North Tyneside Carers Centre

North Tyneside Carers Centre

Inspection report

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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?	**Outstanding**

Overall summary

We undertook an announced inspection at the North Tyneside Carers centre on 3 and 8 December 2014. We told the registered provider two days before our visit that we would be coming. This was due to the nature of the service and to ensure people who used the service and staff were available to assist us with the inspection.

A previous inspection undertaken on 3rd October 2013 found there were no breaches of legal requirements.

The service is registered to provide personal care and support to people within their own homes; some of whom have learning disabilities, mental health issues and/or a physical disability. At the time of our inspection there were five people using the service that received support and personal care. There were other people using the service who received a form of support that was not regulated, such as, companionship or assistance with food shopping.

Summary of findings

The service had a registered manager in place who had been registered with the Care Quality Commission to manage the service. 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.

People were safe and kept from harm. Staff demonstrated a good knowledge of what constituted abuse and how to safeguard vulnerable people. The staff we spoke with were aware of the providers policy regarding safeguarding people and whistleblowing.

People's dependency levels were assessed and there were sufficient staff to meet people's needs. Staff were suitably qualified and experienced for their role. There were effective recruitment procedures in place and suitable checks were completed before staff started working at the service.

A system was in place that ensured people's medicines were managed safely. Staff prompted people to take their medicines only. Policies and procedures were in place to provide staff with clear guidance in this area.

Social work or healthcare professionals completed assessments on people's capacity before they began to use the service. Where people needed support to make decisions we saw meetings were held and decisions were only made within their best interest.

Staff received the correct training and support including supervision and appraisal.

Staff had a good personal knowledge of the people they cared for and we observed staff treated people with respect and dignity. Staff were encouraged to support people to make decisions for themselves whenever possible. The health and wellbeing of people was monitored and recorded in their care plans. Staff supported people to access appointments in the community with healthcare professionals such as, general practitioners.

Individual assessments were made of people's needs and individual activity plans based on their needs, likes and dislikes were developed. There was a heavy emphasis on developing these activity plans for people and how they spent their time both at their own home and in the community.

The registered manager was proactive in monitoring the quality of care. Surveys were carried out for people who used the service. Audits were also carried out for areas such as health and safety, infection control and fire safety.

Individual one to one supervisions were held with staff and their personal and professional development was discussed. Regular staff meetings were held where views of the staff team were recorded. These staff meetings were held to ensure continuity of care and to gather staff opinions about how the service operated and the standard of care delivered. Staff told us they felt supported in their role and they were very positive about the relationship they had with the registered manager. Records were well maintained and stored securely.

Summary of findings

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 safe.

People who used the service were protected from the risk of abuse. Staff understood what constituted an abuse and how to report it.

We saw there were sufficient staff to meet the needs of people.

A system was in place that ensured people's medicines were managed safely.

Good

Is the service effective?
The service was effective.

Staff received very good training for the individual roles and were provided with excellent support. There was a recruitment procedure in place to ensure people were appropriately experienced and qualified to work at the service.

Social work or healthcare professionals completed assessments on people's capacity before they began to use the service. Where people needed support to make decisions we saw meetings were held and decisions were only made within their best interest.

People were supported to access healthcare professionals where necessary and they received on-going healthcare support.

Good

Is the service caring?
The service was caring.

People and their relatives were happy with the care they received. They told us that they were well cared for and their needs were

People had access to a wide range of healthcare professionals and they were supported to attend appointments and health checks.

People were treated with respect and dignity by staff who also maintained their privacy.

Good

Is the service responsive?
The service was responsive.

Care plans were in place for each person. These contained assessments of people's needs, likes and dislikes.

Activity plans for people were person centred and detailed. They were focused on people' needs, likes and dislikes..

Details of how to complain were provided to each person who used the service or their representative.

Good

Is the service well-led?
The service was well-led.

Outstanding

Summary of findings

The registered manager completed audits to ensure the service was safe. She closely monitored the quality and recorded her findings.

People who used the service, relatives and staff were very positive about the registered manager. Staff said they were well supported and we saw evidence of good communication between the staff team.

