Mr Philip Harrington Longmore

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Inspection report

St Thomas Street Office Centre
No 4, St Thomas Street
Sunderland
Tyne And Wear
SR1 1NW

Tel: 01915660938

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This inspection took place on 8 and 14 February 2017 and was announced. We gave 24 hours' notice of this inspection because the service is a domiciliary care agency and we needed to be sure there was someone in the office available to assist the inspection.

The service was supporting 59 people at the time of this inspection. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the time of the inspection the registered manager was not actively managing the service. The registered provider supported the deputy manager during the inspection.

During this inspection we found the registered provider had breached the regulations. The registered provider had failed to ensure the safe handling of medicines. Staff were not recording the administration of topical medicines in line with national guidance. Staff had not had their competency to apply topical medicines checked.

We found staff training was not up to date. The registered provider had commissioned an external contractor to provide training in all subjects deemed mandatory. For example, food hygiene, moving and assisting. We found a programme of training already in place with training booked in on a monthly basis.

We found some records pertaining to the management and running of the service were not available due to the registered manager not being in the service. No other member of the management team were able to access these records.

Recruitment practices at the service were thorough, appropriate and safe so only suitable people were employed.

Systems were in place to identify, assess and manage individual risks to people. Staff had received training in the safeguarding and Mental Capacity Act 2005 (MCA) at induction and had or were due to receive refreshers. Staff were clear about their responsibilities to recognise and report any incidents of abuse and were able to describe how the MCA impacted on their roles. For example, attending best interest meetings.

Staff told us they felt supported and received regular supervision and annual appraisals to discuss performance and personal development. Supervisors told us they undertook spot checks to observe and confirm care workers were supporting people appropriately.

People's dietary needs were respected with support given where necessary. Care plans were personalised

and reviewed regularly. Relatives felt involved in their family member's care and attended review meetings. Relatives made many positive comments about the service.

Processes were in place to consult with people before their package of support commenced. Consultations took place with supervisors and plans of support were completed with the person and if necessary relatives.

People's care records and risk assessments showed us that people were encouraged to be as independent as possible. People's healthcare needs were acknowledged and contact was made with other health care professionals when necessary.

We saw that systems were in place for recording and managing safeguarding concerns, complaints, accidents and incidents. People and relatives knew how to make a complaint.

The service sent out annual surveys to people to gain their opinions and views on the service. We found several compliments card and letters received by the service outlining relatives and people's satisfaction with the service they had received.

Staff told us they felt the service was open and approachable. Regular meetings were in place for staff to raise concerns and issues, on a regular basis. Personal records were held in line with Data Protection.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

MAR charts were not available for staff to complete as stated in the registered provider's medicine policy. Staff had not had their competency to apply topical medicines checked.

The registered provider had thorough and robust recruitment processes in place for new staff.

Staff were aware of how to report concerns and felt the registered manager would act on any safeguarding concerns.

Is the service effective?

Requires Improvement

The service was not always effective.

Not all staff training was up to date, with gaps in several subjects. The registered provider had plans in place to address this over a ten month period.

Staff told us they received regular supervision to support their development and performance.

Staff ensured people's nutritional needs were met. Where necessary, people's health needs were promoted and intervention sought when appropriate.

Is the service caring?

Good

The service was caring.

People and relatives felt staff were kind and compassionate in their roles.

People's dignity and privacy were respected. Staff supported people to be as independent as possible.

The service had information about advocacy.□

Is the service responsive?

Good

The service was responsive.

People had personalised care plans to meet their needs. The service ensured care plans were reviewed and updated as necessary.

The provider had a policy and procedure in place to manage complaints. The registered manager responded to complaints in a timely manner.

The service had processes in place to gain the views and opinions of people and relatives. Quality surveys were sent out on an annual basis.

Is the service well-led?

Requires Improvement

The service was not always well-led.

We were not able to evidence that the provider had effective systems and processes in place to monitor quality of the service. The records pertaining to care plan audits or survey analysis were inaccessible as they were stored electronically and accessed only by the registered manager.

Care workers described the registered manager as being approachable and felt they listened to any concerns.

People's and staff's personal records were held in line with Data Protection.

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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.

The inspection took place on 8 and 14 February and was announced.

The inspection was carried out by one adult social care inspector and an expert by experience who made telephone calls to people and relatives to gain their opinions and views of the service. An expert by experience is a person who had personal experience of using or caring for someone who used this type of service.

