North East Disabilities Resource Centre

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Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This was an announced inspection which took place on 24 July, 6 August and 13 August 2018. We gave the provider 24 hours' notice to ensure someone would be available at the office.

North East Disability Resource Centre provides personal care support to three people with learning impairment and associated conditions who use the service and currently live in their own homes.

At the last inspection in June 2017 the service was rated requires improvement and was not meeting all of the legal requirements with regard to regulation 11, need for consent and regulation 17, good governance.

Following that inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions need for consent and governance to at least good.

At this inspection we found improvements had been made and the service was no longer in breach of regulations 11 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A range of systems were now in place to monitor and review the quality and effectiveness of the service. People had the opportunity to give their views about the service. There was regular consultation with people and their views were used to improve the service.

People were protected as staff had received training about safeguarding and knew how to respond to any allegation of abuse. There were other opportunities for staff to receive training to meet people's care needs. A system was in place for staff to receive supervision and appraisal and there were appropriate recruitment processes being used when staff were employed.

People and staff told us they felt safe and there were enough staff on duty to provide safe care to people. Staff knew people's care and support requirements. There was a good standard of record keeping that accurately reflected people's care and support needs.

A complaints procedure was available. People told us they would feel confident to speak to staff about any concerns if they needed to. People had access to an advocate if required.

Risk assessments were in place and they accurately identified current risks to the person as well as ways for staff to minimise or appropriately manage those risks. Care was provided with kindness and people's dignity was respected.

People were involved in decisions about their care. They 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. Staff had a good understanding of the Mental Capacity Act 2005 and best interest decision making approaches, when people were unable to make decisions themselves.

People had food and drink to meet their needs. Some people were assisted by staff to plan their menu and shop for the ingredients. People received meals that had been cooked by staff. People were appropriately supported to maintain their health and they received their medicines in a safe way.

People were provided with opportunities to follow their interests and hobbies, they were supported to go on holiday. They were supported to contribute and to be part of the local community.

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.

Systems were in place for people to receive their medicines in a safe way.

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

Systems were in place to protect people from abuse. Staff were able to identify any instances of possible abuse and would report it if it occurred.

Is the service effective?

Good

The service was effective.

Staff had a good understanding and knowledge of people's care and support needs. They received the training they needed and regular supervision and support.

People's rights were protected because there was evidence of best interests decision making. This was required when decisions were made on behalf of people when they were unable to give consent to their care and treatment.

People were supported to eat and drink according to their plan of care.

Is the service caring?

Good

The service was caring.

People were encouraged to express their views and make decisions about their care. People were supported to maintain contact with their friends and relatives. Staff supported people to access an advocate if required.

People's privacy and dignity were respected and their independence was promoted.

People told us staff were kind and caring and they were complimentary about the care and support staff provided.

Is the service responsive?

Good

The service was responsive.

People received support in the way they wanted and needed because staff had guidance about how to deliver people's care. People were supported to live a fulfilled life, to contribute and be part of the local community.

People had a copy of the complaints procedure in case they needed to complain.

Is the service well-led?

Good

The service was well-led.

Improvements had been made to the auditing and monitoring systems to ensure the management had full oversight of the services being delivered.

Effective communication ensured the necessary information was passed between staff to make sure people received appropriate care.

The service had an open, empowering culture and worked in partnership with others.

Regulatory requirements were understood and the service was well-managed.

North East Disabilities Resource Centre

Detailed findings

Background to this inspection

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

This inspection took place on 24 July, 6 and 13 August 2018 and was announced.

We gave the provider 24 hours' notice to ensure someone would be available at the office.

We carried out a site visit on the first day of inspection and met with two people who used the service and on day two and three we carried out telephone interviews with staff.

The inspection was carried out by one adult social care inspector.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted commissioners from the Local Authorities who contracted people's care.