The registered provider and the registered manager provided a high level of support to people who used the service, their relatives and the staff team. A positive culture of care was promoted within the service.

North Tyneside Carers Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

Due to the nature of the service this was an announced inspection which was carried out by an adult social care inspector over two days. We visited the offices of the service and the homes of people who used the service on 3 and 8 December 2014.

Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed any information we held about the service.

We contacted the local Healthwatch group, the local authority contracts team and the local authority safeguarding adults team. The local authority contracts team was complimentary about the service and their links with it.

We visited three people who used the service in their own homes to obtain their views on how care and support was delivered. We spoke with six members of staff employed by the service and were assisted with the inspection by the registered manager.

We observed how care and support was delivered by the staff team in people's homes and reviewed records including, care plans, risk assessments and clinical correspondence. In addition we reviewed the quality assurance systems the registered provider had in place.

Good

Is the service safe?

Our findings

People we spoke with who used the service told us they felt safe. Comments included, "I trust the care workers in my home. There has never been any trouble or problems" and "There have been no safety issues. I would contact the manager straight away if there was".

We spoke with staff who demonstrated a good knowledge of the provider's safeguarding procedure. Staff described to us different types of abuse and the correct procedures to follow if they suspected someone was at risk of harm. Records showed all staff had received training in safeguarding adults. One member of staff told us, "The safeguarding training is very good. We have just had a further training session. They take safeguarding very seriously here".

We spoke with the registered manager who told us she was the designated lead for safeguarding and is a member of North Tyneside's safeguarding adults board. She demonstrated an in-depth knowledge of safeguarding and the procedures. Records confirmed the registered manager had held a recent training session with staff covering safeguarding adults and that they were held every six months in addition to formal training. During these sessions case studies had been developed as a training tool and were used to give staff a greater understanding of their personal responsibility in respect of safeguarding adults.

We checked records and saw the registered provider kept a log of any safeguarding incidents which they submitted to the local authority every three months. We saw no incidents had taken place in the past twelve months.

People who used the service had individual care plans that contained risk assessments which identified the risks to their health and well-being. For example, one person had been assessed in relation to their mobility, health conditions and the equipment used to support them. The assessments contained clear instructions for all staff on how to manage and reduce the identified risk. We saw the care plans also contained risk assessments which related to the environment staff worked in such as, people's homes. They identified areas of risk including; flooring, electrical equipment and stairs.

The registered manager told us the staff team consisted of nine care staff, a care coordinator and the registered manager. The dependency levels of people were assessed by social work professionals and we saw staffing levels were based on these dependency levels. Assessments had been made of people's needs by social work professionals and this was used to determine the number of hours of support that people required. Staff told us, "I get plenty time to work with people and I am not rushed" and "There are enough staff to do the work. We are a settled team and know what we are doing".

The registered provider had an effective recruitment and selection processes in place. This included; appropriate checks before for prospective members of staff started work, a suitable application form and checks on gaps in employment work history. We looked at four staff records. We saw they contained references including one from a previous employer. Enhanced checks with the Disclosure and Barring Service had been completed and reference numbers were kept on each file. Applicants provided proof of personal identification and proof of residence.

There was an effective system in place to manage medicines. We saw people were responsible for taking their own medicines and staff prompted them only and were not involved in administration. Medicine was ordered by people who used the service or their relative and was stored in their own homes. Records showed that all staff had received training in the safe handling of medicine. We saw there was a policy in place used by the provider for the safe handling of medicines. The policy clearly stated that staff were only to prompt people to take their medicines and they were not to administer them. During our inspection we spoke to staff who demonstrated a clear understanding of this policy.

Staff were trained in infection control and food hygiene. We saw this was monitored by the registered manager and care coordinator who completed visits at people's homes and assessed the competency of staff in this area.

We saw all staff had photographic identity badges, mobile phones and personal alarms. There was a policy in place for lone working. This policy set out how risks would be acknowledged, recorded and minimised. There was a system in place for staff to monitor one another's safety whilst at work.

Good

Is the service effective?