Before the inspection we reviewed other information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are changes, event or incidents the provider is legally obliged to send to CQC within required timescales. We also contacted the local Healthwatch, the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was completed and returned within the required deadline.

During our inspection we spoke with the registered provider, deputy manager, service coordinator, two supervisors and four care workers. We also spoke with four people who used the service and four relatives of people who used the service.

We viewed a range of records about people's care and how the service was managed. These included the care records of four people, the recruitment records of four staff, training records and records in relation to

the management of the service.

Requires Improvement

Is the service safe?

Our findings

We checked medicines were managed safely. Most people who received support from staff with their medicines had them delivered in a Nomad box. A Nomad box is a container where a number of medicines to be taken each day are stored together. We were told by the registered provider that staff only prompt people to take their medicines. On reviewing care plans were found some staff were applying topical medicines. This meant that staff were administering medicines. The registered provider had a policy and procedure in place for medicine management, the policy contained guidance on administration of medicines. The policy stated that a home care medicines record is kept in the home for people who receive help with medicines as part of their care plan. We asked the deputy manager how staff were recording the administration of topical medicines. They told us, "The care staff write it in the daily notes that they have prompted medicines and applied creams. There are no medicine records in place as yet, I am looking at this now and medicine administration records (MAR) will be put in this week." Staff had received training in safe handling of medicines but no competency checks had been carried out on staff who were administering topical medicines. This meant we could not be sure that people were receiving their medicines safely. The registered provider was not acting in line with national guidance. (The Handling of Medicines in Social Care, Royal Pharmaceutical Society of Great Britain.)

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people and relatives if they felt the support they received was safe. One person told us, "Yes, definitely, they're like friends." Another person said, "Yes I do, they're very good and very nice girls. I am quite happy." A third person told us, "Yes I am comfortable with my carers, I know them well." One relative told us, "Yes, I think so, they come three times a day to check on [family member], clean and tidy up." Another relative said, "Oh definitely, definitely. [Family member] needs help with everything."

We saw recruitment practices continued to be thorough and included applications, interviews and references from previous employers. The provider also checked with the Disclosure and Barring Service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. This meant people were protected because the registered provider had checks in place to make sure that staff were suitable to work in people's homes.

We found staff came into the office on a weekly basis to collect their rotas. People were issued with a rota if they requested one. The senior coordinator told us, "They (people) have set carers so don't always want a rota, they (people) can request one if they want." New staff were introduced to the people on their rota as part of their shadowing visits. When staff were on holiday, we found the office rang people to let them know there would be a temporary change of carer. We found electronic records of conversations between the office and people. The senior coordinator told us, "They (people) would know the staff that are covering, we use the same ones if possible." We asked people if they had consistency with the staff who supported them. One person told us, "I prefer to have the same ones and I do now, out of four carers (named ones)." Another person told us, "Yes, I have one out of two carers (named ones)."

We found people were protected from risks associated with their care. We looked at four people's care plans. Each had an assessment of their care needs which included risk assessments. Risk assessments included areas relating to the environment, for example potential hazards around people's homes as well as using equipment such as a hoist for moving and assisting.

The registered provider had policies and procedures to keep people safe. For example, whistleblowing and safeguarding policies. This meant staff had up to date guidance and information available to them.

The registered provider kept a safeguarding file. The service had adopted Sunderland City Council's Adult Safeguarding policy, a copy was held on file for staff information and guidance. Management had received training in using the threshold matrix used by the Council as part of their safeguarding training. No safeguarding concerns had been raised by the service at the time of the inspection.

The deputy manager told us, "I am the responsible person for safeguarding, so staff know they can come to me. The safeguarding training was one of the best developed courses I have done, I learnt so much." Staff told us they had confidence that any concerns they raised would be listened to and action taken by management. We saw there were arrangements for staff to contact management out of hours if they needed support or advice.

Staff were clear about what was expected of them in their roles and what responsibility they had to report concerns. We spoke with staff about their understanding of indications of abuse. One care worker told us, "There could be changes in mood, they may be quiet, I support with baths and showers so would notice bruises. I would report anything straight to my manager, and they would act." Another care worker said, "You may find bruises and they (people) are not sure how they got them, they (people) might communicate something to you that doesn't seem right." A third care worker told us, "A person may appear scared, or may not want to get up or speak. I would alert the manager and the local authority."

Staff had access to personal protective equipment and collected these from the office when necessary. Infection control policies and procedures were in place for staff guidance and information.