During the inspection, we spoke with two people who used the service, the registered manager, the service supervisor, the office manager and two support workers. We reviewed a range of records about people's care and how the service was managed. We looked at care records for two people, recruitment, training and induction records for five staff, two people's medicines records, staffing rosters, staff meeting minutes, meeting minutes for people who used the service and quality assurance audits the registered manager had

completed.

Good

Is the service safe?

Our findings

At the last inspection, we had made a breach of regulation 17 with regard to record keeping relating to medicines management and staff recruitment. There were gaps in the recording in some medicine administration records (MAR) and body maps were not in place to identify where people needed topical medicines to be applied. Staff recruitment records did not show the correct checks were carried out.

At this inspection, we found that improvements had been made and the service was no longer in breach of regulation 17. Systems were in place to manage people's medicines safely. Medicines records were accurate and supported the safe administration of medicines. There were no gaps in signatures and all medicines were signed for after administration.

Staff were trained in handling medicines and a process had been put in place to make sure each worker's competency was assessed in the handling and administration of medicines. Staff told us they were provided with the necessary training and they were sufficiently skilled to help people safely with their medicines. Topical medicines application records were in place that corresponded with prescription details so staff had detailed instructions for the correct application of creams and ointments.

More robust recruitment processes were in place. This included thorough checks of applicants for any role. The service ensured the correct information was available in personnel files. This included proof of identity, criminal history checks, and references from prior employers, job histories and health declarations. The service ensured only fit and proper persons were employed to care for people. Interview notes showed one member of the management team interviewed prospective workers. We advised at least two members of staff should be involved in face-to-face interviews to ensure a fair process was followed. The registered manager told us that this would be addressed.

People were positive about the care they received and told us they were safe with staff support. One person commented, "Staff are very helpful, they keep me safe."

Staff rosters showed there were sufficient staff to meet people's needs. There were currently five staff providing the service but other trained staff who knew people well from the day service that the provider operated also helped cover sickness and holidays so the care was consistent. Each person's care file identified the amount of staff support needed and when this was needed. There were always enough staff on duty to cover this. Staff we spoke with said there were enough staff. There were on-call arrangements outside of office hours to provide telephone advice to staff if required.

Staff had undertaken safeguarding training about how to recognise and respond to any concerns. Staff were able to clearly describe the appropriate steps they would take if they were worried about people's safety or wellbeing. Safeguarding records showed referrals had been made to the local authority safeguarding team, and investigations had been undertaken where necessary.

Assessments were undertaken to assess any risks to people who received a service and to the workers who

supported them. This included environmental risks and any risks due to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring. For example, for moving and assisting and nutrition to keep people safe. Records were in place to ensure people were supported safely.

The service had policies on data protection, confidentiality and obtained people's consent for sharing their personal information. Care plans were well recorded and gave staff detailed information on how to provide safe and appropriate care.

Regular analysis of incidents and accidents took place. The registered manager told us accidents and incidents were monitored. Individual incidents were analysed and a monthly analysis was carried out to look for any trends. They told us learning took place from this and when any trends and patterns were identified, action was taken to reduce the likelihood of them recurring.

Staff were provided with protective clothing and had completed training in infection control, having access to gloves and aprons.

Good

Is the service effective?

Our findings

At the last inspection, we had found deficits with regard to gaining people's consent. Records were not available to show that people's consent had been obtained with some aspects of their care provision. A breach of regulation 11, need for consent was therefore made.

At this inspection we found that improvements had been made and the service was no longer in breach of the regulation.

Care records were in place that recorded people's consent. For example, consent to medicines or holding information about the person. We saw evidence in care files to show that staff checked with the people who used the service regularly to make sure they were still happy with the support being provided on a regular basis.

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 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.

The service worked within the principles of the MCA and trained staff to understand the implications for their practice. Consent was obtained from people in relation to different aspects of their care, with clear records confirming how the person had demonstrated their understanding. Mental capacity assessments had been carried out, leading to decisions being made in people's best interests. Records showed these decisions involved relevant professionals as well as the person's family or representative.