Our findings

People who used the service told us they felt staff were well trained and were capable of doing their job. Comments included, “They (staff) are very good at their job” and “They (staff) know what they are doing”.

Where people lacked the capacity to understand the choices available to them we saw the registered provider acted in accordance with legislation. The registered provider ensured the capacity of people had been fully assessed by a social work or healthcare professional before they started to use the service. All staff had received training in the Mental Capacity Act 2005 (MCA) and refresher training in this area was to take place for all staff between January and March 2015 and was to be delivered by mental health social work professionals at the local authority.

The staff we spoke with had a full understanding of the MCA how to apply the principles in a practical environment such as, the home of people who used the service. They described to us the importance to enable people to make decisions for themselves. Where a decision needed to be made in the best interests of a person who lacked capacity we saw these involved the person, a social work professional and a representative of the registered provider. We saw these meetings were recorded. This meant people’s rights were respected.

We checked four staff records and reviewed staff training. Records showed staff had received training in areas such as, safeguarding adults, the safe handling of medication, fire safety, infection control, moving and handling and first aid. Staff had also received additional training more specific to their role. For example, mental capacity, equality and diversity, recognising depression, epilepsy, autism, grief and loss, understanding Parkinson's, and managing challenging behaviour.

People told us they understood their rights and were asked for consent before staff provided any support. One person said, ”She (staff member) always asks my permission before helping me”. Staff had received training in respecting people’s rights and understood what consent meant and why it was important.

The registered provider placed a great emphasis on staff training and we saw some of the training staff received was delivered by social work and healthcare professionals. Other training was delivered internally by the training and development manager. We spoke with staff about the quality of the training they received. Staff were positive. Comments included, “I have been in care a long time and this is this best training I have had” and “The training is excellent. They always check if I am up to date and send me reminders when training is due”. Records showed training was monitored using a matrix. We saw the registered provider responded quickly to the training needs of staff. For example, where staff may be exposed to domestic violence at people’s homes they had received training in this area. The service had scheduled training and learning sessions for staff to undertake targeted work in 2015 to raise their awareness to support gay, lesbian, bisexual and transgender family carers. This meant staff were suitably qualified and experienced for their role and their training was current.

Staff were supported in their role. Supervision sessions every six weeks together with an annual appraisal. Supervision sessions are used to check staff professional development. Guidance was provided to staff and we saw they were able to discuss any personal issues that may impact on their work. We saw staff had been supported to make professional progress in the workplace. For example, one person had not come from a care background and had been supported to gain a number of qualifications together with practical experience in their role prior to moving on to a career in nursing.

The care coordinator implemented a buddying system for staff in November 2014. This meant two members of staff had been appropriately matched to each other, one of whom was more experienced than the other. The purpose of this was to encourage peer support and promote learning. She had also arranged team building sessions for staff from November 2014. This meant staff could develop positive relationships.

We saw people were supported to gain access to healthcare services and received healthcare support in their own homes. For example, people were encouraged and supported to attend appointments at clinics where chronic illnesses were monitored by a doctor.

A commissioner of services at the local authority praised the service for their effective outcomes achieved with people. For example, so that people living with dementia could access the local community when they would otherwise not have been able to. We saw records which

Good

Is the service effective?

showed that the commissioner of the service had shared these case studies with social work professionals to demonstrate the positive impact the service had on people's lives.

Good

Is the service caring?

Our findings

People and their relatives said they were well cared for by staff. People said, “I would not cope without them (staff)”, “They are flexible in their approach to care and nothing is too much trouble” and “They meet my needs and I am happy with the service. I am very well cared for”.

We spent time at people’s homes and saw they were well cared for and treated with dignity and respect. We observed as staff provided support to people. Staff were respectful and compassionate. They were aware of professional boundaries. For example, staff described to us even though they had cared for a person for a long period of time it was important not to compromise themselves or the person who used the service by becoming friends. We saw staff always asked permission before providing care and support. For example, when moving and handling someone who needed the toilet they asked if this person was happy and ready to be moved first. People we spoke with said staff treated them with respect and protected their privacy. Comments included, “They do everything for me. They (staff) help me with the bathroom and I always feel relaxed” and “(name) is very private. She respects me”.