The manager had a reporting system in place to report and analyse accidents and incidents. This was to make sure any risks or trends, such as falls, were identified and managed. Accident records were in place regarding accidents that happened whilst a person was being supported in their home or in the community. Reports of any incidents were reviewed and included the details of any actions taken. For example, staff to observe one person was using their electric wheelchair. No other accidents or incidents had taken place.

The registered provider had a business continuity plan in place which covered recovery options in the case of an emergency such as significant loss of staff, loss of accommodation, loss of IT. The plan was reviewed as part of the general policy review process.

Requires Improvement

Is the service effective?

Our findings

The registered manager had a training matrix which showed staff training was not up to date. For example, out of 27 staff, 16 needed to complete food hygiene, 15 required updates in first aid and 8 required updates in safeguarding. The registered provider had a service level agreement in place with a local training agency to deliver the training the service deemed as essential. A training plan was in place over a 10 month period, with two courses booked every month. Although a plan was in place this meant the registered provider had not identified shortfalls in a timely manner meaning people were being supported by staff whose training was not up to date. Courses booked for February included moving and handling and basic food hygiene.

This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people if they felt staff had the right skills and training to support them. One person replied, "Yep." Another person told us, "Yes, they are good." A third person said, "Yes definitely." We found the two supervisors had attended a palliative care course at St Benedict's Hospice. This meant the service would be able to support people with palliative care needs. One care worker told us," I am happy to go on any training that is available I did the medication training last week it was really good." Another care worker told us, "It's important to have training, my mandatory training is up to date. I have refreshers booked ready in safeguarding." A third care worker told us, "I have completed training in Parkinson's disease, I support someone with this."

Staff were issued with an employee handbook covering policies and procedures, safeguarding, whistleblowing and equal opportunities as part of their induction. Part of the induction process included new staff accompanying more experienced staff on some calls. These sessions gave staff the opportunity to observe how care and support were delivered as well as reading care plans and seeing how records were maintained. One care worker told us, "I did some shadow shifts, it's important to watch how the care is done. It was important to me and made me feel part of the team."

The registered provider advised the manager had a supervision and appraisal planner in place electronically. However, they were unable to open the folder on the electronic system at the time of the inspection. Staff we spoke with told us they received regular supervisions and annual appraisals. One care worker told us, "I have supervision with [supervisor] regularly and an appraisal; we discuss my clients and training that sort of thing." Another care worker said, "Oh yes I get supervision, it covers training and a check to see how you are getting on." A third care worker told us, "I have just had one and an appraisal, it covered how I am doing, and any training I needed. I have just signed up for level 3 in leadership and management."

The Mental Capacity Act 2005 (MCA) providers a legal framework for making particular decisions on behalf of people who 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. We checked whether the service was working within the principles of the MCA.

Staff had received training in MCA. Staff had an understanding of gaining consent before care and support was provided. People told us staff asked for permission/consent before carrying out any support. One person told us, "Yes, they are good." One care worker gave us an example of how they supported someone by saying, "[Person] I am just going to take off your nightie is that alright," "I always explain what I am going to do as I go along. I have also been part of a best interest meeting."

Where people required support with eating and drinking, staff prepared meals in line with people's preferences. One care worker told us, "I have one person who needs support, everything has to be blended. I sit and feed (support her to eat meals) her making sure we take our time. There is a risk assessment in place." When required, records of food and fluid intake were maintained by staff. These were reviewed by supervisors and the manager during spot checks and were available for health care professionals. For example, the district nurse.

People were supported to access health care when required. One care worker told us, "If someone was not well, I would ask what is wrong, and then ring the office. They contact the family. The office might ring the GP or I would." Another care worker said, "I would ring the office, they would ring the next of kin, I would ring them if need be and get the GP, or ring 999 if it was an emergency.

Good

Is the service caring?

Our findings

Relatives and people told us the service they or their family members received was very good and that the staff were caring. One person said, "All are kind, even when they don't have the time, they'll get me some milk if I have ran out, they are so caring." One relative told us, "Absolutely, my mam's face lights up when she sees her (care worker)." Another relative commented, "[Family member] used to have another provider and these do better, may be because they are small."

Staff we spoke with had a good understanding of people's differing needs and preferences. Staff members said they could also find out about people's preferences through talking to them and relatives as well as reading the care plans. Daily care records were kept for each person so the information was available for all staff members. One staff member said they liked to spend time with people to find out about them. They commented, "It's important to build a rapport with them, show empathy and have good communication, it is a really important part of the job. To be able to listen and well as talk to people."