People's needs were assessed before they started to use the service. This ensured that staff could meet their needs and the service had the necessary equipment for their safety and comfort. Assessments were carried out to identify people's support needs and they included information about their medical conditions, dietary requirements and their daily lives.

People's nutritional needs were assessed and care planned. Staff kept people's nutritional well-being under review. Where able, people were involved in menu planning and food shopping. Support was provided to people for drinks, snacks and meals. Some people had specialist needs to receive their nutrition and staff received guidance and support to ensure these needs were met.

People were supported to access healthcare services in order to maintain good health. Health care needs were met through people's GP and the district nurses if any treatment was required. Other external health

care professionals were accessed for example, the speech and language therapist. People also had access to dental treatment, chiropody and optical services.

Staff had opportunities for training to understand people's care and support needs. A staff member commented, "We get opportunities for training. I am just finishing a level three qualification in care." Another staff member told us, "My training is up-to-date." They told us they received regular supervision from the management team, to discuss their work performance and training needs. They also received an annual appraisal to review their work performance.

Staff members were able to describe their role and responsibilities. Newer staff told us when they began work at the service they completed an induction programme and they had the opportunity to shadow a more experienced member of staff. They were then enrolled onto training towards a national care qualification. This ensured they had the basic knowledge needed to begin work. The registered manager told us staff studied for the Care Certificate as part of staff induction to increase their skills and knowledge in how to support people with their care needs. (The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care.)

The staff training records showed staff were kept up-to-date with safe working practices and they had opportunities for other training to understand people's care and support needs. Staff training courses included dysphagia (swallowing difficulties), mental capacity and deprivation of liberty safeguards, catheter care, information sharing, tissue viability, communication and care planning.

Good

Is the service caring?

Our findings

People told us they were well supported by staff. They told us they were happy with the care and support they received. One person said, "Staff are very kind and friendly" and, "They [staff] let me know if there are any changes." Another person told us, "Staff listen to what I say."

People told us their privacy and dignity were respected. They told us staff members knocked before entering their home. Care plans also provided information for staff to promote people's privacy and dignity. Staff received training about dignity in care. Records were held securely and policies were available for staff to make them aware of the need to handle information confidentially.

Staff were given training in person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs. Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people's needs and preferences which showed they knew people well.

Not all people were able to fully express their views verbally. Care plans provided information to inform staff how a person communicated. For example, one care record stated, "Gain [Name]'s attention before speaking and speak loudly…" The information included signs of discomfort when people were unable to say for example, if they were in pain.

People were encouraged to make choices about their day-to-day lives. Accessible information was available for people to help them make choices and express their views. Care records detailed how people could be supported to make decisions. For example, records stated, "I would like staff to ask me for my consent before delivering care and keep me informed." Records also provided guidance for staff about people's choices in daily living such as their rising and retiring routine, what clothes they liked to wear and what to eat. For example, one care plan documented, "[Name] has capacity to choose their clothes and manage their financial agreements with support from staff."

Written information was available that showed people of importance in a person's life. For example, "[Name] keeps in touch with their brother." Information was also available about people's likes, dislikes and preferred routines.

Staff informally advocated on behalf of people they supported where necessary, bringing to the attention of the registered manager or senior staff any issues or concerns. Advocates were used if family members were not available to support people. A more formal advocacy was involved if needed. Advocates can represent the views of people who are not able to express their wishes.

Good

Is the service responsive?

Our findings

People were involved in a range of vocational and leisure activities. Staff also supported people to access the community to follow their hobbies such as fishing, attending football matches and whatever was of interest to the person. They supported them on outings, shopping trips and holidays. One person who used the service was away with a member of staff at a holiday lodge owned by the charity. One person commented, "I go shopping with staff."

Records showed pre-admission information had been provided by relatives and people who were to use the service.

Support plans were developed from these assessments that outlined how these needs were to be met. For example, with regard to nutrition, personal care, mobility and communication needs. They provided a description of the steps staff should take to meet the person's needs. A personal hygiene plan stated, "[Name] would like before they put on their tee shirt for staff to put [Name]'s right arm into the sleeve first, then put the shirt over the head." A support plan for nutrition documented, "[Name]'s food to be cut up into pieces approximately the size of a five pence piece."

Support plans provided instructions to staff to help people learn new skills and become more independent in aspects of daily living whatever their need. They reflected the extent of support each person required. Care records were up-to-date and personal to the individual. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. People's care records were kept under review. Monthly evaluations were undertaken by staff and support plans were updated following any change in a person's needs.

Staff completed a daily diary for each person and recorded their daily routine and progress in order to monitor their health and well-being. This information was then transferred to people's support plans which were up-dated monthly.

Support staff all worked at the main day service and so had already developed relationships with the people using the service. Staff supported people to access the day service run by the charity. They also supported people in their home. The service provided a minimum half hour call and staff told us they did not feel rushed and were able to have meaningful time with people.

At the time of our inspection no one was receiving end-of-life care but information was available about people's religion and spiritual preferences so their needs could be met at this important time.

The provider had a complaints procedure which was available to people, relatives and stakeholders. People said the registered manager and staff were available and they could raise any concerns with them. A record of complaints was maintained and a complaints procedure was in place to ensure they were appropriately investigated.

Good

Is the service well-led?

Our findings

At the last inspection, we had found a robust quality assurance system was not in place with a regular auditing programme to monitor the quality of care provision. A breach of regulation17, good governance was therefore made.

At this inspection we found improvements had been made and the service was no longer in breach of regulation 17. Improvements had been made to service provision and action had been taken to achieve compliance with the breaches since the last inspection.

The quality of the service was now monitored by several means, including questionnaires, on-going consultation at care reviews and monthly spot checks. Quality checks covered areas such as people's views, the quality and timeliness of care visits, whether people were kept up-to-date with changes, whether the person had any complaints, the appropriateness of the care provided and whether individual assessments were up-to-date. This was to ensure people who used the service were happy with the support they received and to help identify areas in need of further improvement.

The quality assurance programme included daily, weekly, monthly and quarterly audits. They showed action that had been taken as a result of previous audits where deficits were identified and the follow up action that had been taken. Monthly audits included checks on staff training, finances, medicines management, infection control, nutrition, skin integrity, falls and mobility, health and safety, care records, staffing records and accidents and incidents.

A registered manager was in in place. They had recently been recruited to the post and had registered with the Care Quality Commission in July 2018. People and staff told us they were happy with the service and the leadership provided. They made positive remarks about the impact the new manager had made since taking up post. The registered manager was able to highlight their priorities for developing the service.

The atmosphere in the service was relaxed and friendly. The registered manager had many ideas to promote the well-being of people who used the service. Staff and people we spoke with were very positive about their management and had respect for them. Staff said they felt well-supported. One staff member told us, "The manager is very approachable." A person commented, "I can speak with the manager if I need to."

The registered manager understood their role and responsibilities. They had ensured that notifiable incidents were reported to the appropriate authorities or independent investigations were carried out. We saw that incidents had been investigated and resolved internally and information had been shared with other agencies, for example, safeguarding

The registered manager was creating a management and staff team that was experienced, knowledgeable and familiar with the needs of the people receiving support. The registered manager, recently appointed service supervisor and office manager were based at the location office. They had daily contact with one another, ensuring there was on-going communication about the running of the service. Regular meetings

were held where the management were appraised of and discussed the operation and development of the service.

Staff told us they also had regular meetings and were able to discuss the operation of the service. Records showed staff were provided with the opportunity to discuss people's care needs, share information, and identify any training needs. Staff told us the registered manager listened to their views and suggestions and was very keen to ensure the highest quality of care was provided.

Staff said communication was effective to ensure they were made aware of risks and the current state of health and well-being of people. This included verbal information from the office and the daily care entries in people's individual records.

The registered manager told us feedback was sought from people through meetings and surveys. Feedback from staff was obtained in the same way and through regular staff meetings.