.
- Overall quality monitoring systems at the service had improved. To ensure that people received their needed care managers completed a monthly audit of a care documentation sample for randomly chosen individuals. The managers told us that the auditing process was affected by issues related to the Covid-19 pandemic. Staff changes and sickness led to delays in the auditing process and, at times, the thoroughness of checks. This, for example, affected the quality of the medicines' audits, which we described in the safe section of this report. The managers assured us they were working on improvements to ensure minimal disruption to the quality assurance process.
- We also saw examples of proactive and effective auditing of people's care records, for example, records of daily care provided to people.
- The service had established processes and checks around supervisions and spot checks. Although staffing difficulties related to the Covid-19 pandemic, including staff absence and office staff changes, most care staff received spot checks and supervision quarterly. The records around these activities improved, and we saw actions taken when managers identified any issues.
- The quality of records regarding each person using the service and the care they received had improved.
- The service had a business continuity plan that outlined what actions should be taken if the service had to deal with difficult situations. Therefore, we were assured that they would continue to provide continuous and safe care to people with as little disruption as possible if an untoward and disruptive event took place.
- The staff also spoke positively about the senior management team. One staff member told us, "The managers are very supportive. They are nice, very friendly, and this is conducive to the care work we do."

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 managers understood their role under the Duty of Candour. The senior quality manager told us, "We need to be open and transparent about our practice. If there is a mistake on our part, we need to share information and work on it and apologise."

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

- People received person-centred care. Each person had an individualised care plan that guided staff on how to provide support to people. People and relatives told us they participated in the care planning process, and care plans reflected their needs. One relative commented that a care plan for their relative needed updating.

- People and relatives spoke positively about staff, and they were happy with the support provided. One family member told us, "The carers are fantastic."

- People and their relatives thought the service was well-led. They said that issues had been addressed when they raised any concerns. One person told us, "I think they do their best, and that's all we can expect." One relative said, "Once, I complained, and I was happy with the way the complaint was handled."

- External professionals spoke positively about the teamwork between the service's management team members and the care staff. One professional said, "Field care supervisors and care coordinators work effectively together to give a safe and effective service."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our previous inspection, we recommended that the provider seek further support and training on effective teamwork and support for care staff. The provider made improvements

- Care staff felt supported by the office team members, including care coordinators and care field supervisors. One staff member told us, "Yes, everyone in the office is reachable. If I need something, I call them. I feel supported."

- The care staff told us that the managers asked about their opinion and listened to any concerns and suggestions. Their comments included, "We told our manager that there were problems with mobile phones we were using. They listened and provided us with new phones" and "Yes, the managers ask about our opinion about the service and the clients, if they need anything or if their needs had changed."

Continuous learning and improving care, Working in partnership with others

- The service had been continuously improving, making positive changes across all the areas of the service provision. The senior management team worked alongside the local authority and other health and social care services to ensure the best support for people and ongoing training and upskilling for staff. One health and social care professional told us, "The improvement at Hopscotch has been steady and effective, and the organisation has had good and consistent leadership."

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 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not ensured care was provided in a safe way for service users because they had not ensured the safe and proper management of medicines. Regulation 12 (1) (2) (g)