

Care at Home (Wearside) Limited

# Care at Home (Wearside) Limited

## Inspection report

The Old Orphanage  
Moor Terrace, Hendon  
Sunderland  
SR1 2JH

Tel: 01915100403

Date of inspection visit:

23 November 2020

30 November 2020

16 December 2020

07 January 2021

04 February 2021

Date of publication:

12 March 2021

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

Care at Home (Wearside) is a service that provides personal care to people in their own home. The service was supporting 86 people at the time of inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People said they felt safe with the service provided. Staff knew about safeguarding procedures. Safe recruitment processes were in place. Staff worked well with other agencies to ensure people received care and support.

All people and relatives were complimentary about the direct care provided by support staff. They trusted the carer workers who supported them. They said staff were kind, caring and supportive of people and their families.

People and staff said communication could be improved. Not all people said they had regular care workers and they were not informed if they were going to be late. There were opportunities for people, relatives and staff to give their views about the service.

People received person-centred care from their regular carers. However, records did not all provide guidance to ensure people received consistent, person-centred care and support from all staff members.

We have made a recommendation about systems becoming more robust to ensure communication is more effective and that people receive person-centred care from all staff.

A quality assurance system was in place to assess the standards of care in the service. However, it needed to be strengthened. Audits that were carried out had not identified issues that we found at inspection.

We were assured that the provider was monitoring the use of PPE for effectiveness and people's safety.

Systems were in place to manage medicines safely where support was required.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Rating at last inspection

The last rating for this service was good (published 20 September 2019).

## Why we inspected

We received concerns in relation to staffing levels, infection control during the pandemic and communication. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

We received assurances improvements were being made as there was ongoing staff recruitment, an electronic system was in place to monitor calls and care provision and people were being surveyed to gather feedback about their call preferences.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Care at Home Wearside on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Care at Home (Wearside) Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

This was a focused inspection to check on concerns we had received about infection control, staffing levels and communication.

#### Inspection team

The inspection was carried out virtually by one inspector and an Expert-by-Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it was a large service operating during the pandemic and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 23 November 2020 and ended on 4 February 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authorities who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We communicated with nine people who used the service and nine relatives about their experience of the care provided. Not everyone who used the service, communicated verbally or wished to speak on the telephone, therefore they gave us permission to speak with their relative. We spoke with nine members of staff including the registered manager, one care co-ordinator, one service co-ordinator and six care workers.

We reviewed a range of records. This included four people's care records and medicine records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- People told us they felt safe, and acknowledged pressure to staffing levels due to the pandemic. A person commented, "Staff would immediately come into action if I was unwell." However, people said they would prefer the same carer. A relative commented, "A different carer comes out at times and we've not been told beforehand. It means [Name] won't always have a shower as the carer doesn't know their ways" and "I feel [Name]'s safe when the usual carer is going in but I'm wary about random people going in and out."
- Some relatives and people said staff were not always reliable, arriving as arranged. If any calls were late people were not kept informed. A person said, "If carers are going to be late, I'd appreciate a call to let me know as I have to lie in bed and wait for assistance." The registered manager responded swiftly and contacted people to address people's comments.
- Safe and effective recruitment practices were followed to help ensure only suitable staff were employed. Application forms were completed, references and proof of identification were checked.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were trained in safeguarding and had access to guidance about what to do to report any concerns about abuse.
- Most people and relatives said people were kept safe and they trusted staff. One relative told us, "The quality of care by the regular carer is absolutely brilliant."

### Using medicines safely

- Systems were in place to manage medicines safely where support was required. One person told us, "Staff always make sure I have my medicines on time."
- Staff received regular competency checks to ensure they were safe to administer medicines.

### Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were identified and managed. Measures were put in place to remove or reduce the risks.
- Risk assessments included environmental risks and any risks due to the health and support needs of the person.
- Where people required equipment to keep them safe, this was in place. A person told us, "Office staff and carers come out when I have new equipment so the occupational therapist can show everyone how to use it."
- The provider helped ensure people received support in the event of an emergency. An on-call service was available when the office was closed.

### Preventing and controlling infection

- Safe infection prevention and control procedures were in place to keep people safe.
- We had received some concerns before the inspection that not all staff were wearing their personal protective equipment (PPE) appropriately during the pandemic. We were told by the registered manager staff had access to regular supplies of PPE and spot checks were carried out to observe staff practice and use of PPE. We were assured that the provider was monitoring the use of PPE for effectiveness and people's safety.
- Staff received training in infection control and use of PPE to make them aware of best practice.
- The provider's infection prevention and control policy was up-to-date.

### Learning lessons when things go wrong

- Any accidents or incidents were recorded and monitored. Reports were analysed, enabling any safety concerns to be acted upon.
- Safety issues were discussed with staff to raise awareness of complying with standards and safe working practices.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Person-centred care was not always provided, with people the main focus of decision making about their daily lives.
- Improvements were required to some aspects of care provision to ensure people were central to the processes of the delivery of care. We received information after the inspection from the registered manager to show how this was being addressed.
- Although an electronic call monitoring system was in place to monitor people's calls, systems were not in place to ensure people received timely and consistent care that respected their needs and wishes. People were not kept informed when staff were late and people did not always know who would turn up to provide care. A relative commented, "When the regular carer is off [Name] gets loads of different people so they get more confused." Improvements were introduced immediately by the registered manager to address people's comments.
- Care records were available electronically for staff. However, not all staff said they were aware of people's needs before they supported them. A person told us, "New carers often forget or don't know to apply creams, but they willingly do so when I remind them." We received information after the inspection from the registered manager to show how this was being addressed to ensure all staff were familiar with the electronic system that documented people's care needs.
- Care records were up-to-date and some person-centred information was available, but records did not provide detailed guidance to ensure all staff delivered consistent care and support to people. A relative said, "Usual carers encourage [Name] to shower but others don't they're in and out quickly." We received information after the inspection to show that improvements were being made to records.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to manage the day-to-day running of the service, but people fed back to us that they did not always find these to be effective or aligned to their wishes and preferences. For example, appropriate arrangements to cover staff absences and staff changes. Improvements were introduced immediately by the registered manager to address people's comments.
- Audits, including spot checks, were completed to monitor service provision and to ensure the safety of people who used the service. These audits were not all effective as they had not identified issues we found at inspection.

We recommend the provider ensures changes to records and improvements to communication with people are consistently maintained to ensure people receive person-centred care.

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

- Engagement with people and staff was not fully effective.
- There was evidence of communication with people and staff during the pandemic, however feedback received showed communication was not always effective with office staff. People and relatives' comments included, "When I speak to office staff they are polite and helpful but they don't always listen. I have repeatedly asked for the same time call" and "If I wasn't around to complain not sure [Name] would get the level of care they need."
- Staff said they were supported. They were positive about the registered manager and management team and said they were approachable.
- People were involved in decisions about their care. They were consulted on an individual basis. However, improvements were needed to show that people were consulted and listened to with regard to their care and support requirements. The registered manager immediately surveyed people as a result of their feedback to gather information about their call preferences, so call times could be adjusted to suit people.

Continuous learning and improving care; Working in partnership with others

- Staff were trained and there was effective liaison with other agencies to ensure people's needs were met.
- There was a programme of ongoing staff training to ensure staff were skilled and competent.
- Staff communicated with a range of professionals to ensure that people's needs were considered and understood so that they could access the support they needed. One professional commented, "Staff are professional. They have been able to adjust their way of working to make the client feel at ease and they've been able to build a good rapport with them."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong.