Homecare North East CIC

Dunston Community Centre

Inspection report

Railway Street
Dunston
Gateshead
NE119EB

Tel: 01914882555

Date of inspection visit:
14 January 2016
19 February 2016

Date of publication:
28 April 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection which we carried out on 14 January 2016 and 19 February 2016.

Dunston Community Centre is a small domiciliary care agency providing care and support to people in their own home.

A registered manager was in place. 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 when receiving care. They told us that they trusted the care workers who supported them and looked forward to them visiting. Some peoples' comments included, "I trust the girls, they know what they're doing," and, "I feel staff with these staff." Staff had received training in relation to safeguarding adults and would report any concerns. Appropriate processes were in place to recruit staff and to carry out checks to ensure they were suitably experienced to support people with their personal care needs. Staff were reliable and attended home visits on time.

Staff were well supported by management and staff and people who used the service told us they were approachable. A staff member commented, "The managers' values haven't changed since they were carers, staff and people who use the service are all respected." Staff members said they felt safe working alone and at night as systems were in place to protect them. The provider had plans in place to deal with emergency situations through the use of an 'on call' out of hours system, manned by senior staff.

Staff had the necessary skills to support people. They received training and there was a system in place to ensure this was updated on a regular basis. Staff received regular supervision and appraisals. A staff member commented, "There are always opportunities for training and we can also say what training courses may be useful." Staff had received training in relation to the Mental Capacity Act 2005 and could describe how it related to their work and they were able to talk about 'best interest' decisions and supporting people to make choices. Staff helped ensure people who used the service had food and drink to meet their needs. One person told us, "The girls bring me fish and chips." Some people were assisted to cook their own food and other people received meals that had been cooked by staff.

People told us staff were compassionate and kind and care was provided by the same staff to give consistent care. Their comments included, "My care is perfect," and, "The carers are fantastic." We were told by people staff came on an introductory visit to meet them before they started to support them. Communication was effective with people from the main office as people said they were kept informed if there were any changes to their care or staff were running late.

People were supported to maintain some control in their lives. Care plans were in place and most detailed

how people wished to be supported and how people were involved in making decisions about their care. People had access to health care professionals to make sure they received appropriate care and treatment. Staff followed advice given by professionals to make sure people received the treatment they needed.

People were provided with opportunities to follow their interests and hobbies. Staff supported people to remain involved with the local community. Peoples' comments included, "I go out for a drink and meal with support staff each week," and, "I meet people when I go to watch the films at the community centre."

A complaints procedure was available and people we spoke with said they knew how to complain, people said they had not needed to.

The provider had in place system to effectively manage the service and monitor quality. Senior staff undertook regular spots checks on care workers to ensure they were providing appropriate levels of care. People told us they were contacted to ask their views on the service and discuss any concerns. Staff told us there were regular meetings and information was provided to ensure they were up to date about any changes in systems. Records were up to date and stored securely.

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.

People received their medicines in a safe and timely way.

Staffing levels were sufficient to meet people's needs safely and appropriate checks were carried out before staff began work with people.

People were protected from abuse as staff had received training with regard to safeguarding. Staff said they would be able to identify any instances of possible abuse and would report any that occurred.

Is the service effective?

Good

The service was effective.

Staff had access to training to help them understand peoples' care and support needs.

People's rights were protected. Best interest decisions were made appropriately on behalf of people, when they were no longer able to give consent to their care and treatment.

Staff liaised with General Practitioners and other professionals to make sure people's care and treatment needs were met.

People received food and drink to meet their needs.

Is the service caring?

Good

The service was caring.

People and family members we spoke with said staff were very caring and respectful.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide individualised care to the person.

People were helped to make choices and to be involved in daily

decision making.

Is the service responsive?

Good

The service was responsive.

Records were in place to ensure people received support in the way they needed and wanted.

The service provided opportunities for activities and entertainment for people.

People had information to help them complain.

Is the service well-led?

