

Gateshead Council

Gateshead Council Supported Living Domiciliary Care Service

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service: Gateshead Council Supported Living Domiciliary Care Service is a domiciliary care agency. It provides personal care and support to people living in their own homes. It provides a service to a range of people including those living with learning and physical. At the time of inspection there were 14 people receiving the regulated activity of personal care throughout Gateshead.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

People's experience of using this service:

People received person-centred care which met all of their assessed needs. People had detailed and individual care plans which were regularly reviewed and updated as people's needs changed. Risk assessments were in place to help keep people safe by mitigating identified risks people faced.

There was a governance framework in place to assess the quality and safety of care provided to people. We found this framework was not always effective as the registered manager had not notified the Commission of two incidents. The service was operating a supported living model of care and not a domiciliary service to people. We are dealing with this outside of the inspection process.

Staff were kind and caring with people and respected their privacy and dignity. People received safe care from a well established staff team who had received all mandatory training and on-going support.

Medicines were safely managed. Staff supported people with their medication appropriately and worked in partnership with GPs and other health care professionals to regularly review people's medication and assess their needs.

Staff demonstrated a good knowledge of people and their relatives. People were supported to have maximum choice and control of their lives and were supported in the least restrictive way possible.

People were supported to be independent, maintain social relationships and supported to attend activities that they had chosen in the community.

Staff worked in partnership with other health care professionals and used best practice guidance.

More information is in the detailed findings below.

We identified two breaches of the Health and Social Care Act (Regulated Activities) Regulations 2014 around the governance of the service and not displaying previous ratings of the provider's services on their website and the registration of the service. We also found a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009 due to the registered manager not notifying the Commission of a serious

injury and a safeguarding incident. Details of action we have asked the provider to take can be found at the end of this report.

Rating at last inspection: At our last inspection the service was rated good. Our last inspection report was published on 8 September 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we found the service continued to be good in most areas. However, we also identified some areas which required improvement.

Follow up: We will continue to monitor the service through information we receive from the service, provider, the public and partnership agencies. We will re-visit the service in-line with our 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 effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

Gateshead Council Supported Living Domiciliary Care Service

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and an assistant inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own homes up to 24 hours per day. This included multiple supported living settings, where up to four people shared accommodation. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and their wider social support.

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:

We gave the service 48 hours' notice of the inspection visit because the service provides a domiciliary care service and we had to make sure staff would be in.

Inspection activity started on 18 February 2019 and ended on 19 February 2019. We visited the office location on 18 February 2019 to see the registered manager and to review care records and policies and procedures. We visited four people at their homes, with prior permission, and spoke to staff on 18 February 2019. We spoke to the registered manager and nominated individual via the telephone on 19 February 2019. We reviewed post-inspection information on 19 February 2019.

What we did:

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they play to make. We also reviewed the information that we held about the service. This included any statutory notifications received. Statutory notifications are specific pieces of information about events that happen within the service, which the provider is required to send to us by law.

We sought feedback from the local authority contracts monitoring and safeguarding adults' teams, and reviewed the information they provided. We contacted the NHS Clinical Commission Group (CCG), who commission services from the provider. We also contacted Healthwatch, who are the independent consumer champion for people who use health and social care services. We used the feedback gathered from these parties to inform our inspection and judgements.

During the inspection, we reviewed the care records for two people receiving the related activity and the recruitment records for two members of staff. We reviewed policies, procedures, audits and records relating to how the service is run.

After our inspection, we requested additional information to be sent to us. The was received and the information was used as part of our inspection.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training around safeguarding vulnerable people from abuse and could explain what they would do if they identified any form of abuse. Staff knew their role in keeping people safe.
- There were safeguarding policies and procedures in place to help keep people safe.
- There was easy read information for people to help them identify abuse and included details of who to contact if they wanted to report a concern.
- The registered manager investigated all safeguarding concerns and raised these appropriately to the local safeguarding team.

Assessing risk, safety monitoring and management

- Risks to people were identified and mitigation measures were in place to help support people safely.
- Care files we reviewed included personalised risk assessments for medication, staying safe, the environment, diabetes, malnutrition and infection.
- Risk assessments were regularly reviewed and updated when people's needs changed.
- People's care records included personal emergency evacuation plans (PEEP). A PEEP is an individual escape plan for a person who may not be able to reach an area of safety unaided or in a safe amount of time in an emergency.

Staffing and recruitment

- Staff recruitment continued to be robust. The staff team was well established and the newest member of the team had joined 10 years ago.
- Staffing levels reflected the assessed needs of people and there were enough staff to safely support people.