Staff spoke about their role as care workers in a compassionate way. One staff member told us, "We need to make sure we support people with choices and not make them for them, to give plenty of time to support someone, so they're not rushed." Another staff member commented, "I have one call for socialisation, the family always ask for me to do the call. They [person] has dementia and I have had training in dementia." A third staff member told us, "The other day I went to a call and the heating was off. I rang the family who said they would come round. I made sure they had plenty of layers on and they were comfortable and warm enough."

Induction training was delivered to staff which covered equality, diversity, privacy, dignity, respect and confidentiality. The service also had policies and procedures in place for staff to access for support and guidance.

Staff understood the importance of being respectful and promoting equality, diversity, dignity and independence. One care worker told us, "I always get them (people) to do as much as possible for themselves, when getting washed I always put a towel over their private areas." Another staff member told us, "Independence is very important so I make sure they do what they can themselves. Everyone is different and can manage in different ways. I talk through my actions, close the bedroom door and pull the curtains."

All people and relatives spoken with told us staff respected their right to privacy and dignity. One person told us, "Yes they are very respectful and I feel comfortable with them when they shower me." One relative told us, "They (care workers) are polite and respectful and are very tolerant of [family member's] negative mood." Another relative told us, "They put [family member] at ease, they all know what they are doing, how to speak to [family member] they've been great."

Staff were aware that they were entering the person's home and needed to be respectful of people's property. One care worker told us, "We must remember we are an intruder (guest) in their home and they need to trust us. It is a pleasure to help."

People were issued with an information pack when they first commenced using the service. The pack contained general information about the service along with contact details of the office. People were visited by a supervisor who spent time getting to know the person and their relatives. This provided information and details which were used in planning the support the person required. The service matched care workers to people to ensure they were supported by an appropriately trained staff member who could meet their specific needs.

The service had information relating to advocacy and would contact the local authority for support if necessary.

Good

Is the service responsive?

Our findings

We asked people and relatives if they felt involved in planning their own or their family member's care. One relative told us, "We wanted consistency and we get that with [care worker] five days a week and different ones on a weekend." Other comments included, "Very much so, yes," and "yes I was involved at [person's] review."

We found care plans were personalised and contained a good level of detail. Records included people's needs and preferences. For example, likes to listen to music, requires encouragement to get up. Care plans contained a list of medicines, why they were prescribed and where medicines were kept. People's care plans stated staff were to prompt with medicines. Detailed plans were in place for each call, for example, morning and lunch. Morning calls detailed how the person liked to be supported to get up, washed and dressed. Type of breakfast, how tea was served, and medicines to be prompted with a glass of water. Lunch time calls detailed what they liked to eat and where they liked to have lunch. Care plans were reviewed on a six monthly basis or when there was a change in need. One supervisor told us, "We may carry out a review if someone has been in hospital or they are unwell." The service were also invited to annual reviews by the social workers. We found no records to show that people had signed to agree with their care plans. We discussed this with the registered manager who advised this would be addressed immediately. Following the inspection, management confirmed a process had been put in place to visit people to obtain people's signatures.

Daily records were kept in the person's home to allow information to be available for any social worker or GP visit. Daily records contained a good level of detail of staff interventions. For example, put stockings on, assisted with getting [person] up and dressed, opened the bedroom window and did the dishes, sat and had a chat with [person] everything was alright on leaving. Community nurses had requested that people's nutritional intake was monitored, care staff had completed food and fluid charts for the nurses to monitor.

The registered provider used a double up team system. This meant that staff attending a two care worker call would not have to wait for another care worker to attend. All calls where two carer workers were needed are completed by the double up teams.

The provider kept a new care packages log containing people's names, addresses, initial consultation, name of person completing initial consultation, start date and date when care plan was completed and put in place. We asked how the service responded to new packages of support. The deputy manager told us, "We receive basic details such as times of calls, type of support, number of staff needed and total number of hours, along with any other health care professionals (HCP) who are involved in the care of the person." They went on to explain, "We can then contact them (HCP) to obtain some history which helps in our planning, a medical history from the GP is helpful. We can then match the carer to the person looking at skills and capabilities. We also look at interests, such as if someone has a dog, we can match a carer that likes dogs or if a staff member has an aversion to dogs we wouldn't put them in that call. All the information we gain gives a rounded picture of the service user."