Good

The service was well-led.

A registered manager was in place who encouraged an ethos of involvement amongst staff and people who used the service.

Communication was effective and staff and people who used the service told us they were listened to.

Staff said they felt well supported and were aware of their rights and their responsibility to share any concerns about the care provided.

The registered manager monitored the quality of the service and introduced any improvements to ensure that people received safe care that met their needs.

Dunston Community 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.

This inspection took place on 14 January 2016 and 19 February 2016 and was unannounced.

The inspection team consisted of an adult social care inspector.

Before the inspection we reviewed information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners from the local authorities who contracted people's care. We spoke with the local safeguarding teams. We received no information of concern from these agencies.

Before the inspection questionnaires were sent out to 15 people who use the service, 15 relatives and nine staff. We received a 60% response from people who use the service. We visited three people in their own homes to obtain their views on the care and support they received. We interviewed five staff members, the registered manager and deputy manager for the service.

We reviewed a range of documents and records including four care records for people who used the service, four records of staff employed by the agency, complaints, safeguarding, two medicines records and accidents and incident records. We also looked at records of staff meetings and a range of other quality audits and management records.

Good

Is the service safe?

Our findings

People we visited and all people who completed the questionnaire we sent out told us they felt safe when receiving care from the support workers. Comments from people who used the service included, "I do feel safe with the staff," "I trust the girls," and, "They (staff) are professional and I know I can rely on them."

Staff had a good understanding of safeguarding and knew how to report any concerns. They told us they would report any concerns to the registered manager. They were aware of the provider's whistle blowing procedure and knew how to report any worries they had. They were able to tell us about different types of abuse and were aware of potential warning signs. They described when a safe guarding incident would need to be reported. Staff told us they currently had no concerns and would have no problem raising concerns if they had any in the future. They told us, and records confirmed they had completed safeguarding training. Staff comments included, "I've had training about safeguarding," "If I had any concerns I'd report it to the boss or duty manager straight away," and, "If I suspected any abuse I'd report it immediately to the duty manager." The safeguarding log showed no alerts had needed to be raised since the last inspection.

Staff told us they felt safe and were protected by the procedures in place in the organisation for their safety. For example, when working on late night calls. Their comments included, "I feel safe working for the company," "I feel safe on late calls as we double up so we're not alone and we all have a personal alarm," and, "When we had to do a late call in an area that was not well-lit we were shown where to park where there was some street lighting rather than in an unlit car park."

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. For example, for falls and nutrition to keep people safe. These assessments were regularly reviewed to ensure they reflected current risks to the person. They formed part of the person's care plan and there was a clear link between care plans and risk assessments. The risk assessment and care plan both included clear instructions for staff to follow to reduce the chance of harm occurring and at the same time supporting people to take risks to help maintain their independence. Our discussions with staff confirmed that guidance had been followed.

We considered there were enough staff to meet the needs of people who used the service. We spent time during the inspection observing staff care practice. We saw staff had time to chat with and build positive relationships with people, in addition to carrying out other care tasks and duties. People using the service made positive comments about the staff and staff we spoke with told us they thought there were enough staff employed by the service. The registered manager and deputy told us staffing levels were based on the individual needs of people who used the service. They told us they had been able to respond flexibly and provide extra hours and staff cover when emergencies had occurred in the lives of people they supported.

Staff were aware of the reporting process for any accidents or incidents that occurred. These were reported directly to staff at the office. We were told all incidents were audited by the responsible person at the office and action was taken by the manager as required to help protect people.

People and staff had access to emergency contact numbers if they needed advice or help from senior staff when the office was not open. Staff told us a senior member of management was always on call and could be contacted at any time for information and advice. Comments from staff members included, "Someone is always on call and available out of hours if you need advice," "The duty managers take turns to be on-call," and, "When the office is closed someone is on-call." A relative told us, "I have the number to phone if I ever needed to." Contingency plans were in place to ensure people were supported for example, in difficult weather conditions. A staff member commented, "When the snow was really bad if we were stuck or running late the duty manager went and started the call until the support worker got there." This showed plans were in place to deal with emergency or unexpected situations.