Using medicines safely

- Medicines were managed safely. Staff had received training in the administration of medication and had annual competency checks.
- Medicine administration records (MARs) were completed correctly and regularly audited.
- There was a medication policy in place and procedures for issuing 'as required' medication.

Preventing and controlling infection

- There was an infection control policy in place at the service.
- We observed staff following the infection control policy and wearing gloves and aprons when supporting people with personal care.
- There were risk assessments in place for the Control of Substances Hazardous to Health (COSHH), such as

cleaning chemicals, to make sure they were stored and used correctly by staff.

Learning lessons when things go wrong

- The registered manager shared outcomes from incidents with the staff team and people.
- Staff told us about one accident that had happened at the service when a person had fallen on their way to the bathroom. The service had learned from this and implemented additional lighting in the person's bedroom so that they could see any trip hazards. Due to this other people's bedrooms were risk assessed to make sure they also had suitable lighting.

Is the service effective?

Our findings

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People in receipt of care from the service had their support assessed and delivered in line with current national best practice standards and guidance, such as the National Institute for Clinical Excellence (NICE) guidance.
- People and their relatives were involved in their care planning.
- Daily notes were kept for each person. These contained a summary of the care and support delivered and any changes to people's preferences or needs observed by staff.

Staff support: induction, training, skills and experience

- People received care from skilled staff who had completed training that the provider considered mandatory for their roles.
- Staff received regular supervision and annual appraisals in line with the provider's personal development policy.
- Staff were encouraged by the registered manager to develop their knowledge and skill set further.
- Staff had attended Training in Systematic Instruction (TSI), this course provides a structured approach to teaching vocational and independent living skills to people with learning disabilities.

Supporting people to eat and drink enough to maintain a balanced diet

- People were encouraged to be as independent as possible and make choices about what meals they ate.
- Staff supported people to maintain a balanced diet by providing advice around certain foods. For example, one person who was at risk of high blood sugar levels was supported to eat a balanced diet with reduced sugar levels.
- People told us they enjoyed eating their meals together and the staff supported them to prepare meals together.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People's care records showed details of appointments with, and visits by, health and social care professionals.
- Staff had worked with various agencies and made sure people accessed other services in cases of emergency or when people's needs had changed.

- Care plans reflected the advice and guidance provided by external health and social care professionals.
- Staff supported people to access a range of health focused activities to improve their wellbeing. For example, one person attended boccia sessions and participated in the Special Olympics.

Adapting service, design, decoration to meet people's needs

- Staff supported people to risk assess their homes to make sure they were safe.
- People told us staff supported them to make their bedrooms reflect their personal choices.
- Staff supported people to make their homes comfortable and helped them access services to improve their well-being. For example, occupational therapy teams to provide walking aids.

Ensuring consent to care and treatment in line with law and guidance

- People consented to each aspect of their care and there was documented evidence to support this.
- The registered manager ensured staff complied with court orders where applications had been made to the Court of Protection.
- People had their capacity to make decisions reviewed regularly to make sure people could actively make decisions about their care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People gave us positive feedback about the care they received from staff.
- One person told us, "All of the staff are really helpful and I get everything I need."
- Staff knew people well and knew what they liked and disliked. Staff supported people to be independent and promoted their choices.
- A member of staff said, "People are cared for to the highest standards."
- Staff had received training around equality and diversity. One staff member told us, "We always have training about it. We treat everyone the same, everyone's is equal to us."
- There was an equality and diversity policy in place at the service. Care files were developed with people and reflected their individual choices.
- People were supported to follow their religious views if they wanted.
- A member of staff told us, "I enjoy the variation as every day is different and it is like no other job."

Supporting people to express their views and be involved in making decisions about their care

- People made choices about their care and were actively involved in decisions about what support they received from staff.
- One person told us, "I get lots of choice for what I want to do and what I need."
- Care plans were created in partnership with people and consent was sought for care planning and to deliver care.

