

## Hetton Home Care Services

# Hetton Home Care Services

### Inspection report

The Hetton Centre  
Welfare Road, Hetton-le-Hole  
Houghton Le Spring  
Tyne and Wear  
DH5 9NE

Tel: 01915171479  
Website: [www.hettonhomecareservices.co.uk](http://www.hettonhomecareservices.co.uk)

Date of inspection visit:  
05 May 2017  
10 May 2017  
11 May 2017  
19 May 2017

Date of publication:  
11 July 2017

### 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

The inspection took place on 5, 10, 11 and 19 May 2017 and was announced. We last inspected the service 29 January and 16 February 2016 and found the provider had breached the regulation relating to the safe management of medicines. During this inspection we found the provider had made improvements in this area and was now meeting the requirements of the regulations.

Hetton Home Care Services provides domiciliary care and support to people in their own homes. At the time of our inspection the service provided support to over 300 people.

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.

People said they received good care and support from kind, caring and considerate staff. They also told us they felt safe using the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Improvements had been made to the management of medicines so that people were receiving their medicines appropriately. Care plans described the support people needed with taking their medicines. The effectiveness of medicines audits had improved since our last inspection. These had been effective in identifying areas for improvement with the management of medicines.

People received support from staff who were reliable and usually familiar to them. Staff said they had the required time built into their rota to provide people's support effectively.

Potential risks were assessed and managed to help keep people safe.

Staff had a good understanding of safeguarding adults and whistle blowing including how to report concerns.

The provider had effective recruitment procedures, which ensured new staff were suitable to work with people using the service.

Staff confirmed they received the support and training they needed to carry out their caring role. Records confirmed supervisions, appraisals and training were up to date.

People received the support they needed with meeting their nutritional needs. Care plans described the

individual support people needed with eating and drinking.

People's needs had been assessed to identify their needs and agree the support they required. This included a discussion about people's preferences. Personalised care plans had been written for each person. Care plans were reviewed regularly to make sure they were up to date.

People said they did not have any complaints about their care but knew how to complain if required.

The provider previously had not submitted the required statutory notifications. This had been addressed and they were now submitting all of the required notifications.

The management committee oversaw the governance of the service.

The provider carried out spot checks to review the quality of people's care. People had provided feedback to the provider which showed they were happy with the service.

When consulted people had given positive feedback about the service. The provider investigated any negative comments separately to address people's concerns.

## 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.

Medicines were managed appropriately and safely.

People were supported by a reliable and consistent staff team.

Potential risks were assessed and managed.

Staff knew about safeguarding adults and whistle blowing and knew how to report concerns.

There were effective recruitment practices in place.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service was well led.

The provider submitted required statutory notifications on time. Medicines audits had been improved and were effective in identifying areas for improvement with the management of medicines.

Spot checks were carried out to check people received their agreed care and support.

People had given positive feedback about the service during the most recent consultation carried out.

# Hetton Home Care Services

## 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 checked 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 5, 10, 11 and 19 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure the registered manager would be available.

The inspection was carried out by one inspector.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and the clinical commission group (CCG).

The provider completed a provider information return (PIR) prior to the inspection. 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.

We spoke with 15 people who used the service and three relatives. We also spoke with the registered manager and two support workers. We looked at the care records for six people who used the service, medicines records for four people and recruitment records for five staff. We also looked at supervision, appraisal and training records and other records relating to the management of the service.

# Is the service safe?

## Our findings

During our last inspection in January and February 2016 we found the provider had breached the regulations relating to medicines management. This was because medicine records did not accurately account for all of the medicines administered to people.

We found improvements had been made to the management of medicines. People received their medicines from trained and competent care workers. We viewed medicines administration records (MARs) for three people who received their medicines from care workers. An assessment had been carried out to determine the support each person required with medicines. MARs provided a clear account of each medicine care workers had administered to people. Where medicines had not been administered, non-administration codes were used to explain the reason for this. Care plans provided clear guidance for care workers about the support each person needed with their medicines.