Staff told us they both prompted and administered medicines to people they supported, they described how they took medicines out of dossette packs and individual boxes and gave them to people for them to take. Medicines records were accurate and supported the safe administration of medicines. Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed. Staff told us they were provided with the necessary training and they thought they were sufficiently skilled to help people safely with their medicines. Suitable checks and support were in place to ensure the safety of people who managed their own medicines.

We spoke with members of staff and looked at personnel files to make sure staff had been appropriately recruited. We saw relevant references and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions which makes them unsuitable to work with vulnerable people. These had been obtained before people were offered their job. Application forms included full employment histories. Two people from the agency were involved in the interview process and an interview check list was used for questioning applicants to ensure a fair process was followed and to promote equal opportunities.

Good

Is the service effective?

Our findings

People were supported by skilled, knowledgeable and suitably supported staff. Staff were positive about the opportunities for training. Their comments included, "We get loads of training not just the mandatory training," "We're encouraged to do other training. I've finished my National Vocational Qualification level 2 (now known as Diploma in health and social care) and I'm doing level 3," "We (management) look out for any other training and if staff think they need extra training to understand people's different needs we'll source it," and, "We get training and we can let the office know if there is any training we think may be useful."

Staff members told us they received an induction before they began to work with people to give them information about the agency and training for their role. They also had the opportunity to shadow a more experienced member of staff for up to two weeks. This ensured they had the basic knowledge needed to begin work. The registered manager told us new staff worked a probationary three month period to ensure they were trained and suitable to work with people who needed support. A staff member commented, "Although I'd worked in care before I shadowed staff for two weeks until I got to know the people I was to support." Staff said initial training consisted of a mixture of work books, face to face and practical training. The registered manager also told us new staff studied for the new Care Certificate in health and social care as part of their induction training.

The staff training records showed and staff told us they were kept up-to-date with safe working practices. The registered provider told us there was an on-going training programme in place to make sure all staff had the skills and knowledge to support people. Staff completed training that helped them to understand people's needs and this included a range of courses such as dementia care, palliative care, mental capacity and equality and diversity. Staff we spoke with told us they had completed National Vocational Qualifications (NVQ) at levels two and three, now called the diploma in health and social care.

Staff said they received supervision from the management team, to discuss their work performance and training needs. Their comments included, "I get supervision from the registered manager," "Managers do the supervisions," and, "We get supervision every three months." Staff told us they could also approach the registered provider, manager and team leaders in the service at any time to discuss any issues. A staff member told us, "One of the manager's is a moving and assisting trainer so when I needed more advice about using the hoist they came straight out and showed me."

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and be the least restrictive possible.

CQC monitors the operation of the Mental Capacity Act 2005 (MCA). This is to make sure that people who do not have mental capacity are looked after in a way that respects their human rights and they are involved in

making their own decisions, wherever possible. Staff were aware of and had received training in the MCA as part of induction. The management team were aware of where relatives were lawfully acting on behalf of people using the service. Such as where they had a deputy appointed by the Court of Protection to be responsible for decisions with regard to their care and welfare and finances when the person no longer had mental capacity.

People who used the service were involved in developing their care and support plan and identifying the support they required from the service and how this was to be carried out. When a person did not have mental capacity to make decisions relatives confirmed they were involved in the decision making process. Their records showed their family members and health and social care professionals involved in their care made decisions for them in their 'best interests'. People told us support workers always asked their permission before acting and checked they were happy with the care the workers were providing. At home visits we saw support workers checked the person was happy for them to proceed as they provided support to the person. We saw people's care records contained signed consent forms and care plans and contracts were signed by them or their representatives to keep them involved.