Respecting and promoting people's privacy, dignity and independence

- The service promoted people's independence and worked with people to achieve their ambitions and goals. For example, one person had always aspired to own their own vehicle and the service supported the person to choose a vehicle which best met their needs.
- Staff respected people's privacy and dignity. We observed staff asking people if they could support them and knocking on bedroom doors before entering.
- People were encouraged to carry out tasks on their own. For example, we observed a maintenance staff member working at one person's home. A staff member supported the person to sign and confirm that the checks had been carried out.
- People were encouraged to carry out tasks independently and methods applying the TSI principles were carried out with people to help with using the cooker to make a meal and making cups of tea or coffee.
- Staff we spoke to told us that they, "loved their job." Staff were proud of the work they did and demonstrated a passion for this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care records contained detailed assessments of needs and these included people's preferences. For example, how they liked to be supported whilst showering or which staff member they preferred to have supporting them on trips.
- People and staff worked together to plan to maintain social relationships and attend voluntary work opportunities.
- People were encouraged to attend activities in the local community.
- One person said, "I go and play bowls and have been involved in the special Olympics where I get to see lots of my friends".
- People could make decisions about what they did each day and worked with staff to make sure they had the correct support when needed.
- One person we spoke to had developed their life skills with support from staff and was busy undergoing a transition programme to allow them to live in their home independently.

Improving care quality in response to complaints or concerns

- There was a detailed complaints process in place at the service.
- People were provided with an easy read guide to make a complaint or raise a concern.
- Only one complaint had been received by the service since our last inspection. The registered manager had investigated this and shared outcomes with people and staff. Lessons learned were documented and used as learning examples with the management team.
- The service regularly asked for feedback from people, staff and relatives and used this to improve the service.

End of life care and support

- At the time of our inspection no one was receiving end of life support.
- People had end of life care plans present in their records which detailed how they would like to be looked after, who would be involved in this and what their final wishes would be.
- One person's end of life care plan detailed where they would like to be buried and what service they would like performed by the local church.
- Staff had received training in the delivery of end of life care as part of their on-going training programme.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- We found during our inspection that the service was not operating within its conditions of registration. We highlighted this to the registered manager and nominated individual who have taken action to correctly register the service.
- People's homes contained a separate office and sleep in room for staff to use. This was not in keeping with the scope of the provider's registration and was similar to a residential model of care. We made a recommendation following our last inspection that the provider looked at their scope of registration and the service it was delivering. We found at this inspection that this had not been addressed.
- We found that records relating to staffing, the governance of the service and day to day operational information was kept in people's homes. At our last inspection records were not available at the head office and were also kept in people's homes. We discussed this continuation of practice with the nominated individual and the registered manager, who requested all documentation to be brought to the head office.
- There was a governance framework in place but this did not effectively identify the breaches of regulation that we found during this inspection.

This demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and the provider have a legal responsibility to notify us of certain incidents. Our records showed that we had not received all notifications relating to safeguarding concerns or serious injuries. During this inspection we found one safeguarding concern and one accident that had not been notified to the Commission. The registered manager explained to us that they were unaware these had not been raised and would raise these to the CQC.

This demonstrates a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- Whilst planning for and carrying out day one of the inspection we found that the previous CQC rating was not displayed clearly on the provider's website which is a legal requirement. The nominated individual addressed this and ratings were displayed by the second day of inspection.

This demonstrates a breach of Regulation 20A of The Health and Social Care Act 2008 (Regulated Activities)

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- There were regular audits of the service by the management team. These were not always effective.
- There were regular staff meetings and updates from the registered manager. We saw there was regular communication between staff teams to allow for a consistent level of support provided to people.
- The registered manager, service manager and nominated individual had an open and honest approach which created a positive staff culture. The provider promoted candour and all investigations were conducted in a transparent manner with staff, people and relatives. When things did go wrong, lessons were learned and apologies provided.
- Staff delivered a very high quality level of person-centred care. We found at four people's homes that the quality and safety of the support provided was regularly audited to keep care at a high standard.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care.

- There were regular feedback surveys carried out by the provider for staff, people and the public to participate in. The provider website allowed for continual feedback to be received about all of its services, to help shape the services provided.
- People living in group houses had regular meetings together with staff. This allowed for full engagement from people to discuss what needed to be improved, what was working well and what they would like from the service.
- Staff received regular updates from the provider's human resources team and had access to wellbeing services. There was free access to counselling services, a confidential route to report any concerns and activities.
- The registered manager and provider shared best practice and guidance updates with staff, to make sure staff were aware of any changes to legislation or policy.
- Staff told us, "All staff are nice and we all work together really well." Another member of staff said, "There is openness and everyone helps out."

Working in partnership with others

- The service worked in partnership with external agencies to deliver a high standard of care to people.
- People's care files had evidence of involvement from GPs, dentists, social workers, psychologists and the speech and language team (SALT).
- The registered manager had worked alongside the local safeguarding adults team to investigate any areas of concern.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The governance framework in place was not fully effective.</p> <p>Records were stored at the registered location.</p> <p>The service was not following their conditions of registration.</p> <p>17(1)(2)(a)(d)</p>