We looked at people’s care plans and saw they were person-centred. Most people who used the service had capacity but where that was in doubt it had been assessed by a social work or healthcare professional. People’s needs were then documented along with instructions for staff on how to provide care and support. We saw staff provided support to both the person who used the service and their full time carer who was often a family member. Care and support sessions were often as long as three hours. This not only provided care to the person who needed it but a break for their full time carer. We saw some staff were carers themselves and were able to empathise and understand the problems people faced through personal experience.

The staff team delivered person centred care. They met the carer and the person who was to receive a service before sessions commenced and took time to get to know the person; including their likes, dislikes and identified goals to work towards achieving during future sessions. We saw people and their relative were regularly asked how they wanted their care to be provided. Records held at the head office of the registered provider which recorded communication with professionals showed a community psychiatric nurse had recently contacted the service and complimented them on the care and support they had provided to a person who used the service.

Where people required support in the form of an independent advocate this was provided. People had been provided with a service user guide which provided contact details of a variety of support and independent advocacy services. The registered manager demonstrated a good knowledge of people’s rights relating to advocacy and legislation. For example, lasting power of attorney. We saw evidence that where these were in place this had been recorded and staff understood the content of the order.

We saw people’s health and wellbeing was regularly monitored and promoted. For example, we noted that people who used the service regularly attended appointments with their doctor or dentist. A relative told us, “Staff support us and help us keep appointments”. We saw evidence of letters from consultants and other specialists, following attendance at hospital for reviews of care. These were recorded in people’s care files.

People who cared for their relatives on a full time basis were also supported by the service. Family carers ranged from young children to older adults. The service also supported family carers via counselling, a short break service and a monthly youth club where children were engaged in activities such as football and art classes. People were also supported and provided with coping strategies for carers with low self esteem and confidence. This meant people who used the service and their family carer were supported and well cared for.

Good

Is the service responsive?

Our findings

People told us they felt they were involved in making decisions about their care. Comments included, “We have meetings with the manager and we plan the care” and “I am involved in my care and I make my own decisions”.

We looked at people’s care records stored at both the head office of the registered provider and in their own homes. We saw the registered manager completed an assessment of people’s needs before people started using the service We saw these records included assessments of what support and care people needed including areas such as, capacity, moving and handling, food and nutrition, communication, personal hygiene, medication and support to access the community.

Care plans included information about people’s life history. We spoke with staff about people who used the service and they were able to demonstrate an in depth knowledge of the people they cared for and their needs. For example, people’s family including relatives and children, their likes and dislikes and things they liked to do or eat. Care plans also set out and described methods for how people should be supported to develop their own skills and abilities. We saw one person had wanted to develop the skills to make a cup of tea. We saw staff provided support to allow this person to practice regularly. This meant the registered provider responded to the needs of this person.

We saw evidence that care plans were reviewed monthly and where changes in people’s needs were documented they were responded to. For example, we saw evidence that where one person had not been eating well a referral to a doctor and nutritionist had been made. Documents had been put in place to monitor that persons food and nutrition intake.

We saw a program of support was developed for people and completed by staff at each care session. This was planned very much around people’s individual needs, likes and dislikes. We saw staff encouraged and supported people to take part in activities and access the local community. For example, by attending art and crafts sessions, walking, looking at old photographs to stimulate memory, trips out including garden centres and shopping. People were supported to have holidays and breaks also. We also saw one person had been taken on a trip to one of their old schools to help stimulate their memory. Records revealed that each session was recorded and reviewed by the management team to see where improvements could be made if possible.

The registered manager had good lines of communication with people who used the service and their representatives. We saw contact was monitored and recorded. We saw an example where the provider had been contacted by a family member. The registered manager responded by arranging an appointment to visit the home of the person, who then received a confirmation letter in the post the following day as proof of the conversation. Records showed that management attended that appointment as arranged.