We checked how the staff met people's nutritional needs and found people were assisted to access food and drink appropriately. People told us staff were helpful in ensuring they had plenty to eat and drink. They said they would prepare or heat meals for them. Staff also told us they would support people to make their own meals and snacks in order to promote their independence. Peoples' comments included, "I can make myself a cup of tea and staff leave me a sandwich for lunchtime," and, "Staff always check what I want to eat." Care plans recorded the nutritional needs of people and how they were to be supported. For example, "No drinks to be left in (Name)'s hand on leaving as they are unable to hold a cup or glass safely."

People identified as being at risk of poor nutrition were supported to maintain their nutritional needs. Risk assessments were in place to identify if the individual was at risk when they were eating or had specialist dietary requirements. For example, a care plan recorded, "(Name) needs to be prompted with what food is going into their mouth and reminded to chew and swallow their food." Some care plans also included advice from the dietician and district nurse for eating and nutritional supplements to help ensure people who had a poor appetite were encouraged to eat and to remain nourished.

People who used the service were supported by staff to have their healthcare needs met. Staff told us they would contact the person's General Practitioner (GP) if they were worried about them. People told us they had access to other professionals and staff worked closely with them to ensure they received the required care and support. People's care records showed that staff liaised with GPs, dietician, occupational therapist, nurse and other professionals. The relevant people were involved to provide specialist support and guidance to help ensure the care and treatment needs of people were met.

Staff told us communication was effective and they were kept up to date to inform them if there was any change in people's needs so they could provide the correct care and support. Staff members' comments included, "Communication is really good," "Communication with the office is brilliant," "I find communication is effective and I'm kept up to date with any changes in people's needs for example medicines."

Good

Is the service caring?

Our findings

People told us they were well looked after and supported by staff. Comments included, "The girls are really helpful," "They do anything I need help with," "Staff are always patient," "Staff are so kind and caring," "I can't say enough about them (staff) to compliment them." Relatives' comments included, "I can't fault the staff they are like family," "The staff are very reliable, I couldn't live my life without them," "Care is very flexible, on one occasion (Name) was in bed and the carer kindly offered to call back later to check (Name.)"

People told us they had received information about the care they were to receive and how the service operated. All people told us they were introduced to any new staff who would be working with them so they knew which staff would be supporting them. Staff members' comments included, "All staff are introduced to people before they start working with them," and, "I'm working with some new people next week and have been introduced to them before I start working with them."

People told us they always received the same carers whom they knew well. One person commented, "(Name) staff member is like one of the family, the office will let us know if a different carer is coming." The registered manager told us they created a staff team to work with each person to help ensure consistency of care for the person. This meant when a regular staff member was not available other members of the staff team whom people knew would provide the care. Staff members comments included, "We work in small teams and get to know people really well," and, "We try to make sure people have the same staff and not a fresh face each call."

Each of the support workers we spoke with had a good understanding of people's needs. They spoke respectfully about people, their individual preferences and routines, and how they were supported to meet their diverse needs. They were able to describe how they promoted positive relationships and respected people's diversity. The staff handbook, given to staff when they started to work for the agency, included the provider's policy and procedure regarding equality and diversity. It stated, "The rights of the individual within society should be promoted and supported so that equality and quality of life is available to each individual within the service." Positive feedback had been gained through the provider's quality survey in 2015 about the caring approach of staff. People's comments included, "I am very happy with the service I get, they (staff) put themselves out to keep me at home over a difficult period," and, "I'm very satisfied with the care I receive." A relative commented, "All carers look after (Name) as if they are part of the family."

People and relatives told us they felt involved in their care and that they had been involved in discussing what care and support they required. They told us they were aware of the care plan that was kept in their home. They said staff checked the information and care required was still appropriate on regular occasions. Relatives said they were kept informed about any changes in people's care and support. Their comments included, "Staff always let me know if they're worried about (Name), or if they are unwell," "We keep a check on (Name) when we've been told they were ill," and, "Staff let us know when (Name) had had a fall and they did what was needed until I arrived."