People and relatives said they felt safe with the provider. One person said, "They give a feeling of more security because I know they would come to see me." Another person told us, "They (staff) are so honest and they are nice." One relative commented, "You feel safe with Hetton. It is not just about money and that is a good thing."

People received their care from a reliable and consistent team of care workers. One person told us, "Oh yes, they are always on time." Another person said, "There is never a problem with timing, none (staff members) rush off." A third person said, "It is usually [staff member name], it is more or less the same ones." A fourth person commented, "They will sit and talk to me. They don't rush off." One relative told us, "There are no limits, [care worker] stays until the job is done." Staff members told us they had enough time built into their individual rotas to enable them to travel to calls and stay for the agreed duration of the call.

Potential risks were assessed and measures identified to help keep people safe. A risk assessment considering the risks relating people's home environment was completed when people started using the service. Other assessments were carried out depending on people's needs. This included a moving and handling assessment and a medicines assessment where people had difficulties in these areas.

Staff had a good understanding of safeguarding adults and the provider's whistle blowing procedure. This included knowing how to report concerns. Records showed staff had completed relevant training in safeguarding adults. Staff told us they did not have concerns about people's safety. Previous safeguarding concerns had been dealt with correctly following the agreed procedures and a referral made to the local authority safeguarding team.

The provider carried out a range of pre-employment checks before new staff started working with people. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people using the service.

## Is the service effective?

### Our findings

Staff told us they received good support from management. One staff member commented, "They (managers) are always there for you. There is always somebody who will help you out." Another staff member told us the support they received was "great". They said, "If I don't know something I can call anytime and ask."

Records confirmed that supervisions and appraisals were up to date for all staff members. Essential training for staff members providing care included moving and assisting, first aid, fire safety, food hygiene, safe handling of medicines and health and safety. The provider kept an electronic training matrix which allowed easier monitoring of when training needed to be updated. We viewed the matrix which confirmed training was up to date at the time of our inspection.

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

People can only be deprived of their liberty so that they can 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. The registered manager and staff told us people currently using the service were able to make their own decisions and choices. However, the provider had a MCA policy and staff had a good understanding of how to promote choice and decision making. People told us they were asked for permission before receiving any support from staff. One person commented, "They always ask first what would I like." Another person told us, "They do anything I ask them to do. I couldn't ask for anything more." A third person said, "I only have to say can you do such and such and they do it."

Where people needed support with nutrition, care plans had been developed to ensure they received individualised support. Care plans included information to prompt staff about people's preferences, such as any likes and dislikes they had. For example, some people liked to have specific meals or drinks at particular times of the day. Some people told us they were supported with nutrition and said this was carried out in line with their wishes.

## Is the service caring?

### Our findings

People were happy with the care they received from staff. One person said, "They are very, very good. I am well looked after. I am a very lucky person because I have my carers coming in." Another person told us, "The care is a bonus to my life. It gives [my relative] and family peace of mind. It works for me and I am content." A third person commented, "They are marvellous, very very good." One relative commented, "[Family member] is well looked after. We couldn't be happier." Another relative told us, "They provide really good care. It is a charitable company so it is not about pounds shilling and pence."

People were cared for by kind and considerate care workers. One person said, "I call them my angels, they are lovely. We have a laugh, they are fantastic." Another person commented, "I find them very caring. They are a great help." A third person said, "They are excellent." A fourth person told us, "They'll do anything for you. These people (care workers) have always been good to me." One relative told us, "[Family member] couldn't be better looked after, we have no regrets. We have an excellent carer. They do a good job." Another relative told us, "They don't just do their job. They are like one of the family. They go above and beyond. You can have a laugh with them."

People had positive and caring relationships with their care workers. One relative said, "A lot of the carers [person] has known for years. They are like one of the family. There is not one of the carers who comes in and just goes through the motions." Another person told us, "They have kept me going in more ways than one. They give me comfort, they brought in a freshness."

People were supported to make choices and be in control of their care. One person told us, "They (staff) are giving me exactly what I asked for. If there is anything I want they will do it. They don't dictate at all. They ask if there is anything else you want doing. If they have time they sit and chat." Another person said, "They (staff) are friendly, helpful and do exactly what I have asked them to do." Care plans also included prompts for staff to remind them to always ask people for their choices rather than assuming what they might like.