Records showed a complaints system in place to record and monitor complaints. People or their representatives were provided with copies of the complaints system when they first started receiving care from the service. Records showed there had been no complaints recorded in the last twelve months. We spoke with people who used the service. One person said, “There is nothing to complain about” and “I would speak to X (staff member) or the manager if there was a problem. I know how to make a complaint”.

Outstanding ☆

Is the service well-led?

Our findings

People told us they were very happy with the management of the service and how the service operated. Comments included, “The management are very good. You speak to them and they listen to you”; “The manager communicates with us all the time”; "The service we have received has had a major impact on our health and wellbeing. Keep up the good work" and “We are kept informed of things all the time”.

A registered manager was in post and was registered with the Care Quality Commission in line with legal requirements.

An annual survey was completed and we reviewed responses to the surveys. The responses were positive and included, “The service provides the care we need, we would be lost without it” and “I am very happy with the service”. One person was asked if the service could be improved. They responded, “No it’s perfect”.

We saw that staff team meetings were held monthly. These meetings were recorded and also included learning sessions or presentations on areas of care. For example, safeguarding and whistleblowing. Staff concerns were also addressed. In the latest meeting the registered manager provided new information about carer respite provision and they discussed any future changes in their care delivery. This meant staff were provided with up to date information and were encouraged to challenge and raise concerns. The care coordinator included service improvement as a standard agenda item at team meetings. This provided an opportunity for staff, outside of supervision sessions to have their say with support of peers. Colleagues could also share feedback and influence where service improvements needed to be made. We saw the registered manager produced regular newsletters and sent these out to staff.

We spoke with staff who were very complimentary about management and the support they received. Comments included, “I have worked for NTCC for 18 months and I think they are fantastic. It is the best job I have ever had” and “They (management) are very supportive. Everyone treats you as an equal”.

We saw there was little staff turnover and it was a settled staff team. Staff had been working with the same person for a number of years. The service worked hard to match people with staff and we saw one member of staff had been caring for the same person for over three years. Where there were to be staff changes we saw people were consulted in writing and were involved in the process. This meant there was good continuity for people who used the service and they were able to establish good relationships with the staff.

The registered manager completed audits of the service including areas such as health and safety, infection control, fire safety, environment of people’s own homes and the safe handling of medication. These areas were monitored regularly to ensure the safety of people who used the service and staff. We saw the registered manager recorded her findings and if any action had to be taken this had been recorded. For example, where the needs of people changed and equipment had been changed the environment risk assessment had been updated and provided to the staff who visited that home.

The registered manager kept monthly records of any accidents or injuries which occurred within the service. The intention was to monitor these to identify trends, patterns or possible causes of the incidents so that any issues could be addressed. There were no incidents or accidents recorded This meant the provider had a system in place that could identify risks to people who used the service.

We reviewed records including, care plans, risk assessments, medicine administration records, safety records such as audits which the registered provider used within the service and at people’s own homes. Records including care plans were of a high quality and contained current and up to date information which was accurate. These records were reviewed regularly by the registered manager. This meant the high quality of these documents was ensured and that staff had the latest information available to them. All records were kept securely at both the office of the registered provider and in people’s own homes..

The registered provider placed great emphasis on quality of service and as a result was a member of a number of organisations. These organisations were used to examine good examples of care. For example, the registered provider is a network partner of Carers Trust. This is an organisation that meets regularly and consists of registered managers and provides an opportunity to share information, practice and concerns. The service had achieved level one Practical Quality Assurance System for

Outstanding ☆

Is the service well-led?

Small Organisations (PQASSO) and were currently working towards level two. They were a member of the Social Care Institute for Excellence. This meant they were kept up to date with the latest information, knowledge and good practice. The registered provider was also a member of Skills for Care. The registered manager told us this kept the service up to date with the latest information and toolkits to support staff in the workplace.

In addition, we saw the registered provider completed quality assurance visits to people's homes at least twice yearly. At these visits people who used the service were asked their opinion on the quality of the care they received and how the service could be improved. A 'Service User Group' was in place and consisted of three relatives who were full time carers and two people who used the service. We saw they met biannually with management to discuss the service and share their views regarding improvement. This meant people were involved in driving improvement for the service.