During the home visits we saw staff were patient in their interactions with people and took time to listen and

observe people's verbal and non-verbal communication. People were encouraged to make choices about their day to day lives. People we spoke with also said they were fully involved in decision making about their care. They said they were consulted and offered choices about their daily living requirements. Staff described how they supported people who did not express their views verbally. They gave examples of asking families for information and showing people options to help them make a choice such as items of clothing. This encouraged the person to maintain some involvement and control in their care. Staff also observed facial expressions and looked for signs of discomfort when people were unable to say for example, if they were in pain.

Staff took time to check what people wanted and that they received the care they required. We saw care delivered matched the care documented in people care records. We observed staff spent time speaking with people as they supported them and with some people there was respectful joking and banter. One staff member commented, "We're a small company and staff have time to spend with people." Other staff said they spent time speaking with people as they supported them and talked to people as they sat and wrote up their notes before they left the call. We saw people were always asked if there was anything extra that needed doing before the care worker left the home.

Staff described how they respected people and maintained their dignity throughout the delivery of care. They explained how they always knocked or rang the bell before entering houses, even when they had a key. During our visits we saw this took place. We saw people's care was delivered discreetly and with respect for the individual. People told us they were contacted and kept informed by the office if their care worker was going to be late. A staff member commented, "If we were running late we'd inform the duty manager who would let the person know." Information was available for staff that detailed how people's dignity was to be promoted when personal care was provided. For example a care plan stated, "Provide two female carers to assist with all aspects of personal care."

Staff were aware of the requirement to maintain confidentiality and the need to ensure that personal information was not shared inappropriately. A policy was available in the staff handbook they received when they started work with the home care agency. Staff told us they would always check with managers if they were unsure what they could or could not discuss.

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. The registered manager told us people who did not have relatives to provide advice and support to them would be supported by an advocate. Advocates can represent the views for people who are not able to express their wishes. The registered manager told us of the situation where an advocate had become involved where a person needed to have additional support whilst making decisions about their care.

Good

Is the service responsive?

Our findings

People told us the care they received met their needs. One person told us, "Fantastic support." A relative commented, "I'm particularly pleased with the pro-active attitude of all the carers, they look for any changes in (Name's) health and check that they're safe." People told us they were involved in discussions about their care and support needs. They helped in developing their care and support plan and identifying the support they required and how this was to be carried out. Relatives' comments included, "We met with one of the managers who asked us about the help that was needed," and, "We had an hour and a half meeting with (Name) to check what support was required."

Records showed senior staff carried out regular reviews of care with people, relatives we spoke with, also confirmed they were involved. This was to check the care and amount of support hours provided still met the person's care requirements. Records showed that people and or their representatives had been involved as care records were signed by them. Comments from relatives included, "The managers meet with us to update the care plans and check that everything is alright," "(Name)'s care plans are regularly reviewed to see if there have been any changes," and, "I'm asked if I'm happy with everything that's going on, I let them get on, I don't interfere."

Records were kept in people's houses and an up to date copy was also kept at head office so management staff could oversee if there were any changes. Assessments were carried out to identify people's support needs and they included information about people's medical conditions and their daily lives. Care plans were developed from these assessments that outlined how these needs were to be met. For example, with regard to nutrition, personal care, continence, mobility and communication. This was necessary to ensure staff could provide support to people in the way they wanted and needed to ensure their health and well-being. Records contained assessments with regard to mental capacity where it was thought people may no longer have capacity to be involved in all decision making in their day to day living.

Most care plans had good detail with regard to how people should be supported, such as detailing how a person communicated. For example, one care plan stated, "(Name) is able to respond to verbal prompts," and, "(Name) will be unable to say if they want a drink, they need to be asked and encouraged." Care plans for personal hygiene did not reflect the support provided by staff as they did not detail all the interventions staff provided to people to ensure they received care in the way they wanted. This detail was needed to ensure people received their support in the way they needed and wanted. For example, a person told us, "I wash myself and staff help," however their care plan did not detail what staff had to do to help the person and for another person the care plan recorded, "(Name) requires a full body wash or shower daily" but the care plan was not personalised to show how the care was to be provided to the person. The registered manager told us that this would be addressed. A care worker told us they read peoples' care plans before they started to support them to find about the person's support needs. They commented, "Before I started working with people I read their care plans to get to know their needs and routines."