People told us they were treated with dignity and respect. One person commented, "They (staff) treat you like a human being. They treat you like a person not just like someone in a wheelchair. I have no concerns about dignity and respect. We just have a laugh, everything is fine." Another person said, "I am treated with respect." A third person told us, "They treat me properly. They have a lovely attitude. They treat me with dignity which is important."

## Is the service responsive?

### Our findings

People said the provider responded to changes in a timely manner. One relative said, "When [family member] was poorly, [care worker] did a bit of shopping. I thought that was very kind." Another person commented that when they needed a support service "within 12 hours they had carers in place". A third person told us, "They are very good at an immediate response."

People's needs had been assessed both before and after they started using the service. This involved identifying the support people needed from the provider and any specific care preferences they had. For example, one person had specific requirements for what they wanted for breakfast each day. Another person wanted to be able to visit relatives regularly. Other people had particular social and religious preferences they wanted care workers to be aware of.

The information gathered during the initial assessment formed the basis of personalised care plans for each person. We found care plans identified objectives for each person to aim towards, such as meeting their personal care needs. Care plans described the support people needed from care workers during each visit. Specific prompts had been also been included as a reminder for care workers about important elements of people's care. This helped to help ensure care was provided consistently. For example, one person particularly wanted care workers to ask them at each visit what they would like for their lunch. Another person wanted care workers to hold up items of clothing to help them make a choice of what to wear. Care plans were reviewed regularly to make sure they reflected people's current needs.

People told us they had been given the opportunity to develop their care plans and say how they wanted their care provided. One person said, "Oh yes, I was involved in my care plan." Another person told us, "When I booked them [care worker] came in and explained what was available. I said two or three things (were important) and that has happened."

There were opportunities for people to give their views about their care. One person said, "[Registered manager] came out, I often get someone out to check I am happy and if there are improvements."

People did not have any complaints about their care and knew who to contact if they had concerns. One person commented, "I have no concerns. I have contact details (for the office)." Another person said, "I can't complain. If I have a problem I just phone the manager and [registered manager] sorts it straightaway. If I am not satisfied I would do something about it but I am satisfied." One relative said, "If I had a complaint I would be on the phone straightaway. Complaints were investigated and appropriate action taken."

## Is the service well-led?

### Our findings

When we last inspected the service we found the provider had not submitted the required statutory notifications in relation to safeguarding concerns. This had now improved and the provider had since submitted the required notifications.

The service had an established and experienced registered manager. They had been employed at the service since it was established in 1994. People told us the registered manager and other members of the management team were approachable. One person said, "[Registered manager] is fine. I think they (management team) are all very pleasant."

During our last inspection the provider did not have an effective system for medicines audits. This had also improved with the provider implementing additional quality assurance checks to help ensure people received the medicines they needed safely. These additional checks had been successful in ensuring improvements were identified and appropriate action was taken. For example, additional support for staff where there had been issues identified with inaccurate recording of medicines given to people.

A management committee oversaw the governance of the service. Regular meetings with the management committee took place which considered how well the service was performing against priorities. An annual report was prepared providing a summary of performance and future plans for developing the service.

The provider carried out a series of unannounced spot checks and monitoring to assess the quality of people's care. These checked that staff carried out tasks in line with people's support plans, were punctual, stayed the allocated time and were polite, willing and caring. Records we viewed showed people were happy with the care staff provided.

People had opportunities to give their views about the quality of their care. We viewed the most recent feedback (September 2016) received from people using the service. We saw 353 surveys had been issued with 223 returned. Questions people were asked covered the reliability and punctuality of staff and whether they were treated with respect. People had given mostly positive feedback about the service and the staff providing their care. For example, 100% of people responded either 'good' or 'excellent' in response to whether they were treated with respect. Where a minority of people had given a poor response these were investigated separately. These concerns were due to times when less familiar staff had carried people's care.

People had also given specific comments about the quality of their care. Words used to describe care included 'exceptional', 'excellent' and 'very good'.