We found the service also received an assessment from the commissioners detailing background information along with assessed needs and plans of support. An initial assessment was then completed by the supervisors and plans were discussed with people and their families. The deputy manager told us, "We then contact the carer who is picking up the call and arrange for them to meet another carer at the service user's home to introduce them before they start the call. If the package is an emergency, we cannot always do this. If someone has specialist needs such as a stoma, we would arrange training before the package commences. As some packages are very early we take into account staff working patterns as well."

We looked at the provider's information on how to make a complaint. The provider had a process to log complaints and compliments it received. The service had only received one complaint over the last 12 months. Records were kept along with immediate actions taken which showed the service had responded. Lessons were learnt from such events to reduce risk. We saw numerous cards and letters complimenting the service for the care and support they had provided to people and families. One relative had written, 'thank you all for your excellent caring. We were all so impressed with all the carers who came and the level of professionalism they gave.' Another relative had written, 'you have been there from the start and there aren't enough words to say how great you have been.

Requires Improvement

Is the service well-led?

Our findings

The provider told us they had a quality assurance process in place. Records pertaining to spot checks and quality audits were not available at the time of the inspection. Records were held electronically by the registered manager and could not be accessed by anyone else. The provider told us the analysed results were also held electronically by the registered manager and could not be accessed. We advised the provider that all records pertaining to the running and management of the service should be made available to those who are tasked with running and managing the service in the absence of the registered manager.

Surveys had been sent to people, these had not been returned as yet. The registered manager hoped for a return within two months when an analysis would take place and any issues raised would be addressed. We asked if we could review last year's quality survey, along with the service development plan. The results of the survey were held by the manager and could not be accessed by anyone else. The registered provider advised there was not a development plan in place.

This meant that we had no way of ensuring the service's quality assurance process was effective and the lack of access to records showed a failure in governance of the service. Records and documents should have been available to those who were carrying on the management of the service in the manager's absence.

This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and relatives told us how they felt about the management of the service. One person told us, "I wasn't happy they kept sending cover and kept apologising saying it would not happen again but it did. Anyway things have changed now with the carer and the cover I have." Another person said, "I think there is a lack of communication in the office." A third person told us, "The carers are nine point five to ten, with room for improvement for management who need to do more joined up work."

One relative told us, "The service was ten out of ten. They're professional and a god send when I compare them to other companies." Another relative gave the service seven out of ten, they commented, "Some of the staff could do with having more common sense, training and supervision." A third relative also said "ten out of ten."

Staff told us they felt supported in their roles by the registered manager. They told us the registered manager was open and approachable. One staff member told us, "[Manager] is really good and friendly. I get plenty of support from [registered provider] as well." Another staff member said, "[Manager] deals with things straightaway and is fair. I feel that they do listen. I have a good rapport with other carers. They are a good team and there are never any grumbles."

People told us the service obtained their feedback every six months. The registered provider and the registered manager had visited people in their own homes to gain views and opinions on the service. Five people were visited in December 2016. Records from the visits were positive with compliments being paid by

people about staff. Comments included, 'All the carers are lovely, every single one of them, '[care worker] is just like my mum' 'I would be lost without them' no fault with any of them.' One person confirmed, "They (care workers) always keep the house tidy and clean." One person requested their 5.30pm call be changed to 5.00pm to tie in with their medicines. This had been addressed.

We examined policies and procedures relating to the running of the service to ensure staff had access to up to date information and guidance. Staff were encouraged to read these as part of their induction. Several policies were being reviewed and updated when necessary.

Staff meetings were held, which gave staff the opportunity to discuss workloads as well as gaining important information about the service. Minutes showed various areas were covered during meetings including time sheets, the pension scheme, contingency plans for bad weather and working with professionals. Any additional information needed to be disseminated to staff was done so by way of a memo attached to their rota. Staff told us they visited the office on a weekly basis so information was also passed over at these times.

Registered provider had a "Carer of the Month Award", where a member of staff received a letter of congratulations and a £50 cash gift. The management decided who was in receipt of the award by using feedback from people and relatives as well as monitoring performance. The registered provider puts on a Christmas party for staff as a thank you for their work over the year. Staff also received a gift voucher.

There were no issues or concerns raised by any other agencies that we contacted prior to the inspection.

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 provider did not have correct recording processes in place for the safe administration of medicines. Staff had not received competency checks in the application of topical medicines. Regulation 12 (2) (g)

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Records relating to assessment, monitoring and improvement of the quality and safety of the service were not available to those who require access. Regulation 17 (2)(a)

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The registered provider failed to ensure staff undertook training to enable them to fulfil the requirements of their role. Regulation 18 (2) (a)