At home visits the records looked at showed they were personal to the individual. They contained information about people's likes, dislikes, interests and hobbies. For example, (Name) used to collect

stamps," "(Name) enjoys films and listening to music," "(Name) is very interested in Jewish history," "(Name) is very keen on cars and their maintenance and can talk all day about cars and what can go wrong with them," and, "(Name) enjoys television and can change channels, care workers to ensure (Name) has access to their possum unit control (an electronic device that provides more independence to people with reduced movement) before staff leave."

Care plans detailed people's social care needs and what they liked to be supported with socially. For example, "(Name) likes to go to the pub in the village," and, "(Name) likes to go out as much as possible." The agency was run from a community centre which provided regular entertainment, movie afternoons, tea dances and luncheon clubs for people who lived in the community. The registered manager told us they helped support a number of people who used the service to access these events at the community centre to help reduce peoples' isolation. Staff also told us they made time to have conversations about people's families or what they had been watching on television. People we spoke with confirmed staff chatted with them and that they were supported to go shopping, to activities and to other appointments, as necessary.

People told us they were satisfied with the service they received. They told us they knew how to complain if they needed to. Their comments included, "I don't have any concerns," "I've never needed to complain but I know who to speak to if I did." The agency's complaints policy provided guidance for staff about how to deal with complaints. People also had a copy of the complaints procedure that was available in the information pack they received when they started to use the service. A complaints log was available and we saw no complaints had been made since the last inspection.

Good

Is the service well-led?

Our findings

A registered manager was in place who had been registered with the Care Quality Commission since 2011.

The registered manager and senior staff acted as positive role models for the staff team. People and relatives told us they were happy with the service provided and with the leadership. Relatives' comments included, "They are like family," "I couldn't do without them," "They fit in with us," and, "Management are very, very approachable."

Care workers spoken with were enthusiastic and passionate about the work they did. They expressed confidence in the management and leadership of the service, confirming the managers were open in their approach, communicated clearly with them and had positive values. Comments included, "The managers are approachable and will help us," "They have done our job so understand what we need to do," and, "I'm listened to.
Staff told us meetings took place on a regular basis, usually three monthly and arrangements were made so most people could attend. Their comments included "We have staff meetings and they are arranged so we can all attend when there's a gap in between calls," "Staff meetings take place regularly although we still communicate in between meetings," and, "There was a staff meeting at the end of last year." Staff told us that if they were unable to attend then meeting minutes were available. A regular newsletter was sent out which kept staff briefed about any changes and up to date with the running of the agency.

Regular audits were completed internally to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a range of monthly, quarterly and annual checks. They included health and safety, training, care provision, medicines, personnel documentation and care documentation.

People told us senior staff members called at their homes to check on the work carried out by the carer workers. Staff confirmed there were regular four weekly spot checks carried out including checks on general care, moving and handling and the safe handling of medicines. We saw copies of spot checks documentation at the office. People also told us they were contacted by the provider, through a direct visit or telephone call, to check if they were happy with the service provided and whether they had any issues or concerns they wished to raise with management.

The registered provider monitored the quality of service provision through information collected from comments, compliments/complaints and questionnaires that were completed annually by people who used the service. We were told some surveys had been completed by people who used the service and relatives for 2015. Comments from completed surveys included, "I am very happy with the service I receive from the agency," "I would certainly recommend the service," and, "I look forward to the girls coming."

Records were well maintained and up to date. We found daily records of care provided, kept in people's homes, contained good detail of the care delivered and highlighted any